

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to PERSONAL CARE AT EVERGREEN INC

LEGAL ENTITY

To operate PERSONAL CARE AT EVERGREEN

NAME OF FACILITY OR AGENCY

Located at 25 GLADE AVENUE, WAYNESBURG, PA 15370

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

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To provide Personal Care Homes

TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 44  
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 August 16, 2011 until August 16, 2012,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **400900**

*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.

PW 628 - 01/11



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

ADULT RESIDENTIAL LICENSING

AUG 25 2011

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

Ms. Amy Ponzoo, RN, BSN, Administrator  
Assisted Living at Evergreen, Inc.  
336 North Main Street  
Washington, Pennsylvania 15301

RE: Personal Care at Evergreen, Inc.  
25 Glade Avenue  
Waynesburg, Pennsylvania 15370

Dear Ms. Ponzoo:

As a result of the Department of Public Welfare's licensing inspection on May 31, 2011 and June 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,

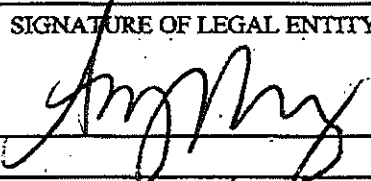
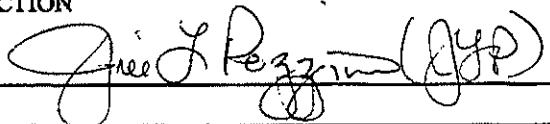
A handwritten signature in cursive script that reads "Ronald Melusky" followed by a stylized flourish.

Ronald Melusky  
Acting Director

Enclosures  
License  
Violation Report

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

08/10/2011 16:16 FAX 7246274128  
EVERGREEN WAYNESBURG  
0004/0025

NAME AND ADDRESS OF PERSONAL CARE HOME PERSONAL CARE AT EVERGREEN, 25 GLADE AVENUE WAYNESBURG, PA 15370		CURRENT LICENSE NUMBER 400900	
INSPECTION DATES (Include all dates of the inspection) 05/31/2011, 6/1/2011		REGIONAL REPRESENTATIVE Alden Linhart, Maria Stepanovich, Maria Stepanovich, Alden Linhart	
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 	DATE 8/9/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION  (JYP)	DATE 8-11-11

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
20b1 The home shall keep a record of financial transactions with the resident, including the dates, amounts of deposits, amounts of withdrawals and the current balance.	The home manages the finances for residents #1, #2, and #3. The financial records for the residents do not include the balances before and after each transaction and the reason for each expense. The records do not include the signatures of the resident and the staff member involved in each transaction.	9/1/11	Financial records will be completed including type of service, remaining balances by administrator. Administrator to review financial records on weekly basis.	8-11-11 JYP

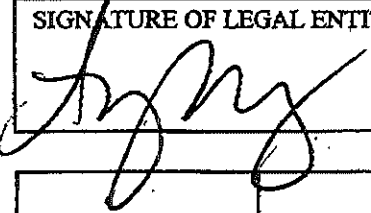
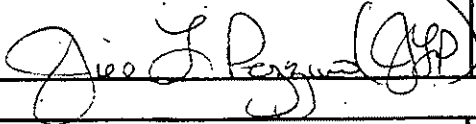
Western Region  
AUG 10 2011  
Adult Residential Licensing


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

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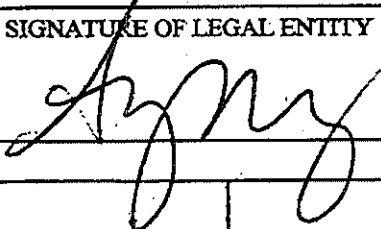
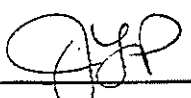
EVERGREEN WAYNESBURG

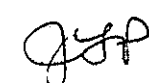
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20b8 The home shall give the resident and the resident's designated person, an itemized account of financial transactions made on the resident's behalf on a quarterly basis.	The home is not able to confirm that quarterly statements are being provided to residents who receive financial management services from the home.  <b>Western Region</b>  AUG 10 2011	9/1/11	Facility will mail quarterly statements to designated person. Administrator to monitor quarterly.  The administrator will provide all residents with a quarterly financial statement. A copy of the itemized account will be kept in each resident's record, even if the resident declines to review the account. 8-11-11 JLP	Steps have been taken to correct violation; full compliance is not verifiable  Date 8-11-11 Millais (DPW)

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

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82c Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.	There was a bottle of nail polish remover in resident #4's and #6's bathroom and in resident #5's bedroom. The manufacture's labels read "if swallowed call poison control". Residents of the home, including residents #4, #5 and #6, have not been assessed as capable of recognizing and using poisons safely per the administrator.  Western Region  AUG 1.0 2011	9/30/11  9-30-11	Administrator to assess residents for ability to handle or recognize poisonous material. Letters sent to families and residents to request they check labels before providing materials to resident. Administrator to do weekly rounds to ensure compliance All staff persons will be educated concerning the	8-11-11 

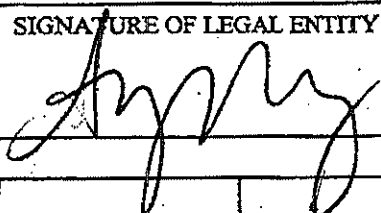
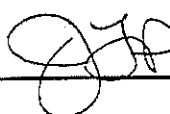
Safe storage of poisonous materials and the risks to residents. Documentation will be kept. 8-11-11 JJP

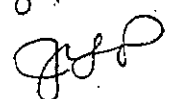
0006/0025

EVERGREEN WAYNESBURG

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PERSONAL CARE HOMES - 55 Pa. Code Chapter 2600

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89b Hot water temperature in areas accessible to the resident may not exceed 120°F.	On 6/1/2011, the water temperature at the bathroom sink adjacent to bedroom 110 measured 124.8 degrees Fahrenheit.  Western Region  AUG 10 2011  Adult Residential Licensing	9/30/11	Water heaters have had temperatures adjusted. Maintenance staff is checking temperatures on a weekly basis & adjusting as necessary. Administrator to monitor on weekly basis. A water temperature checklist is in place for daily use.	8-11-11 

0007/0025

EVERGREEN WAYNESBURG

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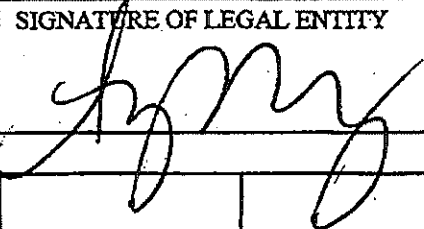
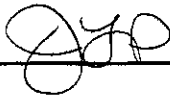
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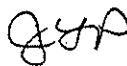
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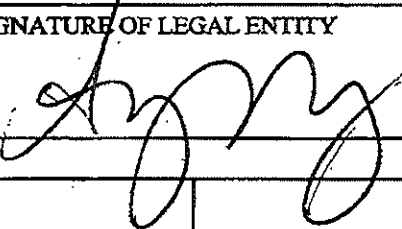
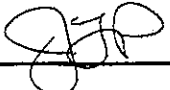
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101j7 Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on/off at bedside.	The bed closest to the hallway door in bedroom 123 does not have a source of light that can be turned on/off from bedside.  Western Region  AUG 10 2011  Adult Residential Licensing	9/1/11	Light source was placed in residents room. Housekeeping staff is checking rooms on a weekly basis to ensure proper lighting source is available. Families/residents/staff educated on need to ensure lighting sources next to beds not be moved	8-11-11 

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

0009/0025

EVERGREEN WAYNESBURG

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103i Outdated or spoiled food or dented cans may not be used.	There were two unlabeled foil wrapped packages in the freezer located by the elevator. The adjacent freezer which is closest to the elevator contained an opened bag of "beef patties" and another opened bag of diced chicken- neither bag was labeled or dated. The chest freezer had an unlabeled large bag of what appeared to be garlic bread with an illegible date.	9/1/11	Kitchen staff educated on need to ensure proper labeling/dating of foods. Kitchen staff to check for proper labeling of food on weekly basis	8-11-11 JJP

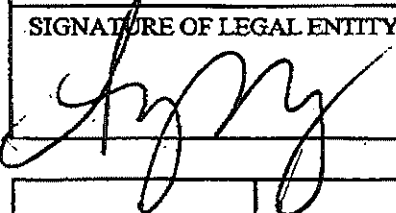
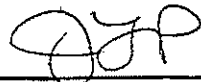
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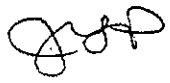
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Adult Residential Licensing

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

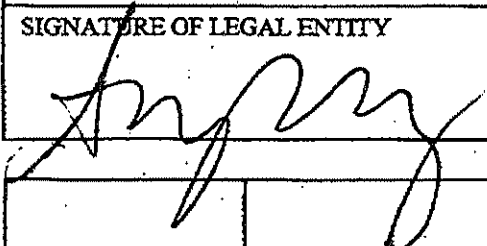
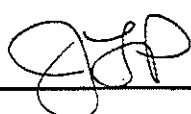
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123b Copies of the emergency procedures 107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.	The home's county emergency procedures are not posted in a conspicuous and public place in the home.  Western Region  AUG 10 2011	8/9/11	County emergency plans placed in black binder on visitor stand in front of facility as well as posting stating where information could be located. Will be updated on yearly basis.  *Corrected on site	8-11-11 

VIOLATION REPORT  
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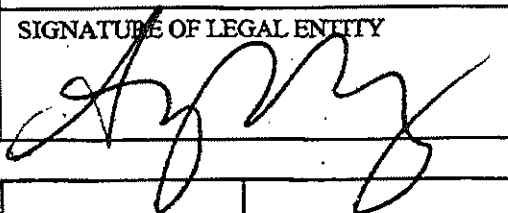

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132e A fire drill shall be held during sleeping hours once every 6 months.	<p>The last drill conducted during sleeping hours was on 10/28/2010 at 6:30AM.</p> <table border="1"> <thead> <tr> <th>Mont</th> <th>Date</th> <th>Time</th> <th>Evac. Time</th> <th>FSE</th> </tr> </thead> <tbody> <tr><td>Jan</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Feb</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Mar</td><td>03/24/2011</td><td>01:08 PM</td><td>2 min 18 sec</td><td>Yes</td></tr> <tr><td>Apr</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>May</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Jun</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Jul</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Aug</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Sep</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Oct</td><td>10/28/2010</td><td>06:30 AM</td><td>2 min 29 sec</td><td>No</td></tr> <tr><td>Nov</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Dec</td><td></td><td></td><td></td><td>No</td></tr> </tbody> </table> <p align="center">Western Region</p> <p align="center">AUG 10 2011</p>	Mont	Date	Time	Evac. Time	FSE	Jan				No	Feb				No	Mar	03/24/2011	01:08 PM	2 min 18 sec	Yes	Apr				No	May				No	Jun				No	Jul				No	Aug				No	Sep				No	Oct	10/28/2010	06:30 AM	2 min 29 sec	No	Nov				No	Dec				No	9/1/11	<p>Nightshift fire drill <del>has</del> been conducted. Administrator has set reminder on calendar to remind when next drill due. sleeping hours fire drill held 6/2/11.</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p align="right">Date: 8-11-11 Initials: (DPW)</p>
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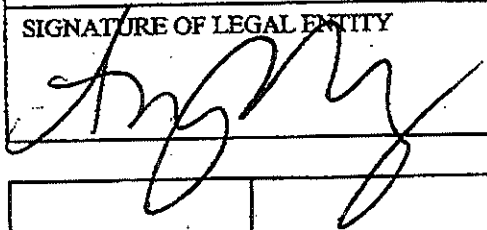

VIOLATION REPORT  
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141a The medical evaluation shall include the following: (1) A general physical examination by a physician, physician's assistant or nurse practitioner. (2) Medical diagnosis including physical or mental disabilities of the resident, 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 #7, dated 4/21/2011, does not include diet information.  The medical evaluation for resident #8 is missing the physician's name. The "signature" at the bottom of the form and date are illegible and the form indicates "see attached" under medications- the attached list has two different dates and signatures. Resident #9 medical evaluation, dated 12/18/10, does not indicate hospice services and does not include medications. The medication section states "see attached"; however the attached list is not signed by the physician completing the medical evaluation. The resident was admitted to Amedisys Hospice on 12/9/10.  <b>Western Region</b>  AUG 10 2011	9/30/11	Will have new medical evals completed for resident #7 & #8. Resident #9 discharged.  Administrative to review other medical evaluations for accuracy. Any medical evaluations found to not be in compliance will be returned to physician.  Administrator to ensure MD completes form in its entirety on many new annual evaluations.	Steps have been taken to correct violation; full compliance is not verifiable 8/11/11 Date Mills (DPW)

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

NAME AND ADDRESS OF PERSONAL CARE HOME PERSONAL CARE AT EVERGREEN, 25 GLADE AVENUE WAYNESBURG, PA 15370		CURRENT LICENSE NUMBER 400900	
INSPECTION DATES (Include all dates of the inspection) 05/31/2011, 6/1/2011		REGIONAL REPRESENTATIVE Alden Linhart, Maria Stepanovich, Maria Stepanovich, Alden Linhart	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
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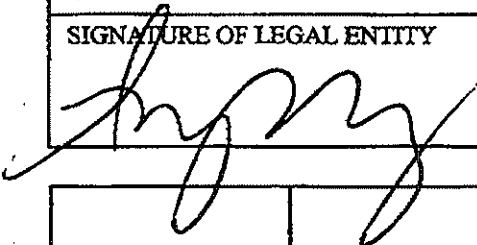
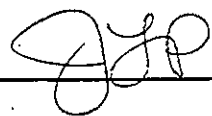
REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
history. (7) Medication regimen, contraindicated medications, medication 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> <p style="margin: 0;">400 10 000</p>			

0013/0025

EVERGREEN WAYNESBURG

08/10/2011 16:18 FAX 7246274126

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

NAME AND ADDRESS OF PERSONAL CARE HOME PERSONAL CARE AT EVERGREEN, 25 GLADE AVENUE WAYNESBURG, PA 15370		CURRENT LICENSE NUMBER 400900	
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161b When a resident misses a meal, food adequate to meet daily nutritional requirements shall be available and offered to the resident.	There are no alternatives included on the menu which is posted on the bulletin board near the first floor elevator.  Western Region  AUG 10 2011	8/9/11  9-30-11	Menu alternatives were posted in public areas as well as in main kitchen.  The administrator will check weekly to ensure the alternate menu is posted in a public area for residents use. 8-11-11 JJP	8-11-11  JJP

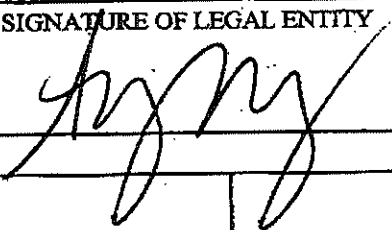
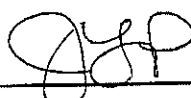
Adult Residential Licensing

0014/0025

EVERGREEN WAYNESBURG

08/10/2011 16:18 FAX 7246274126

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

NAME AND ADDRESS OF PERSONAL CARE HOME PERSONAL CARE AT EVERGREEN, 25 GLADE AVENUE WAYNESBURG, PA 15370		CURRENT LICENSE NUMBER 400900	
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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
225a A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.	The assessment dated 2/15/2011 for resident #2 is missing the diagnoses of obesity, and hypothyroidism which are included on the medical evaluation dated 3/1/2011. The assessment dated 1/18/2011 for resident #3 is blank under dietary needs, however the medical evaluation dated 1/11/2011 indicates a cardiac diet. The assessment dated 4/22/2011 for resident #6 has no information listed under dietary needs. The resident is on a medication, Parnate three times a day. This medication requires dietary restrictions that are indicated in the medical evaluation dated 4/21/2011 The assessment dated 12/13/2011 for resident #9 is blank, however, discharge instructions dated 12/9/2010 from Washington Hospital indicate a low sodium, low cholesterol/low fat diet. The assessment dated 4/11/2011 for resident #10 is blank under dietary needs. A doctor's order for resident #10 dated 5/6/2011 indicates a diabetic, fluid restriction and low cholesterol/low fat diet. - 1800 calorie.	9/30/11	All assessments/support plans to be reviewed by administrator and updated for accuracy including diets. Administrator will review incoming orders/discharge instructions and communicate to staff re: diet D's, med's etc... and ensure this information is on the resident's current assessment. 8-11-11 JJP	8/11/11 JJP

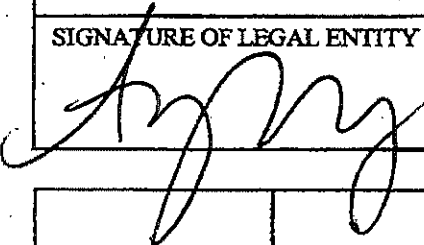
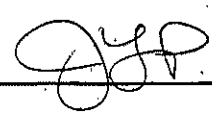
Steps have been taken to correct violation; full compliance is not verifiable  
Date 8/11/11 Initials (DPW) JJP

Western Region

AUG 10 2011

08/10/2011 16:18 FAX 7246274126 EVERGREEN WAYNESBURG 0015/0025

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

NAME AND ADDRESS OF PERSONAL CARE HOME PERSONAL CARE AT EVERGREEN, 25 GLADE AVENUE WAYNESBURG, PA 15370		CURRENT LICENSE NUMBER 400900	
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227d 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.	<p>The current support plan for resident #6 does not indicate the need to monitor for references to "suicidal ideations"</p> <p>Resident #9's support plan, dated 12/13/2010, does not include the following:</p> <ul style="list-style-type: none"> <li>• Oxygen usage</li> <li>• Low bed</li> <li>• Spoon feed at times</li> <li>• Aspiration precautions</li> <li>• Use of a wheelchair</li> </ul> <p>The support plan for resident #10 dated 4/11/2011 indicates diet as "as tolerated". There are, however, discharge instructions from Washington Hospital dated 5/6/2011 indicating a diabetic, 1500 L fluid restriction, low sodium, low cholesterol/low fat, 1800 calorie diet. The support plan also doesn't address the need for accuchecks or daily weights before breakfast.</p> <p align="center">Western Region</p> <p align="center">AUG 10 2011</p>	<p>9/30/11</p> <p>9/30/11</p>	<p>Administrator to review support plans for all residents &amp; update as necessary</p> <p>Administrator to update support plans &amp; charges.</p> <p>The administrator will review all new resident records to ensure all new residents have a detailed support plan which is accurate and</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p align="right">Date: 9/11/11 Initials (DPW):</p>

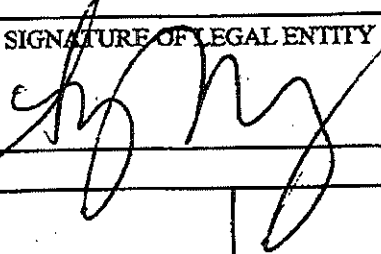
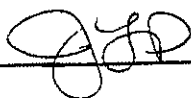
*all care, needs and services for each resident.*


0016/0025

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08/10/2011 16:18 FAX 7246274126

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

NAME AND ADDRESS OF PERSONAL CARE HOME PERSONAL CARE AT EVERGREEN, 25 GLADE AVENUE WAYNESBURG, PA 15370		CURRENT LICENSE NUMBER 400900	
INSPECTION DATES (Include all dates of the inspection) 05/31/2011, 10/11/2011		REGIONAL REPRESENTATIVE Alden Linhart, Maria Stepanovich, Maria Stepanovich, Alden Linhart	
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252 Each resident's record shall include the following information: (1) Name, gender, admission date, birth date and Social Security number. (2) Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks. (3) A photograph of the resident that is no more than 2 years old. (4) Language or means of communication spoken or used by the resident. (5) The name,	Resident #2's record does not include a copy of a reportable incident dated 5/18/2011. The administrator confirmed that copies of reportable incidents concerning a resident are not kept in the individual resident records.  <b>Western Region</b>  AUG 10 2011	9/30/11	All reportable incidents to be copied & placed in resident charts. Administrator to ensure reportable incidents are placed in resident charts after being sent to DSPW.	8-11-11 

Adult Residential Licensing

0017/0025

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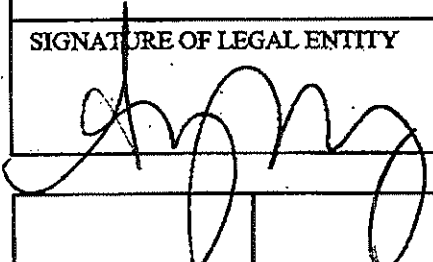
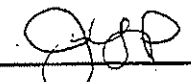
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VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

0018/0025

EVERGREEN WAYNESBURG

08/10/2011 16:19 FAX 7246274126

NAME AND ADDRESS OF PERSONAL CARE HOME PERSONAL CARE AT EVERGREEN, 25 GLADE AVENUE WAYNESBURG, PA 15370		CURRENT LICENSE NUMBER 400900	
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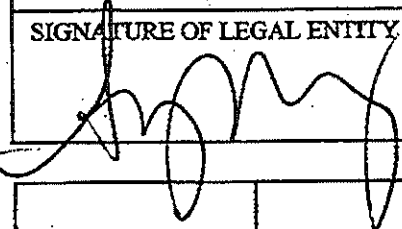
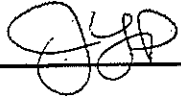
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address, telephone number and relationship of a designated person to be contacted in case of an emergency. (6) The name, address and telephone number of the resident's physician or source of health care. (7) The current and previous 2 years' physician's examination reports, including copies of the medical evaluation forms. (8) A list of prescribed medications, OTC medications and CAM. (9) Dietary	Western Region  AUG 10 2011			

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

0019/0025

EVERGREEN WAYNESBURG

08/10/2011 16:19 FAX 7246274126

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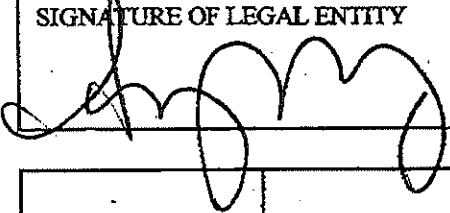
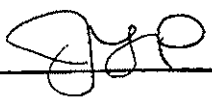
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restrictions, if any. (10) A record of incident reports for the individual resident. (11) A list of allergies, if any. (12) The documentation of health care services and orders, including orders for the services of visiting nurse or home health agencies. (13) The preadmission screening, initial intake assessment and the most current version of the annual assessment. (14) A support plan. (15) Applicable court order, if any.	Western Region  AUG 10 2011			

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

0020/0025

EVERGREEN WAYNESBURG

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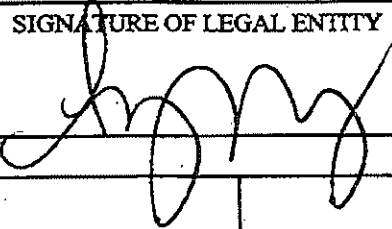

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(16) The resident's medical insurance information. (17) The date of entrance into the home, relocations and discharges, including the transfer of the resident to other homes owned by the same legal entity. (18) An inventory of the resident's personal property as voluntarily declared by the resident upon admission and voluntarily updated. (19) An inventory of the resident's property entrusted to the administrator for safekeeping. (20) The financial records of residents	Western Region  AUG 10 2011			

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

0021/0025

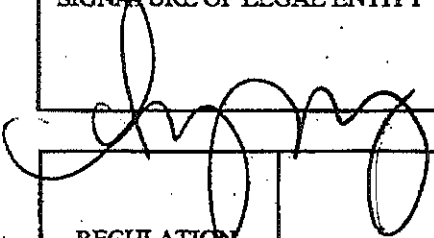
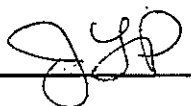
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receiving assistance with financial management. (21) The reason for termination of services or transfer of the resident, the date of transfer and the destination. (22) Copies of transfer and discharge summaries from hospitals, if available. (23) If the resident dies in the home, a copy of the official death certificate. (24) Signed notification of rights, grievance procedures and applicable consent to treatment protections specified	Western Region  AUG 10 2011			

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

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in 41. (25) A copy of the resident-home contract. (26) A termination notice, if any	Western Region  AUG 10 2011			

Adult Residential Licensing

0022/0025

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