



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: August 31, 2015

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 Human Services' licensing inspection on January 26, 2015, 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.

Sincerely,

A handwritten signature in black ink that reads "Jon Kimberland" followed by a stylized flourish.

Jon Kimberland
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

Violation Report: 40578 - 01/26/2015 - Georgoulis, Karen
PCH Name: PERSONAL CARE AT EVERGREEN

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.25(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

2a. DESCRIPTION OF VIOLATION

The contract for resident #1, dated 1/9/14, was not signed or dated by the administrator or designee.

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.

Admin will be responsible for ensuring all contracts which are pending are signed and dated. Admin will be responsible for ensuring all contracts which are pending are signed and dated.

Within 30 day of receipt of the approved plan of correction - All staff persons involved in the admission's process will be educated on the completion of resident-home contracts including required signatures and dates in accordance with regulation 2600.25(b). Documentation of education will be kept. *8-31-15*

Within 30 day of receipt of the approved plan of correction - The administrator or designee will review all resident contracts to ensure the required signatures and dates have been obtained in accordance with regulation 2600.25(b). *8-31-15*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Cheryl Sopkovich

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

Cheryl Sopkovich

Date

8-20-2015

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

The above plan of correction is approved as of *8-31-15*
(Date)

Plan of correction implementation status as of *8-31-15*
(Date)

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

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

AUG 27 2015

Violation Report: 40578 - 01/26/2015 - Georgoulis, Karen
PCH Name: PERSONAL CARE AT EVERGREEN

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.123(b) - Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

2a. DESCRIPTION OF VIOLATION

The homes emergency procedures and the municipality emergency preparedness plan were posted in a public and conspicuous place. They were located in the administrator's 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.

Handwritten notes:
- Give your staff a 15 min. ins. provided on...
- Admin. office / Home with...
- Documentation of education will be kept.

Within 30 day of receipt of the approved plan of correction - All staff persons will be educated on the requirement for the home's emergency procedures and the local emergency preparedness plan to posted in a conspicuous and public place. Documentation of education will be kept. 8-31-15 ✓

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

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Cheryl Sepkovich LP* Date *8-20-2015*

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

The above plan of correction is approved as of <u>8-31-15</u> (Date)	Plan of correction implementation status as of <u>8-31-15</u> (Date)
The above plan of correction was approved by <u>CS</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: 40578 - 01/26/2015 - Georgoulis, Karen

AUG 27 2015

PCH Name: PERSONAL CARE AT EVERGREEN

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION

Resident #2's initial medical evaluation is not dated; therefore, it is unable to be determined if the medical evaluation was completed within the required timeframe. The medical evaluation did not include a mobility status of the resident. The mobility section was blank.

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.

Handwritten notes:
- 1 resident...
- 1st medical...
- 8-31-15

Within 30 days of receipt of the approved plan of correction - The administrator or designated staff person will develop and implement a process and procedure to ensure all newly completed medical evaluation are accurate and complete. *8-31-15*

Within 30 days of receipt of the approved plan of correction - All staff persons involved in the medical evaluation process will be educated on the completion and accuracy of medical evaluations. Documentation of education will be kept. *8-31-15*

Within 30 days of receipt of the approved plan of correction - The administrator or designated staff person will review all resident medical evaluations for accuracy and completion including all required information in accordance with regulation 2600.141a2. *8-31-15*

Repeat Violation: Yes	Date(s) of Previous Violation(s):	01/30/2014		
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Signature of Legal Entity Representative
(Required on EVERY Page) *Cheryl Sopkowich*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Cheryl Sopkowich* Date *8-20-2015*

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(Date)

Plan of correction implementation status as of *8-31-15*
(Date)

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

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

AUG 27 2015

Violation Report: 40578 - 01/26/2015 - Georgoulis, Karen
PCH Name: PERSONAL CARE AT EVERGREEN

WEST REGION FIELD OFFICE
Human Services Licensing

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 11:35 a.m., there was an unlocked and unlabeled 3.53 ounce jar of Vicks Vapor Rub with an expiration date of 8/2012 belonging to resident #2 that was on the night stand in bedroom #107.

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.

Handwritten notes in the POC section:
Within 30 days of receipt of the approved plan of correction - All staff persons will be educated on the required locked storage of medications, proper labeling of medications, disposal of expired medications and the home's policy and procedures for the safe and secure storage of medications and controlled substances including medications in resident bedrooms. Documentation of the education will be kept. 8-21-15
Within 30 day of receipt of the approved plan of correction - A designated staff person 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. 8-21-15
- Administered to resident in resident's room
Medications are kept in locked storage
In Do you have med box
per guidelines
obtain prescriptions
- Administered to resident in resident's room
Medications are kept in locked storage

Within 30 days of receipt of the approved plan of correction - All staff persons will be educated on the required locked storage of medications, proper labeling of medications, disposal of expired medications and the home's policy and procedures for the safe and secure storage of medications and controlled substances including medications in resident bedrooms. Documentation of the education will be kept. 8-21-15

Within 30 day of receipt of the approved plan of correction - A designated staff person 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. 8-21-15

Repeat Violation: Yes | Date(s) of Previous Violation(s): 06/18/2014

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Cheryl Sopkovich LP | Date 8-20-15

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The above plan of correction is approved as of 8-31-15 (Date)

Plan of correction implementation status as of 8-31-15 (Date)

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

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

Violation Report: 40578 - 01/26/2015 - Georgoulis, Karen
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

At 11:35 a.m., there was an unlocked and unlabeled 3.53 ounce jar of Vicks Vapor Rub with an expiration date of 8/2012 belonging to resident #2 that was on the night stand in bedroom #107.

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.

Handwritten notes:
- All expired medications were inspected and destroyed.
- All medications are now stored in locked cabinets.
- Staff were educated on medication storage and expiration dates.
- Documentation of education will be kept.

Immediately – A designated staff person qualified to administer medications will complete an initial and monthly audit of the medication carts, first aid kits and any other medication storage areas to ensure there are no expired medications and expired medications will be immediately discarded in accordance with the Department of Environmental Protection, Federal and State regulations. 8-31-15

Within 30 days of receipt of the approved plan of correction – All staff persons qualified to administer medications will be educated that expired medications will be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations, the home's updated policy and procedures and the requirements of regulation 2600.183(f). Documentation of education will be kept. 8-31-15

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Cheryl Sopkovich LPN Date 8-20-2015

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The above plan of correction is approved as of <u>8-31-15</u> (Date)	Plan of correction implementation status as of <u>8-31-15</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

AUG 27 2015

Violation Report: 40578 - 01/26/2015 - Georgoulis, Karen

PCH Name: PERSONAL CARE AT EVERGREEN

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

2a. DESCRIPTION OF VIOLATION

Resident #4 is prescribed Lorazepam 0.5 mg. one tablet two times a day as needed. However, the July 2014 MAR reads Lorazepam 0.5 mg. one tablet three times a day as needed.

Resident #2's January 2015 MAR does not include:

- * The diagnosis or purpose for Magnesium Oxide, Synthroid 25mg, Cephalexin 500mg.
- * The frequency, diagnosis or purpose for Buspar 10mg.
- * The dose for prescribed Naproxen.

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.

Resident #2's MAR
Administered properly with correct frequency
and dose as per MAR.

Resident #4 MAR from January
- Ask pharmacist for correct frequency
and dose for all MARs.
Pharmacy will provide correct frequency
and dose for all MARs.
See page 7A of 10

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
(Required on EVERY Page) Cheryl Sepkovich

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

Date 8-20-2015

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(Date)

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

Plan of correction implementation status as of 8-31-15
(Date)

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

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2A
initial audit started once completed audit
will be completed monthly.
(completion date (8-30-2015))

Monitoring of MARs will include checking all prescription orders, medication labels and the MARs for accuracy and completion. The monitoring will be completed by a staff person qualified to administer medications. 8-31-15

Within 30 days of receipt of the approved plan of correction – All staff persons qualified to administer medications will be educated on all of the required contents of resident MARs. Documentation of education will be kept. 8-31-15

8-31-15

Cheryl L. Lopkovich RN

8/28/2015

Violation Report: 40578 - 01/26/2015 - Georgoulis, Karen
PCH Name: PERSONAL CARE AT EVERGREEN

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

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

2a. DESCRIPTION OF VIOLATION

Resident #3 prescribed Sulfasalazine 500 mg tablet, one tablet by mouth three times a day at 9:00a.m., 3:00 p.m. and 9:00 p.m. However, the medication was not administered at 3:00 p.m. as follows: 12/12/14, 12/20/14, 1/21/14, 12/30/14, 12/31/14, 1/3/15 and 1/13/15.

Resident #2's prescribed Colace 100mg and Magnesium Oxide were not administered at 9:00 a.m. on 12/21/14, 12/25/14, 12/28/14 and 12/31/14.

Resident #2's prescribed Clonidine HCL 0.1mg, Buspar 10mg and Naproxen 250mg were not administered at 9:00 a.m. on 12/21/14, 12/23/14, 12/28/14 and 12/31/14.

Resident #4 prescribed Sucralfate 1gm was not administered at 6:00 a.m. on 7/17/2014.

Resident #4 prescribed Lactulose 10GM/15m syrup take by mouth 30 ML every 6 hours at 12:00 a.m., 6:00 a.m., 12:00 p.m. and 6:00 p.m. The medication was not administered at 6:00 a.m. on 7/17/14. The medication was not available in the home and not administered from 7/18/14 at 6:00 a.m. to 7/19/14 at 12:00 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.

Handwritten notes:
Medication orders for Resident #3 were not administered as prescribed.
Resident #2's prescribed Colace 100mg and Magnesium Oxide were not administered at 9:00 a.m. on 12/21/14, 12/25/14, 12/28/14 and 12/31/14.
Resident #2's prescribed Clonidine HCL 0.1mg, Buspar 10mg and Naproxen 250mg were not administered at 9:00 a.m. on 12/21/14, 12/23/14, 12/28/14 and 12/31/14.
Resident #4 prescribed Sucralfate 1gm was not administered at 6:00 a.m. on 7/17/2014.
Resident #4 prescribed Lactulose 10GM/15m syrup take by mouth 30 ML every 6 hours at 12:00 a.m., 6:00 a.m., 12:00 p.m. and 6:00 p.m. The medication was not administered at 6:00 a.m. on 7/17/14. The medication was not available in the home and not administered from 7/18/14 at 6:00 a.m. to 7/19/14 at 12:00 p.m.

See page 8 of 10

Repeat Violation: Yes	Date(s) of Previous Violation(s):	01/30/2014	06/18/2014
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Signature of Legal Entity Representative (Required on EVERY Page) *Cheryl Sopkovich LPN*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Cheryl Sopkovich LPN* Date *8-20-15*

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

The above plan of correction is approved as of <u>8-21-15</u> (Date)	Plan of correction implementation status as of <u>8-21-15</u> (Date)
The above plan of correction was approved by <u>CS</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

Pg 8^A of 10

3. Administrator/designee will audit for accuracy of re-ordered medications. Initial audit started, once completed (completion date 8-30-2015) Monthly audit will be done.
- Staff will be re-educated on when to notify physician when prescriptions are needed.
 - Staff educated on proper labeling, disposal of medications, administration times and re-orders.
 - Medication errors to be reported to DHS physician notification + family notification
 - Administrator/designee will observe each medication technician during med pass for 2 months to ensure compliance.

Cheryl L. Lopkovich RN

8/28/2015

8.31.15

Violation Report: 40578 - 01/26/2015 - Georgoulis, Karen
PCH Name: PERSONAL CARE AT EVERGREEN

AUG 27 2015

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 #2's initial assessment, dated 12/23/14, did not indicate the need for Turning and positioning in bed/chair or doing laundry. Both sections were blank.

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.

*Review of 11/2/2015
- All assessments have been updated by administrator
- Administrator training completed and documented
- One staff person completed training*

Within 30 days of receipt of the approved plan of correction – The administrator or designee will review all resident assessments and support plans for accuracy and completion plans including assessing and documenting all of the resident's needs. Any incomplete or inaccurate assessments or support plans will be corrected immediately. *8-31-15*

Within 30 days of receipt of the approved plan of correction – All staff persons completing assessments and support plans will be educated regarding the completion and accuracy of assessments and support plans including assessing and documenting all of the resident's needs. Documentation of education will be kept. *8-31-15*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Cheryl Sophovick

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

Cheryl Sophovick

Date *8-20-15*

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(Date)

Plan of correction implementation status as of *8-31-15*
(Date)

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

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

AUG 27 2015

Violation Report: 40578 - 01/26/2015 - Georgoulis, Karen
PCH Name: PERSONAL CARE AT EVERGREEN

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

2a. DESCRIPTION OF VIOLATION

Resident #2's initial support plan, dated 12/23/14, does not address the residents fall history, the use of a walker and/or cane needed by the resident to ambulate.

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.

Resident #2 Data
Admin and staff/designee will review all resident support plans for accuracy and completion plans including the care and services the home will provide to each resident based on the resident's needs. Any incomplete or inaccurate assessments or support plans will be corrected immediately. 8-31-15

Within 30 days of receipt of the approved plan of correction – The administrator or designee will review all resident assessments and support plans for accuracy and completion plans including the care and services the home will provide to each resident based on the resident's needs. Any incomplete or inaccurate assessments or support plans will be corrected immediately. *8-31-15*

Within 30 days of receipt of the approved plan of correction – All staff persons completing assessments and support plans will be educated regarding the completion and accuracy of assessments and support plans including the care and services the home will provide to each resident based on the resident's needs. Documentation of education will be kept. *8-31-15*

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Cheryl Sopkovich LP* Date *8-20-15*

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(Date)

Plan of correction implementation status as of *8-31-15*
(Date)

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