



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: March 9, 2015

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
400900

Dear Ms. Ponzoo:

As a result of the Department of Human Services' licensing inspection on February 5, 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 "Larry Mazza" with a stylized flourish at the end.

Larry Mazza
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

Violation Report: 40090 - 02/05/2015 - Garrigan, Laurie

PCH Name: PERSONAL CARE AT EVERGREEN

1. REGULATION 55 Pa.Code §2600

2600.225(c) - The resident shall have additional assessments as follows:

- (1) Annually.
- (2) If the condition of the resident significantly changes prior to the annual assessment.
- (3) At the request of the Department upon cause to believe that an update is required.

2a. DESCRIPTION OF VIOLATION

Resident #1's assessment, dated 2/3/15, does not include a diagnosis of congestive heart failure, as indicated on the resident's medical evaluation, dated 1/31/15.

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 #1 CTB on ~~2/10/15~~ ^{2/26/15} 2/26/15.
 - LPN to review all assessments and med evals to ensure all diagnoses are complete. This is to be completed by 3/13/15.
 - Administrator to review med evals/assessments once completed for new residents, e sig ss. to ensure proper completion.
- Immediately: the administrator or designated staff person will develop and implement a system to ensure resident assessments are immediately updated as resident care needs change.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Amy Ponzoo

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

Amy Ponzoo

Date 3/6/15

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

The above plan of correction is approved as of

3/6/15
(Date)

Plan of correction implementation status as of

3/6/15
(Date)

The above plan of correction was approved by

R
(Initials)

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

Violation Report: 40080 - 02/05/2015 - Garrigan, Laurie

PCH Name: PERSONAL CARE AT EVERGREEN

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 #1 receives hospice services; however, the resident's support plan, dated 2/3/15, does not address the services or frequency of services provided by hospice.

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 #1 CTB. 2/26/15
2. LPN aware hospice services and co-ordination of care needs to be on support plan. LPN to review hospice resident's support plans & ensure documentation of co-ordination of care by 3/13/15
3. Administrator to check & ensure support plans are updated for hospice residents.

Immediately: The administrator or designated person will develop and implement a system to ensure resident support plans are immediately updated as resident care needs change. fr

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

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

Date 3/6/15

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

The above plan of correction is approved as of <u>3/6/15</u> (Date)	Plan of correction implementation status as of <u>3/6/15</u> (Date)
The above plan of correction was approved by <u>fr</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <u>fr</u> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented