

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

October 20, 2026

[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 08/11/2026 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: 08/27/2027

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: 15

Waking Staff: 11

Inspection Information

Type: Full

Notice: Unannounced

BHA Docket #:

Reason: Renewal, Complaint

Exit Conference Date: 08/11/2026

Inspection Dates and Department Representative

08/11/2026 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 27

Residents Served: 15

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: 14

Diagnosed with Mental Illness: 2

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 0

Have Physical Disability: 0

Inspections / Reviews

08/11/2026 Full

Lead Inspector: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 09/03/2026

09/11/2026 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/02/2026

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 09/18/2026

Inspections / Reviews *(continued)*

10/20/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/02/2026

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

17 - Record Confidentiality**1. Requirements**

2600.

17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

On 08/11/26 at 9:49 a.m., the confidential Privacy Coding Sheet was posted with the annual Licensing Inspection Summary dated 7/22/2025.

Plan of Correction**Accept ([REDACTED] - 09/11/2026)**

In response to the violation on 08/11/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 08/11/2026 by the Administrator to remove the confidential Privacy Coding sheet from public/posting area and secured it in accordance with resident-record confidentiality requirements.

To enhance the currently compliant operations, on 08/13/2026 the Administrator reviewed confidentiality and posting practices with all staff, with a completion date of 08/13/2026.

Effective 08/11/2026 the Administrator/designee will perform monthly inspections of public/posting areas and going forward review documents before posting, and conduct documented periodic checks of posted materials, through 09/09/2026 to maintain ongoing compliance with keeping resident records confidential, and, except in emergencies, to not not allow access to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 09/09/2026

Implemented ([REDACTED] - 10/02/2026)**25a - Written Contract and Review****2. Requirements**

2600.

- 25.a. Prior to admission, or within 24 hours after admission, a written resident-home contract between the resident and the home shall be in place. The administrator or a designee shall complete this contract and review and explain its contents to the resident and the resident's designated person if any, prior to signature.

Description of Violation

Resident 1, date of admission [REDACTED], did not have a resident-home contract completed until [REDACTED]

Plan of Correction**Accept ([REDACTED] - 09/11/2026)**

In response to the violation on 08/11/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 08/11/2026 by the Administrator to review Regulation 2600.25.a with designee.

25a Written Contract and Review (continued)

To enhance the currently compliant operations, on 08/11/2026 the Administrator/designee will ensure the resident home contract is completed prior to admission or within 24 hours after admission, and that its contents are reviewed/explained prior to signatures being obtained. Review completed of current resident files for timely completion, with a completion date of 08/13/2026.

Effective 08/13/2026 the Administrator/designee will perform admission record audit to verify required documents are completed within the required timeframe, through 09/09/2026 to maintain ongoing compliance with putting in place a written resident home contract between the resident and the home prior to admission, or within 24 hours after admission, and for the administrator or a designee to complete a contract review, and explaining its contents to the resident and the resident's designated person if any, prior to signature. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 09/09/2026

Implemented () - 10/02/2026

51 - Criminal Background Check**3. Requirements**

2600.

51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

Staff person A was hired on () and their Criminal History was not requested until ()

Plan of Correction

Accept () - 09/11/2026

In response to the violation on 08/11/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 08/11/2026 by the Administrator to reviewed requirement 2600.51 Criminal History Check with designee.

To enhance the currently compliant operations, on 08/13/2026 the Administrator/designee Reviewed the personnel files to ensure the required criminal history process had been completed and documented, with a completion date of 08/14/2026.

Effective 08/14/2026 the Administrator/designee will perform all new hire reviews of pre employment/onboarding checklist item and require Administrator/designee verification before the employee's first day of work, through 09/09/2026 to maintain ongoing compliance with having criminal history checks and hiring policies that are in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101 10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults). Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 09/09/2026

Implemented () - 10/02/2026

103e - Left Overs**4. Requirements**

2600.

103e - Left Overs (continued)

103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

Description of Violation

At 1:50 p.m., there was a tray of applesauce cups in the refrigerator that was unlabeled and undated when it was prepared.

Plan of Correction**Accept () - 09/11/2026)**

In response to the violation on 08/11/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 08/11/2026 by the designee to remove the tray of applesauce cups from the refrigerator and discard.

To enhance the currently compliant operations, on 08/13/2026 the Administrator will review food-labeling requirements with dietary, and all staff. Require leftover/prepared food to be labeled and dated and stored appropriately, with a completion date of 08/13/2026.

Effective 08/13/2026 the administrator/designee will perform weekly inspections of refrigerator/food-storage areas to verify labeling and dating, through 09/09/2026 to maintain ongoing compliance with ensuring food served and returned from an individual's plate is not be served again or used in the preparation of other dishes, and ensure leftover food is labeled and dated. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 09/09/2026

Implemented () - 10/02/2026)**103g - Storing Food****5. Requirements**

2600.

103.g. Food shall be stored in closed or sealed containers.

Description of Violation

At 1:50 p.m., a bag of french fries was in the freezer in the kitchen. It was opened and unsealed.

Plan of Correction**Accept () - 09/11/2026)**

In response to the violation on 08/11/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 08/11/2026 by the Designee to remove the opened and unsealed bag of french fries from the freezer and discarded.

To enhance the currently compliant operations, on 08/13/2026 the Administrator/designee reviewed the requirement that food be stored in closed or sealed containers and must be labeled and dated when opened, with a completion date of 08/13/2026.

Effective 08/13/2026 the Administrator/designee will perform weekly inspections of food storage areas, through 09/09/2026 to maintain ongoing compliance with ensuring food is stored in closed or sealed containers. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 09/09/2026

103g - Storing Food (continued)

Implemented () - 10/02/2026)

103i - Outdated Food

6. Requirements

2600.

103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

At 1:50 p.m., there were 3 large cans of mandarin oranges with large dents in the cans. The cans were located on the canned goods shelves and not in a separate area waiting to be returned.

Plan of Correction

Accept () - 09/11/2026)

In response to the violation on 08/11/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 08/11/2026 by the Administrator to remove and discard the 3 large cans of mandarin oranges with large dents.

To enhance the currently compliant operations, on 08/13/2026 the Administrator/designee reviewed food inspection and storage procedures with dietary and all staff, with a completion date of 08/13/2026.

Effective 08/13/2026 the Administrator/designee will perform weekly inspections of inspection of food storage areas to ensure any damaged/dented cans are removed immediately and discarded, through 09/09/2026 to maintain ongoing compliance with ensuring outdated or spoiled food or dented cans are not be used. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 09/09/2026

Implemented () - 10/02/2026)

132c - Fire Drill Records

7. Requirements

2600.

132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Description of Violation

The fire drill record for the drills conducted on 8/25/25, 9/12/25, 10/15/25, 11/27/25, 12/5/26, 1/14/26, 2/5/26, 3/31/26, 4/30/26, 5/18/26, 6/8/26, and 7/4/26 do not include the number of residents in the home or the number of residents that evacuated.

Plan of Correction

Accept () - 09/11/2026)

In response to the violation on 08/11/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 08/11/2026 by the Administrator to reviewed Requirement 2600.132.c. with designee who assists in conduction of scheduled fire drills.

132c - Fire Drill Records (continued)

To enhance the currently compliant operations, on 08/11/2026 the Administrator will update the fire drill process to include every element required by this regulation 2600.132(c) including the number of residents present and the number evacuated, and review the required documentation elements with staff responsible for conducting/documenting drills, with a completion date of 08/13/2026.

Effective 08/13/2026 the Administrator will perform monthly audit of fire drill records after each drill to verify all required fields are documented, through 09/09/2026 to maintain ongoing compliance with ensuring each written fire drill record includes the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 09/09/2026

Implemented () - 10/02/2026)

141b1 - Annual Medical Evaluation**8. Requirements**

2600.

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

Description of Violation

Resident 2's most recent medical evaluation was completed on ()

Plan of Correction

Accept () - 09/11/2026)

In response to the violation on 08/11/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 08/12/2026 by the Designee to request medical evaluation from residents current provider.

To enhance the currently compliant operations, on 08/12/2026 the Administrator will obtain and document the residents required medical evaluation, with a completion date of 09/08/2026.

Effective 08/12/2026 the Administrator will perform monthly reviews of upcoming due medical evaluations and follow up for completion of prior months due medical evaluations for timely completion, through 09/09/2026 to maintain ongoing compliance with ensuring each resident has a medical evaluation at least annually. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 09/09/2026

Implemented () - 10/06/2026)

182c - Medication Administration**9. Requirements**

2600.

182.c. Medication administration includes the following activities, based on the needs of the resident:

1. Identify the correct resident.

182c - Medication Administration (continued)**Description of Violation**

On 7/25/26 at 7:51 a.m., Resident 2 was administered some of resident 3's 8:00a.m. medications. Staff Member B did not follow the rules of medication administration by failing to identify the correct resident.

Plan of Correction**Accept () - 09/11/2026)**

In response to the violation on 08/11/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 07/25/2026 by the Administrator at the time of the medication error- Staff Member B recognized the error and immediately notified this administrator who reviewed Medication Error procedure and applicable requirements with Staff Member B.

To enhance the currently compliant operations, on 07/27/2026 the Administrator provided re-education for the involved staff member, and all applicable medication administration staff, regarding the correct resident identification and medication administration procedures, with a completion date of 08/13/2026.

Effective 08/12/2026 the Administrator/designee will perform weekly audits of MARs to ensure no further errors were made, through 09/09/2026 to maintain ongoing compliance with ensuring medication administration includes the following activities, based on the needs of the resident. This includes, including identifying the correct resident. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 09/09/2026

Implemented () - 10/02/2026)**187d - Follow Prescriber's Orders****10. Requirements**

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

On 7/25/26 at 7:51 a.m., resident 2 was administered Carbamazepine 200mg, famotidine 20mg, b12 and a multi vitamin. These medications are prescribed to resident 3 and were mistakenly given to the wrong resident by staff person B.

Plan of Correction**Accept () - 09/11/2026)**

In response to the violation on 08/11/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 07/25/2026 by the Administrator when Staff Member B recognized the medication error and immediately notified this administrator. This Administrator reviewed Medication Error Procedures and applicable requirements with Staff Member B who carried out all appropriate steps.

To enhance the currently compliant operations, on 07/27/2026 the Administrator will review the medication administration process to ensure medications are administered only to the resident for whom they are prescribed. Re-education of medication administration procedures provided to Staff Member B and all Medication Administration staff, with a completion date of 08/13/2026.

187d Follow Prescriber's Orders (continued)

Effective 08/12/2026 the Administrator/designee will perform weekly audits of MARs and medication administration documentation to ensure ongoing compliance, through 09/09/2026 to maintain ongoing compliance with ensuring the home must follow the directions of the prescriber. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 09/09/2026

Implemented ( **- 10/02/2026)**