



CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: JAN 21 2014

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

RE: Personal Care at Evergreen
25 Glade Avenue
Waynesburg, Pennsylvania 15370
400900

Dear Ms. Ponzio:

As a result of the Department of Public Welfare's (Department) licensing inspection on November 7, 2013 of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary 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 Human Services Licensing so that compliance can be verified.

Sincerely,

A handwritten signature in black ink that reads "Jill Pezzino".

Jill Pezzino
Regional Licensing Administrator

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: 336 NORTH MAIN STREET, WASHINGTON, PA 15301		RECEIVED
Certificate(s) of Occupancy		
<p align="center">JAN 14 2014 WEST REGION FIELD OFFICE Human Services Licensing</p>		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 54	Waking Staff: 41
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Complaint, Incident		
On-Site Inspections Dates and Department Representatives On-Site 11/07/2014: Cutter, Jan; Whitney, Diane		
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: 41 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: 3 Number of Hospice Residents in past year: 10	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 41 Have Mental Illness: 1 Have an Intellectual Disability: 0 Have a Mobility Need: 13 Have a Physical Disability: 1	

Violation Report: 40090 - 11/07/2014 - Cutter, Jan
PCH Name: PERSONAL CARE AT EVERGREEN

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.85(e) - Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

2a. DESCRIPTION OF VIOLATION

The dumpster at the side of the parking lot was open exposing 4 closed bags of garbage.

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.

Dumpster has been replaced with a larger dumpster. Administrator designee to check dumpster lids daily to ensure they are closed. Administrator to monitor dumpster to ensure size of dumpster is appropriate for size of facility at least weekly.

2-28-14 All staff persons will be educated on the need to keep trash covered and the risks of unsanitary living conditions. Documentation of this training shall be kept. JPP 1-21-14

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Amy Penzo RW Date 1-15-14

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

The above plan of correction is approved as of <u>1-21-14</u> (Date)	Plan of correction implementation status as of <u>1-21-14</u> (Date)
The above plan of correction was approved by <u>JPP</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>JPP</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 40090 - 11/07/2014 - Cutter, Jan

PCH Name: PERSONAL CARE AT EVERGREEN

JAN 15 2014

1. REGULATION 55 Pa.Code §2600

2600.225(a) - 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.

WEST REGION FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

Resident #1, had 15 falls in the months of April, May, June, July, August, and September. These falls were not identified on the resident's assessment dated 2/26/2013.

Resident #2 had 5 falls in the months of October, September, and August. These falls were not identified on the resident's assessment dated 1/5/2012.

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.

LPN is instructed to update falls onto support plans when they happen. Administrator/designee to check support plans weekly to ensure they are updated.

2-28-14 The administrator or designated staff will review all current resident assessments for accuracy and completion including any history of falls. JJP 1-21-14

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Amy Romero RN Date 1-15-14.

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Plan of correction implementation status as of 1-21-14 (Date)

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

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