

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to PERSONAL CARE AT EVERGREEN INC

To operate PERSONAL CARE AT EVERGREEN

Located at 336 NORTH MAIN STREET, WASHINGTON, PA 15301

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

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ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

To provide Personal Care Homes

The total number of persons which may be cared for at one time may not exceed 48
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller. (MAXIMUM CAPACITY)

Restrictions: _____

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from April 19, 2011 until April 19, 2012,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 405780

Robert E. Robinson
ISSUING OFFICER

[Signature]
DIRECTOR

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
PO BOX 2675
HARRISBURG, PENNSYLVANIA 17105-2675

ADULT RESIDENTIAL LICENSING

PHONE: (717) 783-3670
FAX: (717) 783-5662

Mr. Anthony Canterna, President
Personal Care at Evergreen, Inc.
336 North Main Street
Washington, Pennsylvania 15301

Dear Mr. Canterna:

As a result of the Department of Public Welfare's licensing inspection on March 1, 2011 of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.

All violations specified on the enclosed Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Adult Residential Licensing so that compliance can be verified.

The license indicates the home's recent change in the name from Evergreen Assisted Living to Personal Care at Evergreen, Inc.

A regular license is being issued based on the enclosed Violation Report. Your license is enclosed.

Sincerely,

A handwritten signature in black ink, appearing to be 'R. Melusky', with a long horizontal flourish extending to the right.

Ronald Melusky
Acting Director

Enclosures
License
Violation Report

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa. Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME EVERGREEN ASSISTED LIVING, 336 NORTH MAIN STREET WASHINGTON, PA 15301		CURRENT LICENSE NUMBER 405780	
INSPECTION DATES (Include all dates of the inspection) 03/01/2011		REGIONAL REPRESENTATIVE Alden Linhart, Mindy Orme	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Cheryl L Spiker UPN administrator</i>			
SIGNATURE OF LEGAL ENTITY <i>Cheryl L Spiker UPN</i>	DATE <i>4-4-2011</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Joe J. Reggino (UPN)</i>	DATE <i>4-12-11</i>

REGULATION 55 Pa. Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
25b 25b - 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.	The contract dated 1/24/11 for resident #1 was not signed by the resident. There was no documentation of either refusal or inability to sign. The contract dated 11/18/10 for resident #2 was not signed by the payer. The contract dated 7/23/10 for resident #3 was not signed by the payer. Repeated Violations: 04/29/2010	<i>3-2-11</i> <i>3-4-11</i> <i>3-31-2011</i>	<i>Resident #1 - presented contract to → unwilling to sign.</i> <i>Resident #2 - contract signed by payor on 3-4-2011.</i> <i>Resident #3 → payor source changed to resident</i> <i>Administrator/designee will review current resident contracts to ensure proper signatures are correct.</i>	<i>Steps have been taken to correct violation; full compliance is not verifiable</i> <i>4-12-11</i> Date <i>Initials (DPW)</i>

Western Region

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME EVERGREEN ASSISTED LIVING, 336 NORTH MAIN STREET WASHINGTON, PA 15301		CURRENT LICENSE NUMBER 405780	
INSPECTION DATES (Include all dates of the inspection) 03/01/2011		REGIONAL REPRESENTATIVE Alden Linhart, Mindy Orme	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY <i>Cheryl Spence</i>	DATE 4-4-2011	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 4-12-11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
96a The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.	The first aid kit does not include eye coverings. Repeated Violations: 04/29/2010	3-1-2011 3-2-11	Eye coverings placed in first aid kit. Day of survey, while inspectors on site. Weekly checklist initiated for medication aides. Will be monitored by administrator/designee for compliance.	Steps have been taken to correct violation; full compliance is not verifiable. <i>[Signature]</i> Date: 4-12-11 Initials (DPW)

Western Region

Adult Residential Licensing

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME EVERGREEN ASSISTED LIVING, 336 NORTH MAIN STREET WASHINGTON, PA 15301		CURRENT LICENSE NUMBER 405780	
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PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY <i>Cheryl R. Spitzer</i>	DATE 4-4-2011	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 4-12-11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
103g Food shall be stored in closed or sealed containers.	In the home's kitchen there were large sacks quick cooking oats, pop corn and flour that were opened and unsealed.	3-9-2011	<i>Plastic containers purchased - any opened bag of dry goods will be placed in containers, dated & initialed.</i>	4-12-11 <i>[Signature]</i>
Western Region		3-9-2011	<i>Kitchen staff instructed on labeling - placing open bags of dry goods in plastic containers with date/initials. Administrator/designee will check daily for compliance.</i>	

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SIGNATURE OF LEGAL ENTITY <i>Cheryl R. Spiden LPN</i>	DATE 4.4.2011	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 4-12-11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
141a A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.	Resident #4 was admitted on 10/31/2010 and the medical evaluation for the resident is dated 12/8/2010.	3-2-2011	Administrators/designee will review the medical evaluations to ensure they are completed 60 days prior to admission or within 30 days after admission.	<div style="writing-mode: vertical-rl; transform: rotate(180deg);"> Steps have been taken to correct violation; full compliance is not verifiable Date: <i>3/2/11</i> Initials (DPW): <i>[Signature]</i> </div>
Western Region				
Adult Residential Licensing				

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PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY <i>Cheryl R. Spitzer</i>	DATE 4.4.2011	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 4-10-11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
141a The medical evaluation shall include the following: (1) A general physical examination by a physician, physician's assistant or nurse practitioner. (2) Medical diagnosis including physical or mental disabilities of the resident, if any. (3) Medical information pertinent to diagnosis and treatment in case of an emergency. (4) Special health or dietary needs of the resident. (5) Allergies. (6) Immunization	The medical evaluation for resident #1 dated 2/26/2011, does not include a list of medications, additional therapy, diet, activities/social services. The medical evaluation for resident #5 dated 2/26/2011, does not include a list of medications, treatments and therapy, diet, activities/social services. The medical evaluations for resident #6 dated 11/17/2010 and 2/9/2011 indicates "see attached" under medications and there is no attachment. Repeated Violations: 04/29/2010 <div style="text-align: center; font-weight: bold; font-size: 1.2em;">Western Region</div> Adult Residential Licensing	3-3-2011 3-6-2011	<i>Medical evaluations sent to MD for completion. Returned completed (see attached) (Res. #1, 5, 6)</i> <i>Administrator/designee will audit medical evaluations monthly to ensure they are completed - with MD signature/date.</i>	 4-12-11 <i>[Signature]</i>

VIOLATION REPORT
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PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY <i>Cheyl L. Spier PN</i>	DATE 4.4.2011	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>JJP</i>	DATE 4-12-11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
144b The home rules shall specify whether the home is designated as smoking or non-smoking.	The home's smoking policy does not indicate the exact location of the smoking area in writing.	3-31-2011	<i>Smoking policy updated with exact smoking location. (see attached)</i>	4-12-11 <i>JJP</i>
	Western Region	4-1-2011	<i>Administrator/designee will audit policy/procedures quarterly to ensure compliance</i>	
	Adult Residential Licensing	5-15-11	<i>All staff persons and residents will be educated on updated policy and documentation shall be kept. 4-12-11</i> <i>JJP</i>	

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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SIGNATURE OF LEGAL ENTITY <i>Ceryl R. Spiker LPN</i>	DATE <i>4.4.2011</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE <i>4-12-11</i>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
226a The resident shall be assessed for mobility needs as part of the resident's assessment.	Resident #6's assessment, completed on 11/30/2010, includes a mobility assessment: independently mobile with assistive device-walker. The resident's medical evaluation dated 2/9/2011 indicates: unable to move from one location to another without the assistance of others. Repeated Violations: 04/29/2010	<i>3-3-2011</i> <i>3-31-2011</i>	<i>Assessment updated to current mobility status per MD. (Res. #6)</i> <i>Administrator/designee will audit resident medical evaluations/ charts to ensure all information is accurate.</i>	 <i>4-12-11 [Signature]</i>
Western Region Adult Residential Licensing				