

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

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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 17, 2012 until August 17, 2013,
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



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

AUG 23 2012

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

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

Dear Ms. Ponzoo:

As a result of the Department of Public Welfare's licensing inspection on July 9, 2012 and July 11, 2012 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.

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 read "R. Melusky".

Ronald Melusky
Director

Enclosures
License
Violation Report

Violation Report: 40090 - 07/09/2012 - Whitney, Diane

PCH Name: PERSONAL CARE AT EVERGREEN

AUG 10 2012

1. REGULATION 55 Pa.Code §2600

2600.91 - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

2a. DESCRIPTION OF VIOLATION

The telephone in bedroom #218 does not have all of the emergency service phone numbers posted nearby.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Administrator posted required phone numbers checklist at least monthly on room 218. Administrator to monitor rooms to ensure proper postings are in place. by 9/1/12

By 9/1/12 - All direct care staff will be educated on checking that all required phone numbers are posted on all telephones with an outside line as part of their regular duties.

J. 8/13/12

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page)

[Handwritten Signature]

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)

Amy Ponzio RN, Admin

Date

8-7-12.

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of

8/13/12 (Date)

Plan of correction implementation status as of

8/13/12 (Date)

The above plan of correction was approved by

[Handwritten Initials] (Initials)

Fully Implemented

Partially Implemented - Adequate Progress

Partially Implemented - Inadequate Progress

Not Implemented

Violation Report: 40090 - 07/09/2012 - Whitney, Diane
PCH Name: PERSONAL CARE AT EVERGREEN

AUG 10 2012

1. REGULATION 55 Pa.Code §2600
2600.102(k) - Use of a common towel is prohibited.

Western Field Office
Adult Residential Licensing

2a. DESCRIPTION OF VIOLATION

On 7-11-2012, there was an unlabeled pink & white towel on the towel bar in the shared bathroom between bedrooms # 206 & 208.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Towel was removed from resident's room. Discussed with resident paper towels were available. If she chose to have a towel it would need to be labeled in her name. Her towel bar would also need to be labeled. Resident agreeable to using paper towels at present.

Administrators/Housekeeper to monitor Bathrooms for unlabeled towels, at least weekly.

By 9/1/12. All direct care staff will be educated to check for unlabeled towels daily, as part of their regular duties.

J 8/13/12

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Amy Penzoo RN Admin* Date *8/7/12*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 8/13/12 (Date)

The above plan of correction was approved by [Signature] (Initials)

Plan of correction implementation status as of 8/13/12 (Date)

- Fully Implemented *[Signature]*
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 40090 - 07/09/2012 - Whitney, Diane
PCH Name: PERSONAL CARE AT EVERGREEN

AUG 0 2012

1. REGULATION 55 Pa.Code §2600

2600.123(b) - Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

2a. DESCRIPTION OF VIOLATION

The home's emergency procedures are not posted in a conspicuous and public place in the home.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Administrator posted facilities emergency procedures in Black Binder at front entrance by 9/1/12

Administrator to check binder periodically, at least monthly, to ensure emergency procedures are not removed. *for 8/12/12*

Repeat Violation: Yes Date(s) of Previous Violation(s): 05/31/2011

Signature of Legal Entity Representative (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Amy Ponzio RN, Admin* Date *8/7/12*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 8/13/12 (Date)

The above plan of correction was approved by [Signature] (Initials)

Plan of correction implementation status as of 8/13/12 (Date)

- Fully Implemented *[Signature]*
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 40090 - 07/09/2012 - Whitney, Diane
PCH Name: PERSONAL CARE AT EVERGREEN

8/10/2012

1. REGULATION 55 Pa.Code §2600

2600.123(c) - For a home serving nine or more residents, an emergency evacuation diagram of each floor showing corridors, line of travel to exit doors and location of the fire extinguishers and pull signals shall be posted in a conspicuous and public place on each floor.

Western Field Office
Adult Residential Licensing

2a. DESCRIPTION OF VIOLATION

The emergency evacuation diagram indicates there is a fire extinguisher outside of the office to the right of the main entrance; however, there is no fire extinguisher in this location.

The emergency evacuation diagram does not indicate the fire extinguishers located near the pull stations in the front hallway on the 1st floor.

(Observed on 7-9-12)

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Emergency evacuation diagram has been corrected. Maintenance supervisor to adjust diagram as needed. by 9/1/12

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

[Handwritten Signature]

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

Amy Ponzio RN, Admin

Date 8/7/12

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of

8/13/12
(Date)

Plan of correction implementation status as of

8/13/12
(Date)

- Fully Implemented *[Signature]*
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by

[Handwritten Initials]
(Initials)

Violation Report: 40090 - 07/09/2012 - Whitney, Diane
PCH Name: PERSONAL CARE AT EVERGREEN

1. REGULATION 55 Pa.Code §2600

Western Field Office

2600.130(e) - If one or more residents or staff persons are not able to hear the smoke detector or fire alarm system, a signaling device approved by a fire safety expert shall be used and tested so that each resident and staff person with a hearing impairment will be alerted in the event of a fire.

2a. DESCRIPTION OF VIOLATION

Resident #1 is unable to hear the fire alarm system. The home does not have a signaling device in the resident's bedroom, approved by a fire safety expert and tested to ensure that resident #1 is alerted in the event of a fire.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Resident #1 is deaf, macular degeneration and poor cognition. When fire drills are performed resident is unable to see strobe lights in common area & is unaware/unable to evacuate to safe location without assistance. I do not feel a strobe light, pillow shaker or Bed shaker would make a difference due to [redacted] cognitive status. [redacted] is currently listed as an immobile resident. The department is aware of [redacted] location in our facility.

Immediately - All staff will be educated on resident's need for assistance during fire drill evacuations to ensure resident is evacuated and supervised during fire drills.
J 8/13/12

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) Amy Penzo

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) J. Penzo RN, Admin Date 8-9-12.

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 8/13/12 (Date)

Plan of correction implementation status as of 8/13/12 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress J
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by J (Initials)

Violation Report: 40090 - 07/09/2012 - Whitney, Diane
PCH Name: PERSONAL CARE AT EVERGREEN

AUG 0 2012

1. REGULATION 55 Pa.Code §2600

2600.130(h) - The home's emergency procedures shall indicate the procedures that will be immediately implemented until the smoke detector or fire alarms are operable.

Western Field Office
Adult Residential Licensing

2a. DESCRIPTION OF VIOLATION

On 7-9-12, the home's fire monitoring panel indicated it was malfunctioning. The panel was serviced on 7-9-12. The home's emergency procedures were not implemented during the time the panel was malfunctioning.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

- Facility fire panel corrected.
- Staff to implement fire watch in event fire panel not working properly.
- Administrator or maintenance supervisor to monitor fire panel. Staff to check fire panel for accurate functioning if electric service is disrupted. I will report findings to administrator or maintenance supervisor.

Completion by 9/1/12

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Date 8/7/12

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The above plan of correction is approved as of 8/13/12 (Date)

The above plan of correction was approved by (Initials)

Plan of correction implementation status as of 8/13/12 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 40090 - 07/09/2012 - Whitney, Diane
PCH Name: PERSONAL CARE AT EVERGREEN

Western Field Office
Adult Residential Licensing

1. REGULATION 55 Pa.Code §2600

2600.162(c) - Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

2a. DESCRIPTION OF VIOLATION

On 7-9-2012 at approximately 9:45am, the daily menu was dated 7-8-2012. The home did not have the current full week's menu or the menu for the upcoming week posted. The 4-week menu posted in the living room area on the 1st floor was labeled fall/winter.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Accurate menu has been posted.
Administrator to ensure proper menu is posted in facility for the current week and upcoming week.
J 8/13/12

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Date
AMY PONZOO RN, Admin 8/7/12

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 8/13/12
(Date)

Plan of correction implementation status as of 8/13/12
(Date)

The above plan of correction was approved by J
(Initials)

- Fully Implemented J
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 40090 - 07/09/2012 - Whitney, Diane
PCH Name: PERSONAL CARE AT EVERGREEN

1. REGULATION 55 Pa.Code §2600

2600.182(c) - Medication administration includes the following activities, based on the needs of the resident:

- (1) Identify the correct resident.
- (2) If indicated by the prescriber's orders, measure vital signs and administer medications accordingly.
- (3) Remove the medication from the original container.
- (4) Crush or split the medication as ordered by the prescriber.
- (5) Place the medication in a medication cup or other appropriate container, or in the resident's hand.
- (6) Place the medication in the resident's hand, mouth or other route as ordered by the prescriber, in accordance with the limitations specified in § 2600.182(b)(4).
- (7) Complete documentation in accordance with § 2600.187 (relating to medication records).

2a. DESCRIPTION OF VIOLATION

Resident #2 is ordered Novolog insulin on a sliding scale. The medication administration record does not indicate the number of insulin units administered from 7-1-12 through 7-10-12 at 7:30am, 11:30am, 4:30am, 9:00pm. and on 7-11-12 at 7:30am & 11:30am.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

By 7/1/12 Precision Care Pharmacy will correct order to reflect amount of coverage is able to be documented

Immediately -
 - Administrator or LPN will ensure all sliding scale insulins are able to be documented either electronically or on e-MAR.

8/13/12

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Amy Pinzoo RN, Admin	Date 8/7/12
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 8/13/12
(Date)

The above plan of correction was approved by [Signature]
(Initials)

Plan of correction implementation status as of 8/13/12
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented