



AUG 05 2014

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

RE: Personal Care at Evergreen  
License #: 405780

Dear Ms. Sopkovich:

As a result of the Department of Public Welfare's licensing inspection on January 30, 2014, February 10, 2014 and June 18, 2014, 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.

Your regular license for the period April 20, 2014 to April 20, 2015 was issued on January 8, 2014. Your regular license remains in good standing.

Sincerely,

  
Matthew J. Jones  
Director

Enclosure  
License Inspection Summary



Violation Report: 40578 - 01/30/2014 - Rosol, Jennifer

PCH Name: PERSONAL CARE AT EVERGREEN

OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

2a. DESCRIPTION OF VIOLATION

On 1/30/14, at 10:10 a.m., there was a "direct care communication log" that contained confidential information about residents from 7/2/13-1/29/14, including resident #1's wound care in the top left dresser drawer on the second floor. Also, there were two binders that contained resident's toileting and shower schedule in the cupboard on the second floor.

On 1/30/14, at 10:58 a.m., the door to the business office was open with no staff present. There were hard copies of residents billing invoices, including resident #2, unlocked and accessible in the office.

On 1/30/14, at 11:06 a.m., the door to the administrator's office was open with no staff present. There were resident records, including resident #5's, unlocked and accessible in the office.

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 inspector on site
- ACS communication logs placed in medication offices on 1<sup>st</sup> and 2<sup>nd</sup> floors.
- Doors to business office/administrators were closed and locked while unattended.
- Staff educated.

By 8/30/14 - A designated staff person on each shift will monitor the home daily to ensure all resident records are confidential, kept safe and locked. *SMP 8-30-14*

*1-30-2014/2-1-2014*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Cheryl K Sopkovich*

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

*Cheryl K Sopkovich*

Date

*5-8-2014*

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

The above plan of correction is approved as of

*7-30-14*  
(Date)

Plan of correction implementation status as of

*7-30-14*  
(Date)

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

The above plan of correction was approved by

*SMP*  
(Initials)

WEST VIRGINIA OFFICE  
Human Services Licensing

Violation Report: 40578 - 01/30/2014 - Rosol, Jennifer  
PCH Name: PERSONAL CARE AT EVERGREEN

1. REGULATION 55 Pa.Code §2600

2600.20(b)(1) - 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.

2a. DESCRIPTION OF VIOLATION

The home has been managing finances for resident #11 since November 2013; however, the home does not maintain a record of financial transactions.

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 no longer manages resident #11's funds. Facility no longer manages any funds for residents. All monies for resident #11 returned to her family.
- Administrator/designee will monitor med cart frequently to ensure that it does not contain any resident funds.
- Staff inservice.

The home no longer provides financial management for any residents

SMP  
7-30-14

2-2-2014

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 (P)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Cheryl L Sopkovich (P)	Date 5-8-2014
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The above plan of correction is approved as of 7-30-14  
(Date)

Plan of correction implementation status as of 7-30-14  
(Date)

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

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

Violation Report: 40578 - 01/30/2014 - Rosol, Jennifer

PCH Name: PERSONAL CARE AT EVERGREEN

1. REGULATION 55 Pa.Code §2600

2600.20(b)(3) - The home shall obtain a written receipt from the resident for cash disbursements at the time of disbursement.

2a. DESCRIPTION OF VIOLATION

On the following dates a cash disbursement of .80¢ was made to resident #11. The home did not obtain the resident signature for the receipt of the disbursement:

- \* 2/3/14
- \* 2/5/14
- \* 2/7/14
- \* 2/10/14

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 no longer manages residents funds.  
 Administrator/designee will ensure that funds are not held for residents.

The home no longer provides financial management for any residents.

SMP  
7-30-14

2-2-2014

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 RN

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Cheryl L Sopkovich RN Date 5-8-2014

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Plan of correction implementation status as of 7-30-14 (Date)

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

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

Violation Report: 40578 - 01/30/2014 - Rosol, Jennifer

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.

MAY 1 2014  
WEST VIRGINIA STATE OFFICE  
Medical Services Licensing

2a. DESCRIPTION OF VIOLATION

The home's quality management review conducted on 7/19/13 did not address staff person 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.

Administrator designee will ensure all aspects of quality management is addressed during review. Additional section that will be part of review is staff training. All necessary information needing reviewed now included. Also a copy of the regulation will be included.

A quality management plan review that included all of the required components of 2600.26b was conducted on 6/27/14.

The administrator will ensure a periodic review of the quality management plan shall be conducted at least annually.

SMP  
7-30-14

-5-7-2014

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

Cheryl L Sopkovich LP

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

Cheryl L Sopkovich LP

Date 5-8-2014

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(Date)

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(Initials)

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- Not Implemented

WESTERN DISTRICT OFFICE  
Human Services Licensing

Violation Report: 40578 - 01/30/2014 - Rosol, Jennifer  
PCH Name: PERSONAL CARE AT EVERGREEN

**1. REGULATION 55 Pa.Code §2600**

2600.82(c) - 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.

**2a. DESCRIPTION OF VIOLATION**

The following products with a manufacturer's label indicating "if swallowed, get medical help or contact a poison control center right away", were unlocked and accessible to residents on the shelf in resident #3's bathroom:

- \* hydrogen peroxide
- \* tube of calmoseptine
- \* equate antibacterial denture cleanser

Residents of the home, including resident #2, have not been assessed capable of recognizing and using poisons safely.

The following products with a manufacturer's label indicating "if swallowed, contact poison control center immediately", were unlocked and accessible on the dresser in resident #2's bedroom:

- \* A&D ointment
- \* aveeno daily moisturizing lotion

**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.

- Items removed from residents #2 + #3 room + bathroom at time of inspection and placed in medication room. - 1-30-2014 -
- Hospice aide instructed to return resident #2's creams/lotions to medication office when care is completed. - 2-2-2014 -
- Administrator/designee to check at least weekly the resident rooms to insure proper storage of poisonous materials
- Staff educated
- 5-5-2014

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Cheryl L Sopkovich RN*

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

*Cheryl L Sopkovich RN*

Date *5-8-2014*

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(Date)

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(Date)

- Fully Implemented
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- Not Implemented

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(Initials)

Violation Report: 40578 - 01/30/2014 - Rosol, Jennifer  
PCH Name: PERSONAL CARE AT EVERGREEN

MAY 13 2014

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

WEST COAST HEALTH OFFICE  
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

There was a pink sticky substance spilled and dripping on the inside of the mini refrigerator door in the first floor dining 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.

- Refrigerator on 1<sup>st</sup> floor dining area cleaned while inspectors were on site.
- Cleaning schedule for refrigerator updated on DCS assignment sheet.
- Administrator/designee will inspect all ~~all~~ refrigerators at least weekly.
- Staff educated

-5-6-2014

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

Cheryl L Sopkovich LPN

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

Cheryl L Sopkovich LPN

Date 5-8-2014

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(Date)

Plan of correction implementation status as of 7-30-14  
(Date)

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- Partially Implemented - Inadequate Progress
- Not Implemented

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(Initials)

Violation Report: 40578 - 01/30/2014 - Rosol, Jennifer  
PCH Name: PERSONAL CARE AT EVERGREEN

MAY 13 2014

WEST HAVEN FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.88(a) - Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION  
There was an area measuring approximately 4" inches in length where the black threshold did not sit flush with the hard wood flooring, posing a tripping hazard in the kitchenette on the second floor.

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.

— Repair was made to floor strip with inspector on site - 2-10-2014 -  
— Maintenance will routinely (weekly) tour facility to ensure there are no hazards.  
— Maintenance will report to administrator of their findings

— 2-10-2014

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

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

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) Cheryl L Sopkovich LP      Date 5-8-2014

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(Date)

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(Initials)

Plan of correction implementation status as of 7-30-14  
(Date)

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- Partially Implemented - Adequate Progress Smp
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 40578 - 01/30/2014 - Rosol, Jennifer

PCH Name: PERSONAL CARE AT EVERGREEN

1. REGULATION 55 Pa.Code §2600

2600.95 - Furniture and equipment must be in good repair, clean and free of hazards.

PROBATION

2a. DESCRIPTION OF VIOLATION

The top left drawer of the cabinet, under the sink in the kitchen, was missing.

WEST VIRGINIA OFFICE  
Human Services Licensing

The top left drawer of the cabinet, under the sink in the first floor dining room, was missing.

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.

- Cabinet drawer cover repaired while inspectors on site 1-30-2014
  - Maintenance will review log prior to start of shift and correct any problems on log.
  - Administrator/designee will monitor maintenance log to ensure any problems/hazards are corrected.
- 2-1-2014

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

Cheryl L Sopkovich LPN

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

Cheryl L Sopkovich LPN

Date 5-8-2014

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(Date)

Plan of correction implementation status as of 7-30-14  
(Date)

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

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

MAY 13 2014

Violation Report: 40578 - 01/30/2014 - Rosol, Jennifer

PCH Name: PERSONAL CARE AT EVERGREEN

WISCONSIN DEPARTMENT OF SAFETY  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.96(a) - The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

2a. DESCRIPTION OF VIOLATION

The first aid kit in the first floor medication room does not include eye coverings.

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.

- Goggles for first aid kit purchased and placed in kit. 2-11-2014
- Medication aide will audit first aid kit weekly and report findings to administrator. 2/11/14
- Staff instructed on weekly audit of first aid kit

Medication aides will complete a weekly checklist and report any items needed to the administrator. The administrator will ensure any missing items are replaced.

By 8/30/14 - The administrator will check each first aid kit in the home at least twice per month and after each use to ensure all required items are included for all first aid kits. SMP 4-30-14

2-11-2014

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 RN

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Cheryl L Sopkovich RN Date 5-8-2014

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

The above plan of correction is approved as of 7-30-14 (Date)

Plan of correction implementation status as of 7-30-14 (Date)

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

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

Violation Report: 40578 - 01/30/2014 - Rosol, Jennifer  
PCH Name: PERSONAL CARE AT EVERGREEN

MAY 13 2014

1. REGULATION 55 Pa.Code §2600

WEST PHOENIX OFFICE

2600.101(j)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.

2a. DESCRIPTION OF VIOLATION

Residents #3, #4 and #9 do not have a source of light that can be turned on/off from bedside.

The lamp in resident #12 and #13's bedroom was not accessible from bedside. It was approximately 3 feet away on the resident's dresser.

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.

- Touch lamps have been purchased for resident rooms 2-14-2014

- Housekeeping will monitor weekly for lamps in resident rooms.

- Housekeeping will report to administrator of any needs for lamps.

2-14-2014

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

Cheryl L. Sopkovich LPN

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

Cheryl L. Sopkovich LPN

Date 5-8-2014

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(Date)

Plan of correction implementation status as of 7-30-14  
(Date)

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

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

Violation Report: 40578 - 01/30/2014 - Rosol, Jennifer  
PCH Name: PERSONAL CARE AT EVERGREEN

MAY 13 2014

WEST VIRGINIA HEALTH OFFICE  
Human Services Branch

1. REGULATION 55 Pa.Code §2600

2600.102(i) - A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.

2a. DESCRIPTION OF VIOLATION

There was an unlabeled, common bar of soap in the shower, in the shared bathroom of residents #6, #7, & #8.

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.

- Bar soap removed while inspector on premises. 1-30-2014
- Family notified of need for liquid soap and why bar soap is not permitted. 1-30-2014
- Housekeeping will monitor bathrooms for bar soap. Will report findings to administrator at least 2x weekly. 5-3-2014

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Cheryl L Sopkovich</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Cheryl L Sopkovich LPN	5-8-2014

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(Date)

Plan of correction implementation status as of 7-30-14  
(Date)

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

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

MAY 17 2014

Violation Report: 40578 - 01/30/2014 - Rosol, Jennifer

PCH Name: PERSONAL CARE AT EVERGREEN

WEST VIRGINIA OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.103(e) - Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

2a. DESCRIPTION OF VIOLATION

There was a 6 lb. 8 oz. container labeled "sliced strawberries" in the lower second floor dining room cabinet; however, it contained bran flakes.

There was a 5 lb. container labeled "cottage cheese" in the lower first floor dining room cabinet; however, it contained corn flakes.

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.

Containers labeled <sup>and dated</sup> while inspector on site 1-30-2014  
Kitchen staff on need to ensure proper labeling/dating of foods. Kitchen staff to check for proper labeling of food on weekly basis

By 8/30/14 - All staff persons handling, preparing or storing food items will be educated regarding the safe storage of food items including labeling and dating. Documentation of education shall be kept.

By 8/30/14 - A designated staff person will check all food storage areas daily to ensure all food items are labeled and dated. *Smp 7-30-14*

2-4-2014

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 LPN* Date *5-8-2014*

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Plan of correction implementation status as of *7-30-14* (Date)

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

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Violation Report: 40578 - 01/30/2014 - Rosol, Jennifer  
 PCH Name: PERSONAL CARE AT EVERGREEN

WEST VIRGINIA OFFICE  
 Human Services Licensing

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.

2a. DESCRIPTION OF VIOLATION

On 1/30/14, at 10:08 a.m., the temperature in the mini refrigerator in the second floor dining room measured 44 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.

- New thermometer placed in refrigerator
- Kitchen staff educated of above regulation and best practices on 5/3/14 <sup>Smp</sup> 5/15/14
- Temperatures recorded and placed in maintenance log. 2-1-2014
- Administrator/designee to monitor temperature logs weekly.

By 8/30/14 - A designated will check daily to ensure all refrigerators and freezers have thermometers and food requiring refrigeration is stored at or below 40 degrees Fahrenheit and frozen food is stored at or below 0 degrees Fahrenheit. Documentation of these checks will be kept.

By 8/30/14 - All staff persons involved in food storage and preparation will be educated on proper food storage and safe food storage temperatures. Documentation of education shall be kept. <sup>Smp</sup> 7-30-14

- 5/3/2014

Repeat Violation: Yes	Date(s) of Previous Violation(s):	01/25/2013
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Cheryl L Sopkovich RN*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Cheryl L Sopkovich RN* Date *5-8-2014*

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

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Violation Report: 40578 - 01/30/2014 - Rosol, Jennifer  
PCH Name: PERSONAL CARE AT EVERGREEN

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

MAY 13 2014

WEST VIRGINIA POLICE OFFICE  
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

The following unsealed foods were in kitchen freezer #3:  
\* 10 lb. box of sausage links  
\* 10 lb. box of cod filets

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 on regulation 2-2-2014
- Kitchen staff to monitor at least weekly kitchen freezers for compliance. 2-2-2014
- Kitchen staff will report any concerns to administrator 2-2-2014

By 8/30/14 - A designated staff person will check all food storage areas daily, after each meal, to ensure all food is stored in closed or sealed containers. Documentation of checks shall be kept. SMP 7-30-14

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Cheryl L Sopkovich LPN*

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

Cheryl L Sopkovich LPN

Date 5-8-2014

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- Partially Implemented - Inadequate Progress
- Not Implemented

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

Violation Report: 40578 - 01/30/2014 - Rosol, Jennifer

PCH Name: PERSONAL CARE AT EVERGREEN

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

MAY 14 2014  
WEST PHILADELPHIA OFFICE  
FIDELITY SERVICES GROUP INC.

2a. DESCRIPTION OF VIOLATION

There was a 6 lb. 3 oz. can of shredded sauerkraut that was dented, on the baker's rack in the kitchen.

There was a 6 lb. 9 oz. can of pickled sliced beets that was dented, on the baker's rack in the kitchen.

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 and best practices on 5/7/14 <sup>SMP</sup> 5/15/14
- Kitchen staff will monitor for dented cans daily and return or dispose of properly.
- Administrator/designee will monitor weekly for compliance.

By 8/30/14 - A designated staff person will check all food storage areas daily, after each meal, to ensure all food items are labeled and dated. Documentation of checks shall be kept. <sup>SMP</sup> 7-30-14

- 5-7-2014

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Cheryl L Sopkovich RN*

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

Cheryl L Sopkovich RN admin

Date 5-8-2014

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

The above plan of correction is approved as of 7-30-14  
(Date)

Plan of correction implementation status as of 7-30-14  
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress <sup>SMP</sup>
- Partially Implemented - Inadequate Progress
- Not Implemented

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

Violation Report: 40578 - 01/30/2014 - Rosol, Jennifer  
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.

2a. DESCRIPTION OF VIOLATION  
Staff person E, 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.

- Administrator has been in contact with and is actively working with City Councilman [redacted] and [redacted] Captain/ Building Code official in this matter.

- Ongoing

- 6-15-2014

A copy of the emergency preparedness plan for the local municipality was obtained on 6/19/2014

Immediately - The administrator will post a copy of the municipal emergency preparedness plan in a public and conspicuous place in the home. *Smp 7-30-14*

Repeat Violation: Yes      Date(s) of Previous Violation(s): 01/25/2013

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 RN admin*      Date *5-8-2014*

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

The above plan of correction is approved as of 7-30-14 (Date)

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

Plan of correction implementation status as of 7-30-14 (Date)

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

PROHIBITED

Violation Report: 40578 - 01/30/2014 - Rosol, Jennifer  
PCH Name: PERSONAL CARE AT EVERGREEN

1. REGULATION 55 Pa.Code §2600  
2600.125(a) - Combustible and flammable materials may not be located near heat sources or hot water heaters.

WASH STATE DEPT OF COMMUNITY & HUMAN SERVICES Licensing

2a. DESCRIPTION OF VIOLATION  
There was a purple wash cloth stuck to the metal dryer exhaust venting system behind the washer and dryer, in the laundry 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.

- Wash cloth removed while inspector on site.
- Staff educated on regulations and safety issues on 8/6/14 smp 8/15/14
- Administrator/designee will monitor laundry area for safety reasons

By 8/30/14 - A designated staff person will check the home daily to ensure combustible or flammable materials are not near heat sources. smp 9-30-14

2-6-2014

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 LPN admin      Date 5-8-2014

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

The above plan of correction is approved as of 7-30-14  
(Date)

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

Plan of correction implementation status as of 7-30-14  
(Date)

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

MAY 13 2014

Violation Report: 40578 - 01/30/2014 - Rosol, Jennifer

PCH Name: PERSONAL CARE AT EVERGREEN

REGULATORY OFFICE

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.

2a. DESCRIPTION OF VIOLATION

The home's emergency procedures do not indicate what procedures will be implemented when a smoke detector or fire alarm is inoperable.

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 updated to include procedure until smoke detector/fire alarms are operable.

By 8/30/14 - All staff persons will be educated regarding the updated policy for emergency procedures when a smoke detector or fire alarm is inoperable. *sm 9-30-14*

5-7-2014

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 LPN*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Cheryl L Sopkovich LPN admin* Date *5-8-2014*

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

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(Date)

Plan of correction implementation status as of 7-30-14  
(Date)

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

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

Violation Report: 40578 - 01/30/2014 - Rosol, Jennifer

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)

WEST VIRGINIA OFFICE  
Human Services Funding

2a. DESCRIPTION OF VIOLATION

Resident #6 had a medical evaluation completed on 10/15/12; however, the special health or dietary needs and the ability to self-administer medications sections were blank.

Resident #10 had a medical evaluation completed on 8/15/13; however, the special health or dietary needs section was blank.

Resident # 10's medical evaluation, dated 8/15/13, includes a medication list; however, this list is dated January 2014.

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 evaluation has been sent to physician for resident #10 2-2-2014
- Administrator to review all medical evaluations for accuracy. Any medical evaluations found not to be in compliance will be returned to physician.
- Administrator to ensure physician completes any new/annual evaluations

By 8/30/14 - All staff persons involved with the medical evaluation process will be educated on the required contents of the medical evaluation form to include, special health and dietary needs, medications and the ability to self-administer medications. Documentation of education shall be kept. SMP 7-30-14

5-8-2014

Repeat Violation: Yes

Date(s) of Previous Violation(s): 01/25/2013

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Cheryl L Sopkovich LPN*

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

Cheryl L Sopkovich LPN admin

Date 5-8-2014

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

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(Date)

Plan of correction implementation status as of 7-30-14  
(Date)

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

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

Violation Report: 40578 - 01/30/2014 - Rosol, Jennifer  
 PCH Name: PERSONAL CARE AT EVERGREEN

WEST VIRGINIA INSTITUTE  
 Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.143(a) - The home shall have a written emergency medical plan that includes the following:  
 (1) The hospital or source of health care that will be used in an emergency. This shall be the resident's choice, if possible.  
 (2) Emergency transportation to be used.  
 (3) An emergency-staffing plan.

2a. DESCRIPTION OF VIOLATION

The home's emergency medical plan does not include the emergency transportation to be used in the event of an 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.

An emergency medical plan specific to our facility will be designed to include appropriate information 2-28-2014.

By 8/30/14 - All staff persons will be educated regarding the updated emergency medical plan for transportation to be used in the event of an emergency. SMP 7-30-14

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 LPN admin Date 5-8-2014

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

The above plan of correction is approved as of 7-30-14 (Date)

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

Plan of correction implementation status as of 7-30-14 (Date)

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

Violation Report: 40578 - 01/30/2014 - Rosol, Jennifer  
PCH Name: PERSONAL CARE AT EVERGREEN

MAY 17 2014

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.

WEST VIRGINIA STATE OFFICE  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

2a. DESCRIPTION OF VIOLATION

Resident #2 has been prescribed the following PRN medications; however, on 1/30/14, at approximately 4:00 p.m., these medications were not available in the home.

- \*Haloperidol 2mg/ml - syringe by mouth or under tongue every four hours as needed
- \*Morphine Sulfate 20mg/ml - syringe by mouth or under tongue every two hours as needed
- \*Milk of Magnesia 400mg/5ml - take two tablespoons (30ML) by mouth daily as needed

Resident #10 has been prescribed Hydrocodone 5-325 tab - take by mouth 1 tablet every six hours as needed for severe pain; however, on 1/30/14, at approximately 4:00 p.m., this medication was 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.

- Medication for resident #2 was discontinued.
- Milk of Magnesia was immediately obtained from pharmacy for availability for resident for resident
- Pharmacy to complete medication cart reviews quarterly. <sup>smr 5/15/14</sup>
- Medication aides to check medication carts frequently for availability of medications and order as needed.
- Medication aides to report findings to administrator when medications are low or unavailable.
- Medication aides educated.

\* Please see page 22<sup>A</sup> of 26 for Plan of Correction - smr 7/30/14

5-5-2014

Repeat Violation: Yes	Date(s) of Previous Violation(s):	01/25/2013		
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Signature of Legal Entity Representative (Required on EVERY Page) Cheryl L Sopkovich RN

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Cheryl L Sopkovich RN admin Date 5-8-2014

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

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The above plan of correction was approved by <u>smr</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <sup>smr</sup> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 40578 - 01/30/2014 - Rosol, Jennifer  
PCH Name: PERSONAL CARE AT EVERGREEN

**1. REGULATION 58 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 has been prescribed the following PRN medications; however, on 1/30/14, at approximately 4:00 p.m., these medications were not available in the home.  
\*Haloperidol 2mg/ml - syringe by mouth or under tongue every four hours as needed  
\*Morphine Sulfate 20mg/ml - syringe by mouth or under tongue every two hours as needed  
\*Milk of Magnesia 400mg/5ml - take two tablespoons (30ML) by mouth daily as needed  
  
Resident #10 has been prescribed Hydrocodone 5-325 tab - take by mouth 1 tablet every six hours as needed for severe pain; however, on 1/30/14, at approximately 4:00 p.m., this medication was 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.  
  
By 8/30/14 - The administrator will review and update the home's procedures for the safe storage, access, security, distribution and use of medications to include that all medications prescribed for residents will be available in the home including PRN medications. Documentation shall be kept.  
  
By 8/30/14 - All staff persons qualified to administer medication will be educated on the updated procedures. Documentation shall be kept.  
  
By 8/30/14 - The administrator or designated person qualified to administer medication will complete a bi-monthly audit of the medication cart and prescription orders to ensure all medications, to include PRN's are available in the home and available for administration. Documentation shall be kept.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	01/25/2013
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Signature of Legal Entity Representative  
(Required on EVERY Page) Cheryl L. Sopkovich LPN

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) Cheryl L. Sopkovich LPN

Date 7/30/2014

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

The above plan of correction is approved as of <u>7-30-14</u> (Date)	Plan of correction implementation status as of _____ (Date)
The above plan of correction was approved by <u>SMP</u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 40578 - 01/30/2014 - Rosol, Jennifer

PCH Name: PERSONAL CARE AT EVERGREEN

1. REGULATION 55 Pa.Code §2600

2600.187(d) - The home shall follow the directions of the prescriber.

WEST VIRGINIA OFFICE  
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

Resident #10 is prescribed Fentanyl 25mcg-apply 1 patch every 72 hours; however, according to the January 2014 medication administration record (MAR) this medication was not administered on the following dates:

- \*1/16/14
- \*1/19/14
- \*1/22/14
- \*1/25/14
- \*1/28/14

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 was obtained from pharmacy for resident. 2-5-2014
- Pharmacy to audit medication carts quarterly.
- Medication aides will frequently check carts for availability of medications and order as necessary. Medication aides will report findings to administrator when medications are low or unavailable.
- Staff educated

By 8/30/14 - The administrator will develop and implement a process and procedure to ensure all resident medications are administered as prescribed. Documentation shall be kept.

By 8/30/14 - All staff persons administering medications will be educated on the process and procedures for ensuring medications are administered as prescribed. Documentation of training shall be kept.

By 8/30/14 - The administrator or designated staff person qualified to administer medications will monitor medication administration at least daily and monitor all resident MAR's at least weekly to ensure all resident medications are administered as prescribed. Documentation shall be kept.

SMP 7-30-14

Repeat Violation: Yes	Date(s) of Previous Violation(s):	01/25/2013
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Signature of Legal Entity Representative (Required on EVERY Page) Cheryl L Sopkovich (A)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Cheryl L Sopkovich RN Admin Date 5-8-2014

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

The above plan of correction is approved as of 7-30-14 (Date)

Plan of correction implementation status as of 7-30-14 (Date)

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

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

Violation Report: 40578 - 01/30/2014 - Rosol, Jennifer  
PCH Name: PERSONAL CARE AT EVERGREEN  
MAY 13 2014

1. REGULATION 55 Pa.Code §2600  
2600.221(c) - A current weekly activity calendar shall be posted in a conspicuous and public place in the home.  
WEST PENNSYLVANIA FIELD OFFICE

2a. DESCRIPTION OF VIOLATION  
The home does not have a current weekly activity calendar posted in a public and conspicuous 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.

- Activity calendar placed on lobby bulletin board while inspector on site
- Administrator/activity dept. will ensure that activity calendar will be posted monthly and as needed in a conspicuous and public location in the home.
- Administrator/designee will monitor weekly to ensure activity calendars are in proper locations

1-30-14

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

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

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Mary L Sopkovich RN admin*      Date *5-8-2014*

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

The above plan of correction is approved as of <u>7-30-14</u> (Date)	Plan of correction implementation status as of <u>7-30-14</u> (Date)
The above plan of correction was approved by <u>Sm</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>Sm</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 40578 - 01/30/2014 - Rosol, Jennifer  
PCH Name: PERSONAL CARE AT EVERGREEN

WEST VIRGINIA OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

2a. DESCRIPTION OF VIOLATION  
The preadmission screening form for resident #5, dated 12/20/13, does not include a determination that the home can meet the service needs of the resident.  
  
The preadmission screening form for resident #10, dated 8/5/13, does not include a determination that the home can meet the service needs of the resident.

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.

- Preadmission form completed for residents # 5 & #10  
- Administrator will review each existing pre admission screening and update if needed for compliance.  
- Administrator will complete all screenings in future so they are completed in their entirety.

By 8/30/14 - The administrator will create and implement a new resident documentation system to ensure all residents being admitted to the home have a preadmission screening completed and the home is capable of meeting the prospective resident's care and service needs. *sm 7-30-14*

-5-8-2014

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 RN admin*      Date *5-8-2014*

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

The above plan of correction is approved as of 7-30-14  
(Date)

Plan of correction implementation status as of 7-30-14  
(Date)

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

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

MAY 19 2014

WEST VIRGINIA OFFICE  
Human Services Licensing

Violation Report: 40578 - 01/30/2014 - Rosol, Jennifer  
PCH Name: PERSONAL CARE AT EVERGREEN

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 does not include where records are stored and 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 office and medication room. Area is kept locked unless staff is in room. Records are made accessible when requested. Confidentiality maintained.
- Discharge records are kept locked in basement of facility.
- Administrator is responsible for maintaining proper storage.

By 8/30/14 - The administrator will review and update the policy and procedures addressing record accessibility, security, storage, authorized use and release and who is responsible for the records.

By 8/30/14 - All staff persons will be educated on the updated policy. Documentation will be kept. *Smp 7-30-14*

5-7-2014

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *Cheryl K Sapkovich*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Cheryl K Sapkovich RN Admin*      Date *5-8-2014*

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

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(Date)

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

Plan of correction implementation status as of 7-30-14  
(Date)

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

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

PCH Name: PERSONAL CARE AT EVERGREEN		License Number: 40578
Address: 336 NORTH MAIN STREET, WASHINGTON, PA 15301		County: Washington
Administrator: Cheryl Sopkovich		Region: WEST
Legal Entity Name: PERSONAL CARE AT EVERGREEN INC		
Legal Entity Address: 336 NORTH MAIN STREET, WASHINGTON, PA 15301		
<b>Certificate(s) of Occupancy</b> C-2 LP 07/12/1999 Labor & Industry		RECEIVED JUN 22 2014 WEST REGION FIELD OFFICE Human Services Licensing
<b>Staffing Hours</b>		
Resident Support: N/A	Total Daily Staff: 43	Waking Staff: 32
Type of Inspection: Interim - POC	BHA Docket Number: N/A	Notice: Unannounced
<b>Reason(s) for Inspection(s)</b>		
Interim		
<b>On-Site Inspections Dates and Department Representatives On-Site</b>		
06/18/2014: Mazza, Larry		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>		
06/19/2014: Mazza, Larry		
<b>Other Details</b>		
Partial or Full Triggers: N/A		Random Indicators: N/A
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 48 Number of Residents Served: 34 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: 6	<b>Number of Residents who:</b> Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 33 Have Mental Illness: 1 Have an Intellectual Disability: 0 Have a Mobility Need: 9 Have a Physical Disability: 0	

Violation Report: 40578 - 06/18/2014 - Mazza, Larry  
PCH Name: PERSONAL CARE AT EVERGREEN

JUL 17 2014  
WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

2a. DESCRIPTION OF VIOLATION

At 9:17 a.m., a toileting schedule with resident's names, to include residents #1, #2, and #3, was unlocked and unattended in the 1st floor employee break room.

At 11:00 a.m., "Personal Care Records," with resident's activities of daily living (ADL) information, to include residents #1, #2 and #3, were unlocked and unattended in the 1st floor employee break room.

At 3:17 p.m., resident records, to include residents #1, #2 and #3, were unlocked and unattended in the 1st floor medication 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.

- All staff insured (see agency record of training)
- Administrator/designee will monitor breakroom and medication room to ensure rooms are locked for confidentiality of resident records.
- Operations director purchased locked (keypad) cabinet for personal care records of residents

By 8/30/14 - A designated staff person on each shift will monitor the home daily to ensure all resident records are confidential, kept safe and locked. *SMP 7-30-14*

6-26-2014

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Cheryl L Spokovick RN* Date *7-4-2014*

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

The above plan of correction is approved as of 7-30-14 (Date)

Plan of correction implementation status as of 7-30-14 (Date)

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

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

Violation Report: 40578 - 06/18/2014 - Mazza, Larry  
PCH Name: PERSONAL CARE AT EVERGREEN

011 7 2 794

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.96(a) - The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

2a. DESCRIPTION OF VIOLATION  
The first aid kit in the 1st floor medication room does not contain eye coverings.

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.

- Heggler placed in first aid kit while inspection on 8/18/14  
- Medication aides will complete a weekly checklist and report to administrator needs, if any, for kit (see attached)

Medication aides will complete a weekly checklist and report any items needed to the administrator. The administrator will ensure any missing items are replaced.

By 8/30/14 - The administrator will check each first aid kit in the home at least twice per month and after each use to ensure all required items are included for all first aid kits. SMP 8-30-14

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *Charvi L. Sorkowich*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Charvi L. Sorkowich LPN*      Date *7-4-2014*

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

The above plan of correction is approved as of 7-30-14  
(Date)

Plan of correction implementation status as of 7-30-14  
(Date)

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

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

Violation Report: 40578 - 06/18/2014 - Mazza, Larry  
PCH Name: PERSONAL CARE AT EVERGREEN

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.96(c) - The first aid kit must be in a location that is easily accessible to staff persons.

2a. DESCRIPTION OF VIOLATION

The home's first aid kit, located in the 1st floor medication room, is not accessible to staff because not all staff have access to the medication 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.

- First aid kit placed in breakroom on 1st floor (6/19/2014)  
- Housekeeping will check weekly to ensure first aid kit is in breakroom.

By 8/30/14 - All staff persons will be educated on the location of the first aid kit.

SMP  
7-30-14

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Cheryl L. Sopko*

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

Cheryl L. Sopko, RN

Date 7-11-2014

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

The above plan of correction is approved as of 7-30-14  
(Date)

Plan of correction implementation status as of 7-30-14  
(Date)

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

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

Violation Report: 40578 - 06/18/2014 - Mazza, Larry  
PCH Name: PERSONAL CARE AT EVERGREEN

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

WEST REGION FIELD OFFICE  
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

A 20 oz. box of Raisin Bran was found opened and unsealed in the 2nd floor kitchenette, near bedroom #220.

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.

- Cereal (Raisin Bran) was disposed of. New box (labeled - unsealed) placed on 2nd floor kitchenette (6-19-2014)  
- All staff instructed (6-26-2014)  
- Kitchen staff will monitor daily to ensure all open containers/bags are labeled/unsealed.

By 8/30/14 - A designated staff person will check all food storage areas daily, after each meal, to ensure all food is stored in closed or sealed containers. Documentation of checks shall be kept. SMP 7-30-14

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Cheryl L. Sporkovich LPN* Date *7-4-2014*

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

The above plan of correction is approved as of 7-30-14 (Date)

Plan of correction implementation status as of 7-30-14 (Date)

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

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

Violation Report: 40578 - 06/18/2014 - Mazza, Larry  
PCH Name: PERSONAL CARE AT EVERGREEN

06/18/2014

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 Division

2a. DESCRIPTION OF VIOLATION

At 9:40 am, the following items were found in freezer #3, located in the home's kitchen:  
\*Approximately 20 logs of meat, dated 5/10, were unlabeled. Staff member A, the home's cook, indicated they were kielbasa  
\*A bag of meat patties, wrapped in plastic wrap, were unlabeled and undated. Staff member A indicated they were sausage patties  
\*A vacuumed-sealed bag of meat and gravy, dated 6/7, was unlabeled. Staff member A indicated they were pork chops

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.

- All unlabeled, unsealed, undated or initialed were disposed of. (6-19-2014)
- Kitchen staff unsewered on importance of labeling/dating unmarked food items
- Kitchen staff will audit refrigerator/freezer weekly for any unlabeled/dated food items and if any, dispose of.

By 8/30/14 - A designated staff person will check all food storage areas daily, after each meal, to ensure all food items are labeled and dated. Documentation of checks shall be kept. *SMP 7-30-14*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Cheryl L. Sankovich IPN*

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

*Cheryl L. Sankovich IPN*

Date: *7-11-2014*

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

The above plan of correction is approved as of 7-30-14  
(Date)

Plan of correction implementation status as of 7-30-14  
(Date)

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

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

Violation Report: 40578 - 06/18/2014 - Mazza, Larry  
PCH Name: PERSONAL CARE AT EVERGREEN

WEST VIRGINIA INSTITUTE OF  
Human Services Licensee

1. REGULATION 55 Pa.Code §2600  
2600.183(b) - Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

2a. DESCRIPTION OF VIOLATION

At 3:17 p.m., the medication cart was unlocked and unattended in the 1st floor unlocked medication room. Medications for residents of the home, including residents #4, #5 and #7, were present in the cart.

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 aides instructed on the importance of keeping medication cart locked when unattended (6-26-2014)  
- Administrator will audit cart randomly to ensure procedure is being followed

By 8/30/14 - A designated staff person qualified to administer medications will check the home daily on each shift to ensure all medications and controlled substances are kept in an area or container that is locked.

SWP  
7-30-14

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Cheryl L. Sapko*

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

Cheryl L. Sapko, Director

Date

7-1-2014

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

The above plan of correction is approved as of

7-30-14  
(Date)

Plan of correction implementation status as of

7-30-14  
(Date)

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

The above plan of correction was approved by

SWP  
(Initials)

Violation Report: 40578 - 06/18/2014 - Mazza, Larry  
PCH Name: PERSONAL CARE AT EVERGREEN

WEST REGIONAL  
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

The following medications for resident #4 were not present in the home:

\*APAP-500mg-"Take by mouth 1 tablet every 4 to 6 hours as needed for mild pain/temp >101"

\*Diphenoxylate Atropine-"Take by mouth 1 tablet four times daily as needed for severe diarrhea"

The following medications for resident #7 were not present in the home:

\*Morphine Sulfate-20mg/ml-"Take 10mg (0.5ml) oral syringe by mouth or under tongue every 2 hours as needed for shortness of breath or moderate to severe pain"

\*Haloperidol-2mg/ml-"Take 2mg (1ml) by oral syringe by mouth or under tongue every hour as needed for agitation"

\*Milk of Magnesia-"Take by mouth 2 tablespoonful once daily as needed for constipation"

At approximately 2:30 p.m., staff member A, the home's cook, unlocked the medication room to utilize the copier. The medication cart was unlocked and unattended in the locked medication room. According to the home's medication accountability policy, "Medications will be stored in a locked container or medication cart, and only the administrator, nurse and staff members who completed the medication administration training will have access to the keys." Staff member A does not meet this criteria.

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 for resident #4 were obtained from pharmacy and placed in cart. (See attached)
  - Medication for resident #7 (morphine) D/C'd other medications were ordered & obtained. (See attached)
  - Staff members interviewed on above violations (6-26-2014)
  - Cart (medication) audit scheduled for 7-10-2014. (Precision Care Pharmacy)
- \* Please see page 8<sup>A</sup> of 11 for Plan of Correction <sup>SP</sup> 7-30-14

Repeat Violation: Yes	Date(s) of Previous Violation(s):	01/25/2013
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Signature of Legal Entity Representative (Required on EVERY Page) *Michael L. Spokovich*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Michael L Spokovich LPN* Date *7-4-2014*

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

The above plan of correction is approved as of 7-30-14 (Date)

Plan of correction implementation status as of 7-30-14 (Date)

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

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

RECEIVED

JUL 30 2014

Violation Report: 40578 - 06/18/2014 - Mazza, Larry  
PCH Name: PERSONAL CARE AT EVERGREEN

WEST REGIONAL OFFICE  
Human Services Licensing

1. REGULATION 55 Pa. Code §2800

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

The following medications for resident #4 were not present in the home:

\*APAP-500mg-"Take by mouth 1 tablet every 4 to 6 hours as needed for mild pain/temp >101"

\*Diphenoxylate Atropine-"Take by mouth 1 tablet four times daily as needed for severe diarrhea"

The following medications for resident #7 were not present in the home:

\*Morphine Sulfate-20mg/ml-"Take 10mg (0.5ml) oral syringe by mouth or under tongue every 2 hours as needed for shortness of breath or moderate to severe pain"

\*Haloperidol-2mg/ml-"Take 2mg (1ml) by oral syringe by mouth or under tongue every hour as needed for agitation"

\*Milk of Magnesia-"Take by mouth 2 tablespoonsful once daily as needed for constipation"

At approximately 2:30 p.m., staff member A, the home's cook, unlocked the medication room to utilize the copier. The medication cart was unlocked and unattended in the locked medication room. According to the home's medication accountability policy, "Medications will be stored in a locked container or medication cart, and only the administrator, nurse and staff members who completed the medication administration training will have access to the keys." Staff member A does not meet this criteria.

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 8/30/14 - The administrator will develop and implement a process and procedure to ensure all resident medications are administered as prescribed. Documentation shall be kept.

By 8/30/14 - All staff persons administering medications will be educated on the process and procedures for ensuring medications are administered as prescribed. Documentation of training shall be kept.

By 8/30/14 - The administrator or designated staff person qualified to administer medications will monitor medication administration at least daily and monitor all resident MAR's at least weekly to ensure all resident medications are administered as prescribed. Documentation shall be kept.

Repeat Violation: Yes      Date(s) of Previous Violation(s): 01/25/2013

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, RN      Date 7-30-2014

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE

The above plan of correction is approved as of 7-30-14  
(Date)

Plan of correction implementation status as of \_\_\_\_\_  
(Date)

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

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

RECEIVED

JUL 17 2014

WEST REGION FIELD OFFICE  
Human Services Licensing

Violation Report: 40578 - 06/18/2014 - Mazza, Larry

PCH Name: PERSONAL CARE AT EVERGREEN

1. REGULATION 55 Pa.Code §2600

2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.

2a. DESCRIPTION OF VIOLATION

According to the June 2014 medication administration record (MAR) for resident #5, the following medications were not initialed as administered on 6/10/14 at 9:00 a.m.:

\*Sertraline HCL-50mg-"Take by mouth 1 tablet once daily"

\*Vitamin B12-1,000mcg-"Take by mouth 1 tablet once daily"

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 aides involved on (6-26-2014) on importance of documentation  
- Administrator, designee, will monitor the MAR weekly for compliance

By 8/30/14 - A designated staff person qualified to administer medications will review all resident MARs at least daily to ensure the proper documentation of medication administration at the time of administration. *SM 7-30-14*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Cheryl L. Sedkovich LPN*

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

*Cheryl L. Sedkovich LPN*

Date *7-4-2014*

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

The above plan of correction is approved as of 7-30-14  
(Date)

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

Plan of correction implementation status as of 7-30-14  
(Date)

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

Violation Report: 40578 - 06/18/2014 - Mazza, Larry  
PCH Name: PERSONAL CARE AT EVERGREEN

WEST REGION FIELD OFFICE  
Human Services Division

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

2a. DESCRIPTION OF VIOLATION

According to the June 2014 MAR for resident #4, "Levothyroxine-100mcg-"Take by mouth 1 tablet once daily" was not administered on 6/10/14, 6/13/14, 6/14/14 or 6/15/14 at 6:30 a.m.

According to the June 2014 MAR for resident #5, Mirtazapine-15mg-"Take by mouth 1 tablet once daily" was not administered on 6/9/14 at 9:00 p.m.

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 aides instructed on importance of medication administration and documentation  
6-26-2014*

*Administrators will monitor weekly the MAR and reports to ensure compliance with documentation and reporting medication orders. (7-2-2014)*

By 8/30/14 - The administrator will develop and implement a process and procedure to ensure all resident medications are administered as prescribed. Documentation shall be kept.

By 8/30/14 - All staff persons administering medications will be educated on the process and procedures for ensuring medications are administered as prescribed. Documentation of training shall be kept.

By 8/30/14 - The administrator or designated staff person qualified to administer medications will monitor medication administration at least daily and monitor all resident MAR's at least weekly to ensure all resident medications are administered as prescribed. Documentation shall be kept. *SMP 7-30-14*

Repeat Violation: Yes	Date(s) of Previous Violation(s):	01/25/2013	
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Signature of Legal Entity Representative  
(Required on EVERY Page) *(Cheryl L. Sorkovich)*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Cheryl L. Sorkovich* Date *7-4-2014*

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

The above plan of correction is approved as of 7-30-14  
(Date)

Plan of correction implementation status as of 7-30-14  
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *SMP*
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- Not Implemented

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

Violation Report: 40578 - 06/18/2014 - Mazza, Larry  
PCH Name: PERSONAL CARE AT EVERGREEN

WEST PENNSYLVANIA COLLEGE OF PODIATRY  
Medical Services Division

1. REGULATION 55 Pa.Code §2600

2600.188(b) - A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.

2a. DESCRIPTION OF VIOLATION

According to the June 2014 MAR for resident #4, "Levothyroxine-100mcg-"Take by mouth 1 tablet once daily" was not administered on 6/10/14, 6/13/14, 6/14/14 or 6/15/14 at 6:30 a.m. This medication error was not reported to the prescriber.

According to the June 2014 MAR for resident #5, Mirtazapine-15mg-"Take by mouth 1 tablet once daily" was not administered on 6/9/14 at 9:00 p.m. This medication error was not reported to the prescriber.

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 aides interviewed (6-26-2014) on the importance of documentation and reporting medication errors*

*- Administrators/designees will monitor weekly through reports on documentation and/or reporting*

Immediately - The administrator will report the medication errors for residents #4 and #5 to the prescriber.

*SMP  
7-20-14*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Cheryl L. Sporkovich LPN*

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

*Cheryl L. Sporkovich LPN*

Date

*7-4-2014*

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

The above plan of correction is approved as of 7-30-14  
(Date)

Plan of correction implementation status as of 7-30-14  
(Date)

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

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