



**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE**

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Room 230
Pittsburgh, Pennsylvania 15222

ADULT RESIDENTIAL LICENSING

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Mailing Date: **MAY 18 2011**

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

Dear Mr. Canterna:

As a result of the Department of Public Welfare's licensing inspection on April 18, 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.

Sincerely,

A handwritten signature in black ink that reads "Jon Kimberland".

Jon Kimberland
Regional Licensing Administrator

Enclosure(s)

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

NAME AND ADDRESS OF PERSONAL CARE HOME PERSONAL CARE AT EVERGREEN, 336 NORTH MAIN STREET WASHINGTON, PA 15301		CURRENT LICENSE NUMBER 405780	
INSPECTION DATES (Include all dates of the inspection) 04/18/2011		REGIONAL REPRESENTATIVE A. Schumacher, M. Stepanovich	
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 Spiner UPN</i>	DATE 5-10-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE <i>g</i> 5-18-11

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
history. (7) Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications. (8) Body positioning and movement stimulation for residents, if appropriate. (9) Health status. (10) Mobility assessment, updated annually or at the Department's request.	<h2 style="margin: 0;">Western Region</h2>			

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INSPECTION DATES (Include all dates of the inspection) 04/18/2011		REGIONAL REPRESENTATIVE A. Schumacher, M. Stepanovich	
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 A. Spiker CPA</i>	DATE 5-10-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE 5-19-11

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
141b1 A resident shall have a medical evaluation: (1) At least annually.	The annual medical evaluation for resident #2 dated 3/13/11, does not include allergies, medications, therapies, diet, activities, or body positioning. <p style="text-align: center; font-size: 1.2em;">Western Region</p>	5-10-2011	<p><i>Medical evaluation completed by MD C allergies medications, therapies, diet & activities body positioning.</i></p> <p><i>Administrator will audit medical evaluations weekly for compliance.</i></p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p style="text-align: right;">5-18-11</p>	<p style="text-align: right;">Date Initials (DPW)</p>

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SIGNATURE OF LEGAL ENTITY <i>Cheryl A. Spiker LPN</i>	DATE 5-10-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE 5-18-11 <i>g</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
187a A medication record shall be kept to include the following for each resident for whom medications are administered: (1) Resident's name. (2) Drug allergies. (3) Name of medication. (4) Strength. (5) Dosage form. (6) Dose. (7) Route of administration. (8) Frequency of administration. (9) Administration times. (10) Duration of therapy, if applicable. (11) Special	The medication administration record for resident #2 does not include a diagnosis or purpose for the following medications: <ul style="list-style-type: none"> • Levaquin 500mg 1 tab daily • Ferrous Sulfate 325 mg 1 tab 2x/day <p style="text-align: center; font-weight: bold; font-size: 1.2em;">Western Region</p> <p style="text-align: center;">Adult Residential Licensing</p>	5-10-11 5-10-11	Diagnoses for medications placed on medication record. Administrator/designee will audit MAR's bi-monthly for compliance. Medication aides were instructed on proper documentation for MAR'S.	5-18-11 <i>g</i>

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SIGNATURE OF LEGAL ENTITY <i>Cheryl L. Spurgeon</i>	DATE 5-10-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE 5-18-11

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
precautions, if applicable. (12) Diagnosis or purpose for the medication, including pro re nata (PRN). (13) Date and time of medication administration. (14) Name and initials of the staff person administering the medication.	<h2 style="margin: 0;">Western Region</h2>			

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SIGNATURE OF LEGAL ENTITY <i>Cheryl L. Spiker RN</i>	DATE 5-10-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE 8 5-18-11

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
Western Region	Resident #2 is prescribed Omeprazole 20mg capsule take by mouth 1 capsule once daily. The Mar for both March and April do not indicate the medication was administered at any time. The medication prescription was filled by the pharmacy on 3/22/11 with 31 pills and there are eight pills remaining. DUPLICATE from pg. 6 of 8	6-1-11	<i>Resident #1 and #2's physician, and designated persons will notified of the medication errors. 5-18-11g</i>	
		6-1-11	<i>The medication errors for resident #1 and #2 will be reported to the Department on a reportable incident form. 5-18-11g</i>	
		6-1-11	<i>A designated staff person qualified to administer medications will review the MAR's and administration of medications to ensure the orders of prescribers are followed. 5-18-11g</i>	