



pennsylvania
DEPARTMENT OF HUMAN SERVICES

DEC 24 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
License #: 400900

Dear Ms. Ponzo:

As a result of the Department of Human Services' licensing inspection on June 6, 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 August 17, 2014 to August 17, 2015 was issued on May 16, 2014. Your regular license remains in good standing.

Sincerely,

Matthew J. Jones
Director _{/s/}

Enclosure
License Inspection Summary

NOV 24 2014

Violation Report: 40090 - 06/06/2014 - Pfaff, Vicki
PCH Name: PERSONAL CARE AT EVERGREEN

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

On 8/8/14, at 9:50 a.m., there was an unlocked and accessible plastic mail bin mounted to the wall outside of the administrator's office which had numerous papers containing resident information including the following:

- * An Upstairs Assignment Sheet for the 11:00 p.m. 7:00 a.m." dated 6/7/14 which included the names of Residents # 1 and 2 with the "scheduled 2 hour toileting."
- * An assignment sheet for 3:00 p.m. to 11:00 p.m. dated 6/7/14 which included the names of Residents # 1 and 2 with the "scheduled 2 hour toileting."
- * An individual resident controlled substance record documenting resident #4's prescription for morphine.
- * A count sheet for resident #5's morphine.

The home's license inspection summaries dated 1/14/13 and 6/14/13 which was located on a table to the left of entryway of the home which included the residency privacy coding document.

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 information that is considered confidential is now kept in a locked area
 - Assignment sheets are kept in med room.
 - Adx sheets, controlled substance records are kept locked in med room.
 - Plastic mail bin is now only for mail. All information pertaining to residents is now put in a mail Bin in locked med room.
 - Inspection summaries that had resident names has been removed.

All attached.

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Amy Ponzio RN* Date *11-21-14*

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

The above plan of correction is approved as of 12-1-14 (Date)

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

Plan of correction implementation status as of 12-1-14 (Date)

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

2. Staff were trained regarding confidentiality and location of confidential information on 7-10-14.
3. Administrator to add confidentiality information to new-hire orientation packet.
4. Administrator/designee daily will check to ensure doors are kept locked (that holds confidential information) and that confidential information is not in public areas.

Amy Burgess RN 11-21-14.

NOV 21 2014
WEST REGION FIELD OFFICE
Human Services Licensing

12-1-14

Violation Report: 40090 - 08/08/2014 - Pfaff, Vicki
PGH Name: PERSONAL CARE AT EVERGREEN

NOV 25 2014

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

- 2600 65(f) - Training topics for the annual training for direct care staff persons shall include the following:
- (1) Medication self-administration training.
 - (2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
 - (3) Care for residents with dementia and cognitive impairments.
 - (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
 - (5) Personal care service needs of the resident.
 - (6) Safe management techniques.
 - (7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

2a. DESCRIPTION OF VIOLATION

Staff persons A and B did not receive training on the topic of care for residents with mental illness during the 1/1/13 - 12/31/13 staff training year. The home serves a resident with a mental illness diagnosis.

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.

- 1. Training for mental health illness was completed on 8/1/14.
- 2. Information has been added to new hire orientation packet for all new hires.
- 3. Training for mental health illness will be added to the 2015 training plan.
- 4. Administrator to monitor training plan and ensure staff is educated on all requirements and specialty needs.

12-31-14 - The Administrator will ensure all staff persons have received the required training in accordance with regulation 2600.65(f).
12-1-14

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *AMY PONZOO RN* Date *11-21-14*

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The above plan of correction is approved as of 12-1-14 (Date)

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Plan of correction implementation status as of 12-1-14 (Date)

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

NOV 24 2014

Violation Report: 40090 - 06/06/2014 - Pfaff, Vicki
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.

WEST REGION FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION
There was a container of Clorox Disinfecting Wipes in the unlocked desk in the 2nd floor lounge area with warning label stating "call a poison control center for treatment advice." Residents of the home, including resident #6, have not been assessed as being able to safely use/avoid poisons.

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.

1. Staff was trained on storage of Poisonous Materials on 8-7-14.
2. Information regarding storage of Poisonous Materials will be added to new hire orientation information.
3. Administrator/designee to monitor accessible areas daily to ensure all poisonous materials are kept out of reach.

6-6-14 - poisonous materials cited were secured by staff. 12-1-14

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|---|-----------------------------------|------------|----------|
| Repeat Violation: No | Date(s) of Previous Violation(s): | 06/14/2013 | |
| Signature of Legal Entity Representative (Required on EVERY Page) | | | |
| Printed Name and Title of Legal Entity Representative (Required on EVERY Page) | | | Date |
| Amy Ponzoo RN | | | 11-21-14 |

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|--|----------------------------------|---|--------------------------|
| The above plan of correction is approved as of | <u>12-1-14</u> (Date) | Plan of correction implementation status as of | <u>12-1-14</u> (Date) |
| The above plan of correction was approved by | <u>[Signature]</u> (Initials) | <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 | |

Violation Report: 40090 - 06/06/2014 - Pfaff, Vicki
PCH Name: PERSONAL CARE AT EVERGREEN

WEST REGION REGULATION OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.85(d) - Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

2a. DESCRIPTION OF VIOLATION
At approximately 10:30 a.m., the trash can in the main kitchen was uncovered.

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.

1. Trash can lid has now remained on the trash can.
2. Cooks educated/aware lid must be on.
3. Administrator/designee to periodically throughout the day check to ensure lid placement.

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

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

| | |
|--|----------------------|
| Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Amy Ponzoo RN</i> | Date <i>11-21-14</i> |
|--|----------------------|

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

The above plan of correction is approved as of 12-1-14
(Date)

The above plan of correction was approved by *AP*
(Initials)

Plan of correction implementation status as of 12-1-14
(Date)

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

Violation Report: 40090 - 06/06/2014 - Pfaff, Vicki

PCH Name: PERSONAL CARE AT EVERGREEN

WEST REGION
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

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

2a. DESCRIPTION OF VIOLATION

The home's safe evacuation time as determined by a fire safety expert is 2 minutes and 30 seconds. The home exceeded the safe evacuation time as follows:

- * 11/25/13 at 6:00 a.m. - 4 minutes, 0 seconds.
- * 11/27/13 at 5:40 a.m. - 2 minutes, 52 seconds
- * 12/09/13 at 1:35 p.m. - 3 minutes, 6 seconds
- * 04/04/14 at 5:55 a.m. - 3 minutes, 54 seconds.
- * 04/18/14 at 5:45 a.m. - 3 minutes, 0 seconds

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.

1. Fire drills frequency will be increased to ensure residents & staff are aware of their responsibilities.
2. Staff members were educated on proper evacuation on 8-7-14. Administrator to reeducate need for proper fire drill.
3. Residents participation in staff meeting on 12-4-14.
3. Residents have been educated about need for proper response to fire drills. Will re-educate at next resident council meeting.
4. Will be evaluating the possibility of moving immobile residents closer to evacuation points, need for re-evaluation of evacuation time by fire Marshall, and possible need to increase staff.
5. Administrator to monitor for compliance.

502 188 6A 019

| | | |
|----------------------|-----------------------------------|------------|
| Repeat Violation: No | Date(s) of Previous Violation(s): | 06/14/2013 |
|----------------------|-----------------------------------|------------|

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Amy Ponzo RA* Date *11-21-14*

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(Date)


The above plan of correction was approved by 12-1-14
(Initials)

Plan of correction implementation status as of 12-1-14
(Date)

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

132(d)

pg. 6 of 9

6. Performed 2 drills within required amt of time. Since submitting POC. (10-16-14 and 11-21-14)
7. Added 5th person to schedule for 3-11 shift for 5 out of 7 days at present.
8. Added 11-7 shift staff. 4 aides for 5 out of 7 days week at present.
9. Emailed  to request to discuss fire evacuation times.

REC'D
DEC 22 2014
WEST VIRGINIA COMMUNITY COLLEGE
Human Services Building

Angela Taylor
12-1-14

Immediately - The Administrator will schedule the proper level of staffing to evacuate all residents to a designated fire safe area within the home specified by the fire safety expert or to the outside safe area within 2 minutes and 30 seconds or a time specified in writing by a fire safety expert. 12-1-14

12-1-14

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

PCH Name: PERSONAL CARE AT EVERGREEN

Number: 400900

| Date | Time | Evac Time | Supervised by Fire Safety Expert |
|------------|----------|-----------------------|----------------------------------|
| 06/12/2013 | 08:20 A | 4 minutes | |
| 07/11/2013 | 06:37 AM | 3 minutes | |
| 08/29/2013 | 10:54 A | 2 minutes | |
| 09/26/2013 | 01:10 P | 2 minutes, 15 seconds | |
| 10/24/2013 | 02:30 P | 2 minutes, 2 seconds | |
| 11/25/2013 | 04:00 P | 2 minutes, 24 seconds | |
| 11/27/2013 | 05:40 A | 2 minutes, 52 seconds | |
| 12/09/2013 | 01:35 P | 3 minutes, 6 seconds | |
| 01/23/2014 | 02:00 P | 2 minutes, 15 seconds | |
| 02/28/2014 | 04:00 P | 2 minutes, 25 seconds | |
| 03/04/2014 | 05:55 A | 3 minutes, 54 seconds | |
| 04/18/2014 | 06:45 A | 3 minutes | |

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NOV 28 2013
WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 40090 - 06/06/2014 - Pfaff, Vicki
PCH Name: PERSONAL CARE AT EVERGREEN

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.161(d) - A resident's special dietary needs as prescribed by a physician, physician's assistant, certified registered nurse practitioner or dietitian shall be met. Documentation of the resident's special dietary needs shall be kept in the resident's record.

2a. DESCRIPTION OF VIOLATION

Resident #7 is prescribed a pureed diet. At approximately 12:00 p.m., resident #7 was observed by DPW representative being fed small curd cottage cheese and small cut up pieces of watermelon.

According to the National Dysphagia Diet (NDD) Level 1: Dysphagia Pureed diet guidelines, cottage cheese and whole fruits should be avoided.

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.

1. Discussed how to properly prepare pureed foods with cooks in kitchen at the time of inspection. Newly trained cooks have been trained on proper pureed foods.

2. ~~Activity changes~~ ^{AP} Proper food preparation & specialty diets training will be ~~add~~ added to annual training plan & new hire orientation.

3. Administrative/designee to monitor food being served to residents with special diets daily to ensure physician orders are met and safety is maintained.

* 4. Cooks trained by speech therapist on (proper) consistency of altered diets. Trained by Director Food Services on how to properly prepare altered diets after survey completed. ^{AP} 12-1-14.

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Amy Ponzoo RN* Date *11-21-14*

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Plan of correction implementation status as of 12-1-14 (Date)

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Violation Report: 40090 - 08/06/2014 - Pfaff, Vicki
PCH Name: PERSONAL CARE AT EVERGREEN

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

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

2a. DESCRIPTION OF VIOLATION

On 6/6/14, there was a tube of Ketoconazole 2% cream prescribed for resident #7 in the home's first floor medication cart. The medication was discontinued on 5/30/14.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Includes 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.

1. Facility began doing med cart checks using a red-line report of all meds to begin or end that day. Med aides check cart daily to insure required meds are available and any discontinued meds are dispositioned. Administrator reviews these reports daily.
2. Med aides are aware of regulation to properly dispose of medications.
3. Administrator/designee checks reports/med carts weekly to insure all discontinued meds are removed from med cart.

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *AMY PONZOO RN* Date *11-21-14*

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Plan of correction implementation status as of 12-1-14 (Date)

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- Not Implemented

NOV 21 2014

Violation Report: 40090 - 06/06/2014 - Pfaff, Vicki
PCH Name: PERSONAL CARE AT EVERGREEN

WEST REGION FIELD OFFICE
Human Services Licensing

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.

2a. DESCRIPTION OF VIOLATION

Resident #6's assessment, dated 1/8/14, does not include the following diagnoses indicated on the resident's medical evaluation dated 12/31/13: encephalopathy, ischemia w/ transient ischemic attacks, urinary tract infection with sepsis, pacemaker and chronic kidney disease.

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.

1. Resident assessment/support plan updated on 6/11/14 to reflect all diagnosis included on medical evaluation. (See attached)
2. Assessments/Support plans to be reviewed by LPN to ensure all diagnosis on medical evaluation are included on support plans/assessments.
3. Administrator/LPN to review documents weekly to ensure compliance.

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| Repeat Violation: No | Date(s) of Previous Violation(s): 02/24/2014 |
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| Signature of Legal Entity Representative (Required on EVERY Page) | <i>Amy Ponzo RN</i> |
|--|---------------------|

| | |
|---|----------|
| Printed Name and Title of Legal Entity Representative (Required on EVERY Page) | Date |
| Amy Ponzo RN | 11-21-14 |

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(Date)

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

Plan of correction implementation status as of 12-1-14
(Date)

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- Not Implemented