



AUG 02 2013

Ms. Cheryl Spiker, Administrator  
Personal Care at Evergreen, Inc.  
Personal Care at Evergreen  
336 North Main Street  
Washington, Pennsylvania 15301

Dear Ms. Spiker:

As a result of the Department of Public Welfare's licensing inspection on January 25, 2013 and January 28, 2013, 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.

Your regular license for the period of April 20, 2013 to April 20, 2014 was issued on February 8, 2013. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink, appearing to be 'R. Melusky'.

Ronald Melusky  
Director

Enclosure  
Violation Report

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

PCH Name: PERSONAL CARE AT EVERGREEN		License Number: 405780
Address: 336 NORTH MAIN STREET, WASHINGTON, PA 15301		County: Washington
Administrator: Cherly Spiker		Region: WEST
Legal Entity Name: PERSONAL CARE AT EVERGREEN INC		
Legal Entity Address: 336 NORTH MAIN STREET, WASHINGTON, PA 15301		
Certificate(s) of Occupancy C-2 LP 12/15/2004 L & I		
<b>Staffing Hours</b>		
Resident Support: 7	Total Daily Staff: 61	Waking Staff: 46
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
<b>On-Site Inspections Dates and Department Representatives On-Site</b> 01/25/2013: McConnell, Deb; Whitney, Diane 01/28/2013: McConnell, Deb		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>		
<b>Other Details</b>		
Partial or Full Triggers: 141a, 107a		Random Indicators: 18 60a 130b 171b5 228h
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 48 Number of Residents Served: 36 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 5 Number of Hospice Residents in past year: 9	<b>Number of Residents who:</b> Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 36 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 18 Have a Physical Disability: 0	

Violation Report: 40578 - 01/25/2013 - McConnell, Deb

1 2013

PCH Name: PERSONAL CARE AT EVERGREEN

1. REGULATION 55 Pa.Code §2600

2600.65(e) - Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.

2a. DESCRIPTION OF VIOLATION

Direct care staff person A and B did not received 12 hours of annual training in training year 2012.

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.

Training hours attached for staff persons A+B

Administrators/designee will audit individual staff members training hours record monthly to ensure each staff member has required number of training hours.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Cheryl L Sopkovich	Date 3/28/2013
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The above plan of correction is approved as of 4/3/13  
(Date)

Plan of correction implementation status as of 4/3/13  
(Date)

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

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

Violation Report: 40578 - 01/25/2013 - McConnell, Deb

**RECEIVED**

PCH Name: PERSONAL CARE AT EVERGREEN

1. REGULATION 55 Pa.Code §2600  
2600.66(a) - A staff training plan shall be developed annually.

2013

2a. DESCRIPTION OF VIOLATION

The home does not have a staff training plan for 2013.

Western Field Office  
Adult and Elder Care Training

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.

Staff training plan was completed while inspectors were on site → copy attached

Administrative/designee will complete staff training plan for following year on or before December 20 of current year

By 4/30/13 - A staff training plan for each staff person, listing their name, title and other required information will be completed for 2013.



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Violation Report: 40578 - 01/25/2013 - McConnell, Deb

PCH Name: PERSONAL CARE AT EVERGREEN

2013

1. REGULATION 55 Pa.Code §2600

2600.89(b) - Hot water temperature in areas accessible to the resident may not exceed 120°F.

Western Field Office  
Adult Residential Licensing

2a. DESCRIPTION OF VIOLATION

On 1/25/13, the water temperature at the sink in the kitchenette by bedroom #224 measured 125.9 degrees Fahrenheit.

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.

Corrected while surveyors on site - Maintenance supervisor (MB) adjusted temperature on water heater.

Maintenance supervisor will perform weekly temperature checks and place results in water temperature log. Administrator/designee will audit log weekly.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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(Required on EVERY Page) *Cheryl L Sopkovich*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Cheryl L Sopkovich* Date *3/28/2013*

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Violation Report: 40578 - 01/25/2013 - McConnell, Deb  
 PCH Name: PERSONAL CARE AT EVERGREEN

1. REGULATION 55 Pa.Code §2600  
 2600.102(h) - Toilet paper shall be provided for every toilet.

2013

Western Field Office  
 Adult Residential Licensing

2a. DESCRIPTION OF VIOLATION

On 1/25/13, there was no toilet paper for the toilet in the the common bathroom used for employees and guests.

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.

*Corrected while surveyors were on site.*

*Administrator/designee/housekeeper will ensure that toilet paper is stocked in all bathrooms. Log initiated for bathroom checks. (see attached) Administrator/designee will check logs daily*

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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Cheryl L Sopkovich*      Date *3/28/2013*

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Violation Report: 40578 - 01/25/2013 - McConnell, Deb  
PCH Name: PERSONAL CARE AT EVERGREEN

1. REGULATION 55 Pa.Code §2600

2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

2013  
Western Field Office  
Adult Residential Licensing

2a. DESCRIPTION OF VIOLATION

On 1/25/13, at 9:37AM, the temperature in the kitchenette's mini refrigerator by bedroom #119 was 48 degrees Farenheit. At 11:02 AM, the temperature was 42 degrees Farenheit.

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.

New refrigerator purchased (see attached document) <sup>#1</sup>

Temperature log placed in kitchen. Kitchen staff will document kitchenette refrigerator daily. (freezers also) <sup>#2</sup>  
Temps

Administrator/designee will audit temperature log weekly to ensure compliance

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Violation Report: 40578 - 01/25/2013 - McConnell, Deb  
PCH Name: PERSONAL CARE AT EVERGREEN

1. REGULATION 55 Pa.Code §2600

2600.107(a) - The administrator shall have a copy and be familiar with the emergency preparedness plan for the municipality in which the home is located.

APR 1 2013

Western Field Office  
Adult Residential Licensing

2a. DESCRIPTION OF VIOLATION

Staff person C, the administrator, does not have the emergency preparedness plan for the local municipality.

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.

Contacted Washington city Councilman Kenneth Winstock. Revised emergency preparedness plan being developed for city. Will have new plan by April 18, 2013. Copy to be faxed to DPW on that date.

Administrator/designee will follow up weekly with city councilman until ER preparedness plan is obtained, and will review the plan as it pertains to the home.

4/3/13

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Cheryl L. Sopotowich*

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

Cheryl L Sopotowich

Date

3/28/2013

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(Initials)

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Violation Report: 40578 - 01/25/2013 - McConnell, Deb  
PCH Name: PERSONAL CARE AT EVERGREEN

2013

1. REGULATION 55 Pa.Code §2600

2600.141(a)(1) - 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.

2a. DESCRIPTION OF VIOLATION

Resident #1 was admitted to the home on 8/30/12. The medical evaluation was completed 1/15/13.

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.

Administrators/designees will review all medical evaluations to ensure they are completed 60 days prior to admission or within 30 days after admission

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Cheryl Sorkovich*

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

Cheryl Sorkovich

Date 3/28/2013

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(Date)

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(Date)

- Fully Implemented *W*
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*[Signature]*  
(Initials)

Violation Report: 40578 - 01/25/2013 - McConnell, Deb  
 PCH Name: PERSONAL CARE AT EVERGREEN

1. REGULATION 55 Pa.Code §2600  
 2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2013

Western Field Office  
 Adult Residential

2a. DESCRIPTION OF VIOLATION

The medical evaluation for resident #3, dated 2/28/12, and resident #4, dated 10/4/12, does not include the medication regimen but refers to "see attachment". No attachment is provided.

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.

Medical evaluations completed for resident #3 & #4 with MD signature on medicine regime

Administrator/designee will review medical evaluations monthly to ensure compliance as part of quality assurance program.

Immediately - For each new medical evaluation completed, the administrator will review the document after physician signs the form, in order to ensure all areas are completed.


4/3/13

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Cheryl L Sopkovich Date 3/28/2013

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Violation Report: 40578 - 01/25/2013 - McConnell, Deb  
 PCH Name: PERSONAL CARE AT EVERGREEN

1. REGULATION 55 Pa.Code §2600  
 144(c)(2) Location of a smoking room or outside smoking area a safe distance from heat sources, hot water heaters, combustible or flammable materials and away from common walkways and exits.

2a. DESCRIPTION OF VIOLATION  
 The home's designated smoking area is directly outside the front entrance and is a common exit and walkway into 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.

*Designated smoking area changed to gazebo → proper ashtray / furniture in place*

*Administrator / designee will monitor resident when outside smoking to ensure that designated smoking area is used*

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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)			Date
<i>Cheryl L Sopkovich</i>			<i>3/28/13</i>

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Violation Report: 40578 - 01/25/2013 - McConnell, Deb  
 PCH Name: PERSONAL CARE AT EVERGREEN

2013

**1. REGULATION 55 Pa.Code §2600**

2600.183(f) - Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

**2a. DESCRIPTION OF VIOLATION**

On 1/28/13, the PRN medication, Ventolin HFA, MCG 200A, 18gm, for resident #3 was in the first floor medication cart. The medication was not listed on the resident's 1/2013 medication administration record. Direct care staff person, A, states the resident no longer uses the medication.

**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.

Medication removed from cart - (see disposal sheet)

Administrator/designee will audit medication carts/  
 E-MAR bi-weekly to ensure medications/orders are  
 correct.

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

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Cheryl L Sopkovich* Date *3/28/13*

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Violation Report: 40578 - 01/25/2013 - McConnell, Deo

PCH Name: PERSONAL CARE AT EVERGREEN

2013

1. REGULATION 55 Pa.Code §2600

2600 185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION

Resident #2 is prescribed Hydrocodone/APAP 5/500 as needed for pain, and Ondansetron HCL 4mg, as needed for nausea. These medications are not available in the home.

Resident #4 is ordered Hydrocodone/APAP 5/500 as needed for pain. This medication is not available 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

Prescription order obtained for resident #2 medications - see attached

Medication for resident #4 obtained from Jeffries Pharmacy.

By 3/28/13 - Administrators/designee will audit charts monthly to ensure all orders are current - current medications in cart - D/C orders current and in chart

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page)

*Cheryl L Sopkovich*

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

Cheryl L Sopkovich

Date

3/28/13

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*[Signature]*  
(initials)

- Fully Implemented *[initials]*
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Violation Report: 40578 - 01/25/2013 - McConnell, Deb  
 PCH Name: PERSONAL CARE AT EVERGREEN

1. REGULATION 55 Pa.Code §2600  
 2600.187(d) - The home shall follow the directions of the prescriber.

2013

2a. DESCRIPTION OF VIOLATION

Resident #5 is prescribed Novolog insulin 100U/ML on a sliding scale as follows:

- 70 -130 = 0 units
- 131 -180 = 2 units
- 181 -240 = 4 units
- 241 -300 = 6 units
- 301-350 = 8 units
- 351 - 400 = 10 units
- > 400 = 12 units and notify MD

On 1/28/13, at 6:30AM, the resident's blood sugar reading was 140. The resident was given no insulin; however, the resident should have received 2 units.

On 1/20/13, at 4:37PM, the resident's blood sugar level was 385. The resident was given 8 units; however, the resident should have received 10 units.

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.

The facility will provide training to staff regarding the following of prescribed orders, correct faxing procedures to pharmacy - documentation. Record of training is attached.

Administrators/designer will ensure all sliding scale insulins are documented either electronically / E MAR

By 4/30/13 - The administrator or designee will monitor the mar at least weekly to ensure proper documentation of insulin. The administrator will also observe each person administer insulin on sliding scale at least twice.

Repeat Violation: No | Date(s) of Previous violation(s): 3/13

Signature of Legal Entity Representative (Required on EVERY Page) *Cheryl L Sopkovich*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Cheryl L Sopkovich | Date 3/28/13

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Violation Report: 40578 - 01/25/2013 - McConnell, Deb  
PCH Name: PERSONAL CARE AT EVERGREEN

2013

1. REGULATION 55 Pa.Code §2600

2600.225(c) - The resident shall have additional assessments as follows:

- (1) Annually.
- (2) If the condition of the resident significantly changes prior to the annual assessment.
- (3) At the request of the Department upon cause to believe that an update is required.

2a. DESCRIPTION OF VIOLATION

The assessment for resident #3, dated 11/5/12, does not address the resident's need for a 2-person assistance in transferring as indicated by staff person C, the home's administrator.

The most recent assessment for resident #4 is 10/1/11.

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.

Assessment/Support Plan attached for residents #3-4 to reflect transfer assist for resident #3  
Assessment/Support plan (current) for resident #4

Administrator/designee will review support plans/assessments monthly to ensure they are completed and in correct time frame.

By 4/30/13 - Residents' assessments will be updated when the condition of resident changes.

4/3/13

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Violation Report: 40578 - 01/25/2013 - McConnell, Deb

PCH Name: PERSONAL CARE AT EVERGREEN

1. REGULATION 55 Pa.Code §2600

2013

2600.252 - Each resident's record must include the following information: (1) through (26)

2a. DESCRIPTION OF VIOLATION

Resident 2's record does not include an inventory of the resident's personal property.

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.

Inventory of personal belongings completed.  
(copy attached) All charts audited for inventory sheets

Administrators/designees will audit charts at least quarterly to ensure all residents have a completed inventory sheet, and that significant new purchases/items such as TV's, are recorded and updated on inventory sheet.

*[Handwritten signature]*

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Cheryl L. Sopkovich* Date *3/28/2013*

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