

Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY - PUBLIC

August 27, 2024

[REDACTED], OWNER/ADMINISTRATOR
EAGLE RIDGE PERSONAL CARE HOME LLC
2997 RENOVO ROAD
MILL HALL, PA, 17751

RE: EAGLE RIDGE PERSONAL CARE
HOME
2997 RENOVO ROAD
MILL HALL, PA, 17751
LICENSE/COC#: 22713

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/02/2024 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,

[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *EAGLE RIDGE PERSONAL CARE HOME* License #: *22713* License Expiration: *08/27/2024*
 Address: *2997 RENOVO ROAD, MILL HALL, PA 17751*
 County: *CLINTON* Region: *NORTHEAST*

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

Name: *EAGLE RIDGE PERSONAL CARE HOME LLC*
 Address: *2997 RENOVO ROAD, MILL HALL, PA, 17751*
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *09/27/1994* Issued By: *L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *20* Waking Staff: *15*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal, Complaint* Exit Conference Date: *07/02/2024*

Inspection Dates and Department Representative

07/02/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *27* Residents Served: *18*

Secured Dementia Care Unit
 In Home: *No* Area: Capacity: Residents Served:

Hospice
 Current Residents: *0*

Number of Residents Who:
 Receive Supplemental Security Income: *1* Are 60 Years of Age or Older: *18*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *2* Have Physical Disability: *0*

Inspections / Reviews

07/02/2024 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *08/16/2024*

08/27/2024 - Document Submission
 Submitted By: [REDACTED] Date Submitted: *08/26/2024*
 Reviewer: [REDACTED] Follow-Up Type: *Not Required*

16c - Written Incident Report

1. Requirements

2600.

16.c. The home shall report the incident or condition to the Department’s personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

A Medication error was discovered on 4/11/24 at 0850. However, It was not reported to the Department until 4/13/24 at 1440. This is more than 24 hours after the error was discovered.

Plan of Correction

Directed ([REDACTED]) - 08/09/2024)

Within 7 days of receipt of this directed plan of correction and ongoing:

The administrator will provide education with all staff regarding reporting requirements. A written record of this education with staff signatures shall be kept and provided to the department upon request. All future incidents will be reported as required.

The administrator shall monitor and ensure ongoing compliance.

Directed Completion Date: 08/16/2024

Implemented ([REDACTED]) - 08/27/2024)

25b - Contract Signatures

2. Requirements

2600.

25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident’s designated person if any, if the resident agrees.

Description of Violation

The resident-home contract, dated [REDACTED], for resident #1 was not signed by the resident.

Plan of Correction

Directed ([REDACTED]) - 08/09/2024)

Within 5 days of receipt of this directed plan of correction and ongoing:

The administrator or designee will audit each resident contract and ensure they are signed by the administrator or a designee, the resident, and the payer, and will be cosigned by the resident’s designated person if any. A written record of the audit will be kept and provided to the department.

The administrator shall monitor and ensure ongoing compliance.

Directed Completion Date: 08/14/2024

Implemented ([REDACTED]) - 08/27/2024)

29a SOPb1- Hospice Care: Doctor Certification

3. Requirements

2600.

29.a.b. A home that elects to serve one or more residents who receive hospice care and services in accordance with § 2600.29 is not required to evacuate a resident who is actively dying, during a fire drill, if all of the following are met:

- 1. A physician, who is not an employee or contractor of the home, has certified in writing that the resident is actively dying and may suffer bodily injury or a hastened death as a result of participation in a fire drill.

29a SOPb1- Hospice Care: Doctor Certification (continued)

Description of Violation

Resident #2 was not evacuated during the fire drill conducted on 12/23/23. Staff indicated that the resident was receiving hospice services and actively dying. The home does not have a written certification from a physician that the resident is actively dying and may be injured or suffer a hastened death as the result of participating in a fire drill.

Plan of Correction

Directed () - 08/09/2024

Within 1 day of receipt of this directed plan of correction and ongoing:

The administrator will ensure that all residents are evacuated during fire drills unless all requirements of this regulation and SOP are being met.

The administrator shall monitor and ensure ongoing compliance.

Directed Completion Date: 08/10/2024

Implemented () - 08/27/2024

123a - Exit Doors

4. Requirements

2600.

123.a. Exit doors must be equipped so that they can be easily opened by residents from the inside without the use of a key or other manual device that can be removed, misplaced or lost.

Description of Violation

The exit located at the front of the home (X2M) would not open without an excessive amount of force used, preventing immediate egress in the event of an emergency.

Plan of Correction

Directed () - 08/09/2024

Within 3 days of receipt of this directed plan of correction and ongoing:

The administrator will have the identified door fixed or replaced. The administrator or designee will then conduct weekly checks on all exit doors to ensure they are unobstructed and open freely. A written record of these checks will be kept and provided to the department upon request.

The administrator shall monitor and ensure ongoing compliance.

Directed Completion Date: 08/12/2024

Implemented () - 08/27/2024

132a - Monthly Fire Drill

5. Requirements

2600.

132.a. An unannounced fire drill shall be held at least once a month.

Description of Violation

An unannounced fire drill was not held during the month of November 2023.

Plan of Correction

Directed () - 08/09/2024

Within 5 days of receipt of this directed plan of correction and ongoing:

The home will hold an unannounced fire drill in accordance with 2600.132a-j in every month. The

132a - Monthly Fire Drill (continued)

administrator or designee will review fire drill records monthly to ensure drills are being completed. Documentation of these drills will be kept and provided to the department upon request. The administrator shall monitor and ensure ongoing compliance.

Directed Completion Date: 08/14/2024

Implemented () - 08/27/2024)

132h - Designated Meeting Place

6. Requirements

2600.

132.h. Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

Description of Violation

Resident # 2 was receiving Hospice Services and considered to be actively dying as per interviews conducted with staff. Resident # 2 was not evacuated during the home's fire drill conducted on 12/23/23 and there was no documentation from a physician indicating written certification that the resident is actively dying and may be injured or suffer a hastened death as the result of participating in a fire drill.

Plan of Correction

Directed () - 08/09/2024)

With in 1 day of receipt of this directed plan of correction and ongoing:

The administrator will ensure that all residents are evacuating the building or to a fire safe area as specified by a fire safety expert within the last year. Documentation of fire drills indicating number of residents in the home and the number of residents evacuated will be kept and provided to the department upon request.

The administrator shall monitor and ensure ongoing compliance.

Directed Completion Date: 08/10/2024

Implemented () - 08/27/2024)

141b1 - Annual Medical Evaluation

7. Requirements

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident #1's most recent medical evaluation was completed on [redacted] The resident's previous medical evaluation was completed on [redacted] Resident #3's most recent medical evaluation was completed on [redacted] The resident's previous medical evaluation was completed on [redacted].

Plan of Correction

Directed () - 08/09/2024)

Within 7 days of receipt of this directed plan of correction and ongoing:

The administrator or designee will audit all resident records to ensure that each resident has had a medical evaluation within the past year. Any resident whose medical evaluation is overdue will have a new evaluation as soon as possible and annually thereafter. A written record of these audits will be provided

141b1 - Annual Medical Evaluation (continued)

to the department upon completion.

The administrator shall monitor and ensure ongoing compliance.

Directed Completion Date: 08/16/2024

Implemented () - 08/27/2024)

185a - Implement Storage Procedures

8. Requirements

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

The home did not properly maintain the Medication Administration Record (MAR) of the indicated resident due to staff incorrectly transcribing of the blood glucose test results in the individual glucometer. Resident #4 – At 7am on 6/27/24, the glucometer reading was 94 and the Medical Administration Record, MAR, was incorrectly transcribed as 64.

Plan of Correction

Directed () - 08/09/2024)

Within 7 days of receipt of this directed plan of correction and ongoing:

The administrator will provide education with all staff that pass medications regarding MAR documentation of blood glucose. A written record of this education with staff signatures shall be kept and provided to the department upon request. The administrator or designee will complete weekly audits of glucometers and documentation on the MARs. The administrator will keep records of these weekly audits and provide them to the department upon request.

The administrator shall monitor and ensure ongoing compliance.

Directed Completion Date: 08/16/2024

Implemented () - 08/27/2024)

227d - Support Plan Medical/Dental

9. Requirements

2600.

227.d. Each home shall document in the resident’s support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident’s physician, physician’s assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

Resident #1 uses a bedside mobility device. The resident's Resident Assessment Support Plan dated () does not reflect the specific need for the device, the intended use, any risks associated with the device, the resident's ability to use the device safely for the intended purpose, identification of the specific device to be used and if a cover is required to meet FDA guidelines.

Plan of Correction

Directed () - 08/09/2024)

Within 7 days of receipt of this directed plan of correction:

227d - Support Plan Medical/Dental (continued)

The support plan of Resident 1 will be updated to show required information regarding bedside mobility devices.

The Administrator or designee will check all resident RASP's weekly to ensure necessary changes related to medical, dental, vision, hearing, mental health and/or behavioral health are documented in the record within 5 days of the change. The administrator will keep records of these weekly audits and provide them to the department upon request.

The administrator shall monitor and ensure ongoing compliance.

Directed Completion Date: 08/16/2024

Implemented ([REDACTED] - 08/27/2024)