

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

September 24, 2024

[REDACTED], ADMINISTRATOR
EAGLE VALLEY PERSONAL CARE HOME INC
500 FRONT STREET, [REDACTED]
MILESBURG, PA, 16853

RE: EAGLE VALLEY PERSONAL CARE
HOME
500 FRONT STREET
MILESBURG, PA, 16853
LICENSE/COC#: 22743

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/05/2024 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]
Human Services Licensing Supervisor

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: EAGLE VALLEY PERSONAL CARE HOME License #: 22743 License Expiration: 05/25/2025
 Address: 500 FRONT STREET, MILESBURG, PA 16853
 County: CENTRE Region: NORTHEAST

Administrator

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

Legal Entity

Name: EAGLE VALLEY PERSONAL CARE HOME INC
 Address: 500 FRONT STREET, [REDACTED], MILESBURG, PA, 16853
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: I-2 Date: 01/08/2008 Issued By: L&I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 55 Waking Staff: 41

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Incident Exit Conference Date: 09/05/2024

Inspection Dates and Department Representative

09/05/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 60 Residents Served: 49
 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: 49
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 6 Have Physical Disability: 0

Inspections / Reviews

09/05/2024 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 09/27/2024

09/23/2024 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 09/24/2024
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 09/30/2024

Inspections / Reviews *(continued)*

09/24/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/24/2024

Reviewer: [REDACTED]

Follow Up Type: *Bypass Document Submission*

09/24/2024 Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/24/2024

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

Reportable incident occurred on [redacted] at [redacted] and was not reported to the Department until [redacted]

Plan of Correction

Accept ([redacted] - 09/24/2024)

This administrator along with designated staff who can also submit incident reports have reviewed and signed off on reviewing policy A 12. All parties involved understand the importance of reporting incidents in a timely manner. Attached is the signed record of training for this policy.

Designated staff who reviewed this policy (which has been attached, and is attached again) are [redacted] [redacted]. This policy was reviewed on 9/6/2024 & 9/7/2024.

Licensee's Proposed Overall Completion Date: 09/23/2024

Implemented ([redacted] - 09/24/2024)

227d - Support Plan Medical/Dental

2. 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

The most recent Resident Assessment and Support Plan (RASP), dated [redacted] for Resident 1, does not include the need for 1:1 additional staff assistance during transfers. The previous RASP, dated [redacted] does include the required information, and staff confirmed during interviews that Resident does receive additional assistance with transfers.

Plan of Correction

Accept ([redacted] - 09/24/2024)

Resident #1's RASP was updated from min-mod assist with transfers to also include she will be provided a 1 person assist with all care needs, transfers, showers, and ADL's. Attached is the entire RASP including updates to reflect the change in wording.

All RASP's are monitored monthly by this administrator or designee monthly to ensure the RASP reflects the care needs. This RASP update was completed on 9/6/24 as per the attached RASP update changes form indicates.

Licensee's Proposed Overall Completion Date: 09/23/2024

Implemented ([redacted] - 09/24/2024)