

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

April 18, 2025

[REDACTED]  
EAGLE VIEW PERSONAL CARE HOME LLC  
[REDACTED]

RE: EAGLE VIEW PERSONAL CARE  
HOME  
150 JACK PINE LANE  
BELLEFONTE, PA, 16823  
LICENSE/COC#: 23243

[REDACTED],  
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/10/2025, 03/11/2025 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 VIEW PERSONAL CARE HOME* License #: *23243* License Expiration: *07/28/2025*  
 Address: *150 JACK PINE LANE, BELLEFONTE, PA 16823*  
 County: *CENTRE* Region: *NORTHEAST*

**Administrator**

Name: [Redacted] Phone: [Redacted] Email: [Redacted]

**Legal Entity**

Name: *EAGLE VIEW PERSONAL CARE HOME LLC*  
 Address: [Redacted]  
 Phone: [Redacted] Email: [Redacted]

**Certificate(s) of Occupancy**

Type: *R-3* Date: *12/05/2016* Issued By: *Williams Inspection Services*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *4* Waking Staff: *3*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
 Reason: *Incident* Exit Conference Date: *03/11/2025*

**Inspection Dates and Department Representative**

03/10/2025 - Off-Site: [Redacted]  
 03/11/2025 - Off-Site: [Redacted]

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: *4* Residents Served: *4*

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

Hospice  
 Current Residents: *0*

Number of Residents Who:  
 Receive Supplemental Security Income: *2* Are 60 Years of Age or Older: *3*  
 Diagnosed with Mental Illness: *4* Diagnosed with Intellectual Disability: *1*  
 Have Mobility Need: *0* Have Physical Disability: *0*

**Inspections / Reviews**

03/10/2025 Partial  
 Lead Inspector: [Redacted] Follow-Up Type: *POC Submission* Follow-Up Date: *04/12/2025*

Inspections / Reviews *(continued)*

04/18/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/18/2025

Reviewer: [REDACTED]

Follow Up Type: *Bypass Document Submission*

04/18/2025 Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/18/2025

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

20b4 - Use of Funds

1. Requirements

2600.

20.b.4. Resident funds and property shall only be used for the resident's benefit.

Description of Violation

Resident [redacted] had a [redacted] order for [redacted] tablets. The home ordered the medication from the pharmacy on [redacted] and [redacted]. On [redacted] the home discovered there was no record of the resident being administered the medication and made a police report regarding the missing medications. The home did not reimburse the resident for the cost of the medications.

Plan of Correction

Accept [redacted] - 04/18/2025)

On 1/6/25 when the missing PRN [redacted] medication was discovered all [redacted] medication was moved from the med drawer in the med cart and put into the locked NARC box in the med cart. It is counted just like a narcotic, three times a day at each shift change. The medication is also documented and signed out each time it is given in the narc book so count can be tracked more closely. The facility pharmacy ([redacted]) was contacted to get copies of the invoices of [redacted] out of pocket cost for the PRN [redacted] that was ordered. Invoices were received showing all three times the medication was ordered and the total cost to [redacted]. On 3/21/25, a reimbursement check for this total cost was written and given to [redacted] from the facility administrator. Please see attached supporting documents.

Licensee's Proposed Overall Completion Date: 04/07/2025

Implemented [redacted] 04/18/2025)