



AUG 23 2013

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

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

Dear Ms. Ponzoo:

As a result of the Department of Public Welfare's licensing inspection on June 14, 2013 and June 21, 2013, of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Licensing Inspection Summary were found.

All violations specified on the enclosed Licensing Inspection Summary must be corrected by the dates specified on the Licensing Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Your regular license for the period of August 17, 2013 to August 17, 2014 was issued on June 17, 2013. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink, appearing to read "R. Melusky", with a horizontal line extending to the right.

Ronald Melusky
Director

Enclosure
Licensing Inspection Summary

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

PCH Name: PERSONAL CARE AT EVERGREEN		License Number: 40090
Address: 25 GLADE AVENUE, WAYNESBURG, PA 15370		County: Greene
Administrator: AMY PONZOO		Region: WEST
Legal Entity Name: PERSONAL CARE AT EVERGREEN INC		
Legal Entity Address: 338 NORTH MAIN STREET, WASHINGTON, PA 15301		RECEIVED AUG 02 2013 WEST REGION FIELD OFFICE Human Services Licensing
Certificate(s) of Occupancy C-2 LP 12/15/2004 Labor & Industry		
Staffing Hours Resident Support: 37 Total Daily Staff: 86 Waking Staff: 65		
Type of Inspection: Full BHA Docket Number: Notice: Unannounced		
Reason(s) for Inspection(s) Renewal, Incident		
On-Site Inspections Dates and Department Representatives On-Site 06/14/2013: Flinner-Alman, Lisa; Mazza, Larry 06/21/2013: Flinner-Alman, Lisa		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details Partial or Full Triggers: Random Indicators:		
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 44 Number of Residents Served: 39 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: 0 Number of Hospice Residents in past year: 10	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 39 Have Mental Illness: 1 Have an Intellectual Disability: 0 Have a Mobility Need: 10 Have a Physical Disability: 1	

Violation Report: 40090 - 06/14/2013 - Flinner-Alman, Lisa
PCH Name: PERSONAL CARE AT EVERGREEN

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.15(b) - If there is an allegation of abuse of a resident involving a home's staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

2a. DESCRIPTION OF VIOLATION

On 5/27/13, during dinner, there was a complaint of verbal abuse involving residents #1 and #2 and staff person A. The home did not develop and implement a plan of supervision or suspend the staff person. Staff person A worked unsupervised on 5/28/13, 6/1/13, 6/2/13, 6/6/13, 6/7/13, 6/10/13 and 6/11/13.

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.

- Administrator has reviewed all regulations regarding abuse allegations. Administrator will ensure employees will be suspended / have supervision plan in the event of an abuse allegation.
- Administrator has utilized flow chart from REG as a checklist for any alleged abuse.

8/1/13.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Amy Ponzoo RN

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

Amy PONZOO RN

Date 8/1/13

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

The above plan of correction is approved as of

8/2/13
(Date)

Plan of correction implementation status as of

8/2/13
(Date)

The above plan of correction was approved by

AP
(Initials)

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

Violation Report: 40090 - 06/14/2013 - Flinner-Alman, Lisa
PCH Name: PERSONAL CARE AT EVERGREEN

1. REGULATION 55 Pa.Code §2600
2600.26(b) - The quality management plan shall address the periodic review and evaluation of the following:
(1) The reportable incident and condition reporting procedures.
(2) Complaint procedures.
(3) Staff person training.
(4) Licensing violations and plans of correction, if applicable.
(5) Resident or family councils, or both, if applicable.

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AUG 02 2013

WEST REGION FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION
The home's quality management review dated 7/12/12 did not address staff person training or licensing violations and plans of correction.

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/designee will ensure all aspects of quality management is addressed during review.
New Quality management Book has been developed that includes all necessary information needing reviewed. Also included copy of regulation for review.
Review to be completed by 8/31/13.*

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

Signature of Legal Entity Representative (Required on EVERY Page) *Amy Ponzio RN*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Amy Ponzio RN* Date *8-1-13*

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

The above plan of correction is approved as of 8/7/13 (Date)
The above plan of correction was approved by *[Signature]* (Initials)
Plan of correction implementation status as of 8/7/13 (Date)
 Fully Implemented
 Partially Implemented - Adequate Progress
 Partially Implemented - Inadequate Progress
 Not Implemented

Violation Report: 40090 - 06/14/2013 - Flinner-Alman, Lisa
PCH Name: PERSONAL CARE AT EVERGREEN

WEST REGION FIELD OFFICE
Human Services Licensing

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, hired 10/7/05, received only 6 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.

- Staff person A was on a medical leave for 5 months during the year 2012. Attended training sessions during worked time.
 - Director of staff development will ensure all employees meet annual training requirements. All annual required training is completed in Jan/Feb of each year. Employees who take a leave of absence will be required to meet with Director of Staff Development prior to returning to work to ensure all training that was missed during their LOA is completed.
 - Administrator to monitor training hours & completion.
- By 12/31/13 - all direct care staff persons will complete 12 hours of annual training in the required topics.
J. skills

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Amy Ponzoo RN

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

Amy Ponzoo RN

Date 8-1-13

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

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8/7/13
(Date)

Plan of correction implementation status as of

8/7/13
(Date)

The above plan of correction was approved by

[Signature]
(Initials)

- Fully Implemented *2*
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

RECEIVED

Violation Report: 40090 - 06/14/2013 - Flinner-Alman, Lisa
 PCH Name: PERSONAL CARE AT EVERGREEN

AUG 02 2013

1. REGULATION 55 Pa. Code §2600
 2600.82(a) - Poisonous materials shall be stored in their original, labeled containers.

WEST REGION FIELD OFFICE
 Human Services Licensing

2a. DESCRIPTION OF VIOLATION

On 6/14/13, a blue liquid was in an unlabeled container on the sink in the 1st floor kitchen. Staff person B identified the liquid as Steramine 1-G sanitizer. The original product labeling indicates "If in eyes: call a poison control center or doctor for treatment advice".

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 education regarding poisonous materials
- Staff will be permitted to use sanitizing liquid to clean tables, however staff is not permitted to have liquid unattended. Staff will be required to dispose of sanitizer immediately after using to clean tables, counters, and/or obtain original product label for bottle.
- Administrator/designee to monitor for resident safety
- 8/31/13.
- Administrator is looking into alternatives to present practices

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Amy PONEO RN</i>	Date <i>8-1-13</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 8/2/13
 (Date)

Plan of correction implementation status as of 8/2/13
 (Date)

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

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

Violation Report: 40090 - 06/14/2013 - Flinner-Alman, Lisa
PCH Name: PERSONAL CARE AT EVERGREEN

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.82(b)- Poisonous materials shall be stored separately from food, food preparation surfaces and dining surfaces.

2a. DESCRIPTION OF VIOLATION

On 6/14/13, a can of bug killer with a manufacturer label indicating "First Aid: If in eyes: Call a poison control center or doctor for treatment advice" was stored next to two bags-of cereal and a case of water on a shelf in the storage room.

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.

- Dry storage area has been re-arranged to ensure all food items are on one side of room & all paper products (excluding eating utensils & plates) and chemicals are on the other away from all food items.
- Administrator/manager to frequently ^{= at least monthly - per this} check dry storage area to ensure proper storage of poisonous materials
- Staff to be educated
- 8/31/13.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Amy Ponzo RN Date 8-13

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

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

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

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

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

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Violation Report: 40090 - 06/14/2013 - Flinner-Alman, Lisa
 PCH Name: PERSONAL CARE AT EVERGREEN

AUG 02 2013

1. REGULATION 55 Pa.Code §2600
 2600.85(a) - Sanitary conditions shall be maintained.

WEST REGION FIELD OFFICE
 Human Services Licensing

2a. DESCRIPTION OF VIOLATION

There were approximately 20 cigarette butts on the ground around a garbage can outside of the kitchen emergency exit.

There were a number of ants crawling on a jug of apple cider, the baker's rack and the juice machine in the storage room.

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.

- Area was cleared of all cigarette Butts & ant traps were set by maintenance staff.
- Staff education to be completed regarding sanitary conditions.
- Administrator/designee to frequently check outside area and food storage area for cleanliness, at least weekly.
- 8/31/13

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

Signature of Legal Entity Representative (Required on EVERY Page) *Amy Ponzio RN*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *AMY PONZIO RN* Date *8-13*

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

The above plan of correction is approved as of 8/7/13 (Date)

Plan of correction implementation status as of 8/7/13 (Date)

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

- Fully Implemented *2*
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 40090 - 08/14/2013 - Flinner-Alman, Lisa
PCH Name: PERSONAL CARE AT EVERGREEN

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.100(a) - The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION

On 6/14/13, near the smoking area, there was a handicapped parking sign and two large gutters lying on the ground and a broken ice machine propped up against the building.

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.

- Gutters & ice machine have been removed. Handicap parking sign to be placed into parking slot.
- Administrators/disignee to frequently check inside/outside of facility for hazards, at least weekly 8/27/13
- Staff to be educated
- 8/31/13

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Amy Ponzo RN*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Amy Ponzo RN* Date *8-1-13*

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

The above plan of correction is approved as of 8/2/13
(Date)

Plan of correction implementation status as of 8/1/13
(Date)

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

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

Violation Report: 40090 - 06/14/2013 - Finner-Alman, Lisa
 PCH Name: PERSONAL CARE AT EVERGREEN

RECEIVED

1. REGULATION 55 Pa.Code §2600
 2600.103(g) - Food shall be stored in closed or sealed containers.

AUG 02 2013

WEST REGION FIELD OFFICE
 Human Services Licensing

2a. DESCRIPTION OF VIOLATION

On 6/14/13, a large bag of dough and a bag of carrots were opened and unsealed in the kitchen freezer.

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.

- Kitchen staff educated of above regulations & Best practices
- Administrator/designee to frequently monitor kitchen for compliance
- 8/31/13

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Amy Ponzos RN</i>	Date <i>8-1-13</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 8/2/13
 (Date)

Plan of correction implementation status as of 8/2/13
 (Date)

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

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

Violation Report: 40090 - 06/14/2013 - Flinner-Alman, Lisa
 PCH Name: PERSONAL CARE AT EVERGREEN

AUG 02 2013

1. REGULATION 55 Pa.Code §2600
 2600.103(i) - Outdated or spoiled food or dented cans may not be used.

WEST REGION FIELD OFFICE
 Human Services Licensing

2a. DESCRIPTION OF VIOLATION

There was a zip lock bag of old chopped onions that were extremely liquidy in refrigerator #3 located in the kitchen.

The following large dented cans were observed in the storage room: apple sauce, peaches and pears.

Observed on 6/14/13.

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.

- Onions were thrown away immediately. Dented cans have been removed from food inventory
- Kitchen staff to be educated
- Administrator/manager to frequently monitor kitchen for compliance
- 8/31/13

Violation
 Withdrawn 8/2/13

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Amy Ponzio RN*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Amy Ponzio RN* Date *8-1-13*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE

The above plan of correction is approved as of 8/1
 (Date)

Plan of correction implementation status as of _____
 (Date)

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

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

Violation Report: 40090 - 08/14/2013 - Flinner-Alman, Lisa
PCH Name: PERSONAL CARE AT EVERGREEN

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.107(c) - The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.

2a. DESCRIPTION OF VIOLATION

On 6/14/13, the home had 37 residents, but only 18 gallons of emergency drinking water. The contractual agreement with a water company, dated 2/20/08, does not indicate how much water will be delivered, a guarantee that the water will be delivered immediately upon request, 24-hours per day, or that the water will be delivered as a priority even in the event of a regional general emergency.

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 will purchase and store enough water to maintain a 3 day supply in the event of an emergency.
 - Admins train/designee to monitor water supply, at least monthly to ensure 3 gallons of water per residence are stored on-site.
- 8/31/13
8/27/13

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) *Amy Penzo RN* Date *8-1-13*

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

The above plan of correction is approved as of 8/27/13 (Date)

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

Plan of correction implementation status as of 8/27/13 (Date)

Fully Implemented

Partially Implemented - Adequate Progress *o*

Partially Implemented - Inadequate Progress

Not Implemented

Violation Report: 40090 - 06/14/2013 - Flinner-Alman, Lisa
PCH Name: PERSONAL CARE AT EVERGREEN

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.121(a) - Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

2a. DESCRIPTION OF VIOLATION

On 6/14/13, a sitting chair was propping open the emergency exit and blocked egress from the home's kitchen exit.

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.

- Chair was removed immediately from propping door open.
 - Staff will be educated to keep egress routes clear at all times.
 - Administrator/designee to frequently monitor that areas of are not blocked, at least weekly.
- 8/31/13
- 8/7/13

8/21/13

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Amy Ponzo RN

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

Amy Ponzo RN

Date 8-1-13

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

The above plan of correction is approved as of

8/7/13
(Date)

Plan of correction implementation status as of

8/7/13
(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: 40090 - 06/14/2013 - Flinner-Alman, Lisa
PCH Name: PERSONAL CARE AT EVERGREEN

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa. Code §2600

2600.132(d) - Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.

2a. DESCRIPTION OF VIOLATION

The home's designated evacuation time is 2 minutes 30 seconds. The home exceeded this time for fire drills held on 4/11/13, with an evacuation time of 2 minutes 47 seconds, and on 6/12/13, with an evacuation time of 4 minutes.

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.

- When a fire drill does not meet evacuation requirements administrator will ensure drill is repeated by the within that same month.
- Administrator to monitor fire drill log for compliance
- 8/31/13.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Amy Ponzio RN

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

Amy Ponzio RN

Date 8-2-13

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

The above plan of correction is approved as of

8/2/13
(Date)

Plan of correction implementation status as of

8/2/13
(Date)

The above plan of correction was approved by

(Initials)

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

FIRE DRILL RECORDS
PERSONAL CARE HOMES - 55 Pa. Code Chapter 2600

Page 13A of 17

PCH Name: PERSONAL CARE AT EVERGREEN

Number: 400900

Date	Time	Evac Time	Supervised by Fire Safety Expert
08/01/2012	04:15 PM	2 minutes 20 seconds	
09/28/2012	08:10 AM	2 minutes 28 seconds	
10/25/2012	12:32 PM	2 minutes 24 seconds	
11/19/2012	04:00 PM	2 minutes 27 seconds	
12/03/2012	06:10 AM	2 minutes 28 seconds	
01/17/2013	01:00 PM	2 minutes 16 seconds	
02/15/2013	03:00 PM	2 minutes 10 seconds	
03/14/2013	04:00 PM	2 minutes 25 seconds	
04/11/2013	02:27 PM	2 minutes 47 seconds	
05/31/2013	11:10 PM	2 minutes 30 seconds	
06/12/2013	06:20 AM	4 minutes	

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AUG 02 2013
WEST REGION FIELD OFFICE
Human Services Licensing

2/8/13

AUG 02 2013

Violation Report: 40090 - 06/14/2013 - Flinner-Alman, Lisa

PCH Name: PERSONAL CARE AT EVERGREEN

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.144(c)(1) - Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

2a. DESCRIPTION OF VIOLATION

The home's designated smoking area located in the back of the home has three metal chairs covered with a mesh fabric, which are not made of fire resistant material. Also, there was a towel on the seat of one of the chairs.

Observed on 6/14/13.

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.

- Mesh chairs have/were immediately removed from smoking area.
- Staff to be educated to monitor area daily. 8/8/13
- Administrator/designee to frequently monitor smoking area to prevent fire hazards, at least weekly. 8/31/13
- 8/31/13.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Amy Ponzoo RN</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Amy Ponzoo RN	8-1-13.

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

The above plan of correction is approved as of <u>8/2/13</u> (Date)	Plan of correction implementation status as of <u>8/2/13</u> (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

AUG 02 2013

Violation Report: 40090 - 06/14/2013 - Flinner-Alman, Lisa
PCH Name: PERSONAL CARE AT EVERGREEN

WEST REGION FIELD OFFICE
Human Services Licensing

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 #5 is prescribed Loperamide, 2mg, 1 capsule every eight hours as needed and Potassium chloride ER, 1 tablet daily as needed when Lasix is taken; however, on 6/21/13 the medications were 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.

- Medications were immediately obtained from family/pharmacy for availability to residents.
- Pharmacy to complete med cart reviews.
- Med aides to frequently check med carts for availability of medications & order as necessary. Med aides report findings to Administrator when medications are low or unavailable. 8/26/13
- Staff to be educated
- 8/31/13

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

Signature of Legal Entity Representative (Required on EVERY Page) *Amey Ponzio RN*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Amey Ponzio RN* Date *8-1-13*

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

The above plan of correction is approved as of 8/7/13 (Date)

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

Plan of correction implementation status as of 8/7/13 (Date)

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

Violation Report: 40090 - 06/14/2013 - Flinner-Alman, Lisa
PCH Name: PERSONAL CARE AT EVERGREEN

1. REGULATION 55 Pa.Code §2600
2600.187(a) - 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 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.

RECEIVED

AUG 02 2013

WEST REGION FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION
The medication administration record for resident #5 indicates the resident is prescribed Alprazolam, 0.25mg, 1 tablet three times per day; however, the medication label indicates Alprazolam, 0.25mg, 1 tablet twice a day, as needed.

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 order was clarified & physician for accuracy.
• Pharmacy to complete med cart reviews.
• Med aides to frequently check ^{medication} med carts / physician orders to ensure labels & orders match. Med aides are to report any discrepancies to Administrator.
• Staff to be educated.
• 8/31/13

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Amy Powers RN*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Amy Powers RN Date 8-1-13

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

The above plan of correction is approved as of 8/1/13 (Date)
The above plan of correction was approved by [Signature] (Initials)
Plan of correction implementation status as of 8/7/13 (Date)
 Fully Implemented
 Partially Implemented - Adequate Progress
 Partially Implemented - Inadequate Progress
 Not Implemented

Violation Report: 40090 - 06/14/2013 - Filmer-Alman, Lisa
PCH Name: PERSONAL CARE AT EVERGREEN

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.254(b) - Each home shall develop and implement policy and procedures addressing record accessibility, security, storage, authorized use and release and who is responsible for the records.

2a. DESCRIPTION OF VIOLATION

The home's policies and procedures for managing records do not include where records are stored or who is responsible for the records.

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.

- Policy will be reviewed
- Current resident records are kept in administrator's office and medication room. Support plans are kept in ADL book for access by caregivers. Areas are kept locked unless staff are in those rooms. Records are made accessible to those who request access while maintaining confidentiality
- Discharged records are kept locked in storage room.
- Administrator is responsible for maintaining proper storage
- 8/31/13

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 POMEROY RN* Date *8-1-13*

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

The above plan of correction is approved as of 8/17/13 (Date) Plan of correction implementation status as of 8/7/13 (Date)

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

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