



CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: September 12, 2014

Ms. Amy Ponzo, 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. Ponzo:

As a result of the Department of Public Welfare's (Department) licensing inspection on February 24, 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. 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 "Larry Mazza". The signature is written in a cursive style with a large, sweeping flourish at the end.

Larry Mazza
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: August 19, 2014

RECEIVED

AUG 28 2014

WEST REGION FIELD OFFICE
Human Services Licensing

Handwritten signature/initials

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

RE Personal Care at Evergreen
25 Glade Avenue
Waynesburg, Pennsylvania 15370
4000900

Dear Ms. Ponzoo

As a result of the Department of Public Welfare's (Department) complaint inspection on February 24, 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:

The Department requires that an acceptable plan of correction be submitted in order to continue to operate your facility. Complete Section 3 of the attached License Inspection Summary, indicating your plans to correct the violations. Your plan of correction must correct the specific issue cited, as well as include an ongoing, step-by-step plan to assure continued compliance with the regulation over a substantial period of time. Your plan of correction for each violation should include: what specific change will be made, who will make the change, when will the change be made, how will the change be made, what system have you implemented to make sure that the same violation will not occur again and what training will be provided to your staff. Send supporting documentation to verify compliance of any violation that has been corrected. If you believe any violation is incorrect, indicate your comments under Section 3 and date the bottom of each page of the License Inspection Summary.

Return the attached License Inspection Summary within 9 calendar days of receipt of this letter. If the License Inspection Summary is not received within the required time period, your license to operate the above facility may be revoked. You may, if you wish, submit your License Inspection Summary and plans to correct the violations via electronic mail. If you wish to do so, please send the report as an attachment to RA-pwariwest@pa.gov

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

PCH Name: PERSONAL CARE AT EVERGREEN	License Number: A-1111
Address: 25 GLADE AVENUE WAYNESBURG PA 15370	County: Greengarden
Administrator: Amy Ponzoc	Region: WEST

Legal Entity Name: PERSONAL CARE AT EVERGREEN INC **RECEIVED**

Legal Entity Address: 335 NORTH MAIN STREET WASHINGTON PA 15301 AUG 27 2014

Certificate(s) of Occupancy C-2 LP 12/15/2004 L&I	WEST REGION FIELD OFFICE Human Services Licensing
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Staffing Hours		
Resident Support: N/A	Total Daily Staff: 51	Waking Staff: 38
Type of Inspection: Partial	BHA Docket Number: N/A	Notice: Unannounced

Reason(s) for Inspection(s)
Complaint Incident

On-Site Inspections Dates and Department Representatives On-Site
02/24/2014 Rosol Jennifer

Off-Site Inspection Dates and Inspectors, if Applicable

Other Details Partial or Full Triggers:	Random Indicators
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Resident Demographic Data as of Inspection Dates

<p>Licensed Capacity: 44</p> <p>Number of Residents Served: 41</p> <p>Secured Dementia Care Unit in Home: No</p> <p>Area:</p> <p>Secured Dementia Unit Capacity, if Applicable</p> <p>Number of Residents Served in Secured Dementia Care Unit, if applicable:</p> <p>Number of Current Hospice Residents: 4</p> <p>Number of Hospice Residents in past year: 12</p>	<p>Number of Residents who:</p> <p>Receive Supplemental Security Income: 0</p> <p>Are 60 Years of Age or Older: 41</p> <p>Have Mental Illness: 0</p> <p>Have an Intellectual Disability: 0</p> <p>Have a Mobility Need: 11</p> <p>Have a Physical Disability: 0</p>
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RECEIVED

Violation Report: 46090 - 02/24/2014 - Rosol Jennifer
PCH Name: PERSONAL CARE AT EVERGREEN

AUG 25 2014

1. REGULATION 55 Pa.Code §2600
2600 42(c) - A resident shall be treated with dignity and respect

WEST REGION Field Office
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

On 2/20/14, at approximately 12:00 pm resident #1's bed alarm was sounding. Staff person A responded to the alarm the first time. Moments later, resident #1's bed alarm sounded again. Staff person A responded to the alarm and told the resident in a loud voice that he/she couldn't get up on their own and needed to blow the whistle. Staff person A then left the room and stated to other staff that alarm goes off one more time, I'm bringing him/her out here and making him/her sit out here with us. When resident #1's alarm sounded for a 4th time, staff person A entered the resident's room, got him/her and the wife against the resident's wheel chair, started wheeling him/her into the common area, next to the dining room. The resident was crying and staff person A said to the resident, I am not putting up with this crap. Once in the common area, the resident reacted to the couch and staff person A took the resident #1's hand away from the couch and said, keep your hands off and don't grab anything. The resident continued to cry.

3. PLAN OF CORRECTION (POC) - All of your attached pages were reviewed. The attached pages include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be implemented immediately, include dates by which the steps will be completed.

1. Employee was terminated on 4/20/14
2. Staff involved in incident Douglas, Daphne + 15000 terminated on 8/1/14
3. Staff involved in incident on 4/20/14, Douglas, Daphne + 15000, terminated on 8/1/14
4. Resident training on resident rights completed.

Resident rights staff training conducted on 4/7/14 and 8/27/14
Immediately: At least 4 residents will be interviewed by the administrator, at least monthly, to ensure all residents are being treated with dignity and respect. RM
9/1/14

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *[Name]* Date *8/28/14*

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

The above plan of correction is approved as of 9/1/14 Date

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

Plan of correction implementation status as of 9/1/14 Date
 Fully Implemented
 Partially Implemented - Adequate Progress
 Partially Implemented - Inadequate Progress
 Not Implemented

Violation Report: 40090 - 02/24/2014 Rosol Jennifer
PCH Name: PERSONAL CAPE AT EVERGREEN

RECEIVED

AUG 23 2014

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

WEST REGION FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

Resident #2 is prescribed the following medications, however, they were not administered on 02/24/14 at 8:00 am

- *Carvedilol 3.125 mg
- *Gemfibrozil 600 mg
- *Niacin 100 mg

Resident #2 is prescribed the following medications, however, they were not administered on 2/25/14 at 8:00 pm

- *Benazepril 40 mg
- *Doxazosin 4 mg
- *Simvastatin 80 mg
- *Zeta 10 mg

3. PLAN OF CORRECTION (POC) Attach pages of evidence to substantiate the plan of correction. If 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 immediately included, include dates by which the steps will be completed.

1. Medication will be administered to resident every day
2. Medication order updated to match with scheduled days per resident's needs
3. Administrative/designation program will be created as variable as needed

Medication aide training was completed on 3/18/14.
 Within 15 days of receipt of the plan of correction, a designated staff person will monitor the resident MARs, at least weekly, to ensure the directions of the prescriber are followed.

RM
9/11/14

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *[Name]* Date *[Date]*

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

The above plan of correction is approved as of <u>9/11/14</u> [Date]	Plan of correction implementation status as of <u>9/11/14</u> <input type="checkbox"/> Fully implemented <input checked="" type="checkbox"/> Partially implemented - Adequate Progress <input type="checkbox"/> Partially implemented - Inadequate Progress <input type="checkbox"/> Not implemented
The above plan of correction was approved by <u>[Signature]</u> [Initials]	

Violation Report: 40090 - 02/24/2014 - Rosol, Jennifer
PCH Name: PERSONAL CARE AT EVERGREEN

AUG 25 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 REGIONAL OFFICE
Human Services

2a DESCRIPTION OF VIOLATION

The assessment, dated 10/3/13 for resident #1 indicates the resident needs reminders to use a whistle for assistance. All staff members indicated that the resident needs reminders and is forgetful. However, the assessment indicates there is no problem with the resident's short or long term memory.

3 PLAN OF CORRECTION (POC) (Attach pages, if necessary)

Resident and staff will be notified of any attached pages. Include steps to correct the violation described above and steps to monitor compliance with the plan of correction. Steps must be implemented immediately. Include dates by which the steps will be completed.

1. Resident does not have problem with short or long term memory
2. Source plan has been updated to include appropriate reminders
3. Administrator/CPA will monitor that plan is implemented including re-assess

to be completed by 10/24

Within 45 days of receipt of the plan of correction, the administrator or designated staff person will review all resident assessments for accuracy and completion, to include an accurate assessment of short/long term memory. *alilm*

Repeat Violation: Yes

Date(s) of Previous Violation(s): 1/20/2013

Signature of Legal Entity Representative
(Required on EVERY Page)

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

Date: 8/25/14

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

The above plan of correction is approved as of

alilm
(Date)

Plan of correction implementation status as of

alilm
(Date)

The above plan of correction was approved by

[Signature]
(Initials)

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

THURSDAY

Violation Report: 40090 - 02/24/2014 - Rosol Jennifer
PCH Name: PERSONAL CARE AT EVERGREEN

AUG 28 2014

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600 226(a) - The resident shall be assessed for mobility needs as part of the resident's assessment

2a. DESCRIPTION OF VIOLATION

The assessment dated 10/3/13 for resident #1 indicates that resident is mobile. However, staff members indicate the resident needs physical assistance to transfer in/out of bed and wheelchair.

3. PLAN OF CORRECTION (POC)

Attach paper as follows: Repeat violation assessment form. The attached page(s) include steps to correct the violation described above and should be developed to prevent violation from occurring again. If steps cannot be immediately implemented include dates by which the steps will be completed.

At the time of inspection, we noted that the resident was not being assessed for mobility needs. A staff member was observed updating the resident's assessment.

As of today, the resident's assessment has been updated to reflect the resident's needs.

The administrator was notified of the violation and the administrator is responsible for ensuring that the resident's assessment is updated within 45 days of receipt of the plan of correction.

to include a mobility assessment. *km*

Administrator to ensure that the resident's assessment is updated within 45 days of receipt of the plan of correction.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *[Name]* Date *8/28/14*

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

The above plan of correction is approved as of *9/1/14* (Date)

Plan of correction implementation status as of *9/1/14* (Date)

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

- Fully implemented
- Partially implemented - Adequate Progress *Rn*
- Partially implemented - Inadequate Progress
- Not implemented