



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: April 19, 2016

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 July 21, 2015 and July 27, 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 "Jason Williams" followed by a stylized flourish.

Jason Williams
Human Services licensing Supervisor

Enclosure
Licensing Inspection Summary

**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 Ently Address: 336 NORTH MAIN STREET, WASHINGTON, PA 15301		
Certificate(s) of Occupancy C-2 LP 07/12/1999 Labor & Industry		APR 01 2016 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: N/A	Total Daily Staff: 49	Waking Staff: 37
Type of Inspection: Partial	BHA Docket Number: N/A	Notice: Unannounced
Reason(s) for Inspection(s) Complaint		
On-Site Inspections Dates and Department Representatives On-Site 07/21/2015: Park, Beth; Breuer, Patricia 07/27/2015: Park, Beth; Breuer, Patricia		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 48	Number of Residents Served: 38	Number of Residents who:
Secured Dementia Care Unit in Home: No	Area:	Receive Supplemental Security Income: 0
Secured Dementia Unit Capacity, if Applicable:	Number of Residents Served in Secured Dementia Care Unit, if applicable:	Are 60 Years of Age or Older: 38
Number of Current Hospice Residents: 3	Number of Hospice Residents in past year: 12	Have Mental Illness: 3
		Have an Intellectual Disability: 0
		Have a Mobility Need: 11
		Have a Physical Disability: 0

RECEIVED

Violation Report: 40578 - 07/21/2015 - Park, Beth
PCH Name: PERSONAL CARE AT EVERGREEN

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.15(a) - The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adults Protective Services Act (35 P.S. Sections 10225.701 - 10225.707) and 6 Pa. Code Sections 15.21 - 15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

2a. DESCRIPTION OF VIOLATION

On 7/4/15, Resident #1 fell in the shower and hit his/her nose on the grab bar causing the nose to break and bleed. The home received a physical abuse allegation regarding this incident, involving staff person A, on 7/10/15. However, this was not reported to the local area agency on aging.

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.

- Staff education completed on 1-12-16 (also 2-1-16) on protocol for reporting to administrator/designee immediately any unusual incident such as bruising, falls, abuse, so as the administrator/designee can report incident immediately. Also so an in house investigation may begin.

- When abuse is suspected, a report will be filed with AAA in accordance with OAPSA

Staff person A no longer employed by the home. pp. 4/14/16

Immediately - All staff persons will be instructed to directly report suspected abuse and reportable incidents in the absence of the administrator in accordance with the Older Adults Protective Services Act. Documentation shall be kept. pp. 4/14/16

within 30 days of receipt of the plan of correction - the administrator or designated staff person will review all reported incidents at least weekly to ensure and allegations of abuse are reported in accordance with the Older Adult Protective Services Act and to ensure the accused staff person is placed on a plan of supervision which includes not having access to any residents without the presence of another qualified direct care staff person or suspend the staff person or persons involved. pp. 4/14/16

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Cheryl Sopotovich (pp) Date 3-31-16

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

The above plan of correction is approved as of 4/14/16 (Date)

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

Plan of correction implementation status as of 4/14/16 (Date)

Fully Implemented

Partially Implemented - Adequate Progress (pp)

Partially Implemented - Inadequate Progress

Not Implemented

APR 01 2016

Violation Report: 40578 - 07/21/2015 - Park, Beth
PCH Name: PERSONAL CARE AT EVERGREEN

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.15(c) - The home shall immediately submit to the Department's personal care home regional office a plan of supervision or notice of suspension of the affected staff person.

2a. DESCRIPTION OF VIOLATION

On 7/10/15, an allegation of abuse was made against direct care staff person A. The home suspended direct care staff person A on 7/10/15. However, the home did not submit a plan of supervision or notice of suspension for staff person A to the Department.

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.

- Staff member no longer employed by Evergreen PCH
- Administrator/designee will submit ^{supervised} plan or notice of suspension immediately if allegation is made.

Staff training has been completed regarding incident reporting and the need to immediately submit a plan of supervision or notice of suspension of the affected staff person(s) to the Department's personal care home regional office. *PN 4/14/16*

within 30 days of receipt of the plan of correction - the administrator or designated staff person will review all reported incidents at least weekly to ensure all allegations of abuse are reported in accordance with the older Adult Protective Services Act; to ensure the accused staff person is placed on a plan of supervision which includes not having access to any residents without the presence of another qualified direct care staff person or suspended the staff person or persons involved. ^{immediately} submit a plan of supervision or notice of suspension of the affected staff person(s) to the Department's personal care home regional office. *PN 4/14/16*

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

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Cheryl Sopkovich admin* Date *3-31-16*

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

The above plan of correction is approved as of <u>4/14/16</u> (Date)	Plan of correction implementation status as of <u>4/14/16</u> (Date)
The above plan of correction was approved by <u>PN</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>PN</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

APR 01 2016

Violation Report: 40578 - 07/21/2015 - Park, Beth
PCH Name: PERSONAL CARE AT EVERGREEN

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION

On 7/4/15, Resident #1 fell in the shower and hit his/her nose on the grab bar causing the nose to break and bleed. The home received a physical abuse allegation relating to this incident, involving staff person A, on 7/10/15. This allegation of physical abuse was not reported to the Department until 7/21/15.

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.

- Staff will be ~~instructed~~ ^{retrained} on proper time frame reporting / correct agencies to report by 4-4-16.
Training has been completed.

= Immediately when allegation occurs, appropriate agencies will be notified.
Staff person A is no longer employed by the home.
Immediately - All staff persons will be instructed to directly report suspected abuse and reportable incidents in the absence of the administrator in accordance with regulation 2600.16c. Documentation shall be kept. *n.w. 4/14/16*
within 30 days of receipt of the plan of correction - The administrator or designated staff person will review all reportable incidents and conditions at least weekly to ensure all reportable incidents and conditions are reported in accordance with regulation 2600.16c. *n.w. 4/14/16*

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Cheryl Sopkovich admin.* Date *3-31-16*

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

The above plan of correction is approved as of 4/14/16 (Date)

Plan of correction implementation status as of 4/14/16 (Date)

The above plan of correction was approved by *n.w.* (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress *n.w.*
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 40578 - 07/21/2015 - Park, Beth
PCH Name: PERSONAL CARE AT EVERGREEN

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.23(a) - A home shall provide each resident with assistance with activities of daily living as indicated in the resident's assessment and support plan.

2a. DESCRIPTION OF VIOLATION

The support plan, dated 8/21/14, for resident #1, indicates that the resident requires 2 staff persons for transferring from bed or chair. However, on 7/4/15, only one direct care staff person was assisting the resident while transferring into a shower chair and the resident fell in the shower hitting his/her nose on the grab bar.

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.

- Staff will be educated by 4-4-16 on following instructions on activities of daily living needed. Documentation will be kept. Training was completed. ^{staff assistance} 4/4/16

- Administrator/designee will audit ADL's 3x weekly to ensure compliance. Documentation will be kept.

Immediately - staff will assist residents with ADL's as indicated ^{4/4/16} on the resident's assessment and support plan.

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

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Cheryl Sopotnick admin Date 3-31-16

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

The above plan of correction is approved as of 4/14/16 (Date)

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

Plan of correction implementation status as of 4/14/16 (Date)

Fully Implemented

Partially Implemented - Adequate Progress ^{4/14/16}

Partially Implemented - Inadequate Progress

Not Implemented

Violation Report: 40578 - 07/21/2015 - Park, Beth
 PCH Name: PERSONAL CARE AT EVERGREEN
 WEST REGION FIELD OFFICE
 Human Services Licensing

1. REGULATION 55 Pa.Code §2600
 2600.141(a)(1) - A resident shall have a medical evaluation by a physician, physician's assistant, or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

2a. DESCRIPTION OF VIOLATION
 Resident #2, admitted [redacted] 15, did not have a medical evaluation completed until 5/11/15.

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.

- Administrator/designee will audit medical evaluations weekly to ensure compliance.
 - New admission checklist will be initiated immediately to ensure medical evaluations are completed.
 - Electronic monitoring in place so as administrator/designee are alerted when medication evaluations are due to be completed.
 - Designated staff members will be educated within 7 days (4-4-16) on accuracy of medication evaluations being completed & returned from physicians in time frame allowed. Documentation will be kept.
- By 5/11/16 - An in-person medical evaluation will be completed for resident #2. *gm* 4/14/16

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

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Cheryl Sopkova admin* Date *3-31-16*

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

The above plan of correction is approved as of <u>4/14/16</u> (Date)	Plan of correction implementation status as of <u>4/14/16</u> (Date)
The above plan of correction was approved by <u><i>gm</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>gm</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 40578 - 07/21/2015 - Park, Beth PCH Name: PERSONAL CARE AT EVERGREEN	WEST REGION FIELD OFFICE Human Services Licensing
---	--

1. REGULATION 55 Pa.Code §2600
 2600.142(a) - The home shall assist the resident to secure medical care if a resident's health status declines. The home shall document the resident's need for the medical care, including updating the resident's assessment and support plan.

2a. DESCRIPTION OF VIOLATION
 On 7/4/15, Resident #1 fell in the shower and hit his/her nose on the grab bar causing the nose to break and bleed. The resident did not receive medical attention until 7/10/15.

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.

- Staff will be educated by (4-4-16) on when to send resident to hospital when incident occurs. Education will include documentation - reporting to appropriate agencies. Training has been completed. *ju. 4/14/16*

- Administrator/designee will monitor for compliance by routinely (bi-weekly) checking support plans.

Immediate ly- the administrator or designated staff person will conduct a weekly review of all reports of injury, illness or when a resident's health care status declines to determine if the proper medical care was provided to the resident and the proper notifications were made. *ju. 4/14/16*

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Cheryl Sopotnick admin</i>	Date <i>(3-26-16 orig)</i> <i>3-31-16</i>
---	---

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

The above plan of correction is approved as of <u>4/18/16</u> (Date)	Plan of correction implementation status as of <u>4/14/16</u> (Date)
The above plan of correction was approved by <u>ju</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>ju.</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 40578 - 07/21/2015 - Park, Beth
PCH Name: PERSONAL CARE AT EVERGREEN WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION

On 7/27/15, the following medications, prescribed for residents no longer living in the home, were found in staff person B's office:

*two 20-count packages of Acetomenophen/APAP 325mg, a package of aspirin 81mg, and a package of Omeprazole 20mg prescribed to resident #3

*two packages of Warfarin 4mg, one package of Lisinopril 20mg and one package of Vesicare 5mg prescribed to resident #4

*a tube of Gentamycin 0.1% ointment prescribed to resident #5

*a package of 29 Budesonide inhalation suspension 0.5/2ml and a box of 30 Ipratropium Bromide 0.2% prescribed to resident #6

On 7/27/15, the following medications, prescribed to residents no longer living in the home, were found in the medication room:

*a vial of Humulin insulin 100u/ml, 2 vials of Lantus insulin 100u/ml, and a container of Apidra insulin 100u/ml prescribed to resident #7 in the medication room refrigerator

*one package of Ipratropium-Albuterol 0.5-3mg prescribed to resident #8

*eight tubes of Mupirocin Calcium ointment and six tubes of Bactroban nasal ointment prescribed to resident #9.

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 destroyed on 7/21/2015
Medications of discharged residents will be destroyed immediately by admin/assistant designer and all medication storage areas
Admin/assistant designer will audit carts monthly as well as all medication storage areas to include staff person B's office, see below
Pharmacy will audit carts quarterly

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 admin Date 3-31-16

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

The above plan of correction is approved as of 4/14/16 (Date) Plan of correction implementation status as of 4/14/16 (Date)
The above plan of correction was approved by [Signature] (Initials)
Fully Implemented
Partially Implemented - Adequate Progress [initials]
Partially Implemented - Inadequate Progress
Not Implemented

* Audits will include checking that only current prescription, OTC, sample and CAM for residents living in the home are kept, they are stored in accordance with manufacturers instructions, all medications discarded, expired or for residents no longer served in the home are destroyed in a safe manner in accordance with The Department of Environmental Protection and Federal and State regulations.

Violation Report: 40578 - 07/21/2015 - Park, Beth
 PCH Name: PERSONAL CARE AT EVERGREEN WEST REGION FIELD OFFICE
 Human Services Licensing

1. REGULATION 55 Pa.Code §2600
 2600.183(e) - Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

2a. DESCRIPTION OF VIOLATION
 On 7/27/15, a tube of Gentamycin 1% ointment was found in the medication room on the first floor with no cap.
 On 7/27/15, a bottle labeled Senna 8.6mg, which was on a shelf in staff person B's office, contained four Ibuprofen 200mg tablets, one Acetomenophen 500mg tablet and approximately thirty-three Acetomenophen 325mg tablets.

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.

Gentamycin was destroyed according to disposal procedure by administrator/designee

Bottle labeled Senna was administrator's Ibuprofen, Tylenol ES, Tylenol 325mg. Medications were destroyed and administrator is not to keep personal medications on shelf in office.

Immediately - staff and resident medications will be stored separately in their original containers and labeled. Residents' medications will be labeled in accordance with regulation 184a.

within 30 days of receipt of the plan of correction - the administrator or designee will audit all medication storage areas, to include the administrator's office, monthly to ensure only current prescription medications OTC, sample and CAM for residents living in the home are kept. They are stored in accordance with manufacturer's instructions, all medications discontinued, expired or for residents no longer served in the home are destroyed in a safe manner in accordance with the department of Environmental Protection and Federal and State regulations. Documentation of audits will be kept.

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Cheryl Sopkovich admin* Date *3-26-16 (orig)*
3-31-16

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

The above plan of correction is approved as of <u>4/14/16</u> (Date)	Plan of correction implementation status as of <u>4/14/16</u> (Date)
The above plan of correction was approved by <u><i>JS</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>JS</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 40578 - 07/21/2015 - Park, Beth
 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 7/27/15, the following expired medications were found in the home:
 * Polysporin powder with no label, expired 9/20/12
 * Atropine 1% sublingual drops prescribed for resident #10, which expired 5/31/14
 * Lantus insulin for resident #7 which was opened on 5/12/15

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.

- Administrator disposed of medications. Audit of medications carts will be audited by administrator/designee monthly. Also carts will be audited by pharmacy quarterly. Documentation will be kept. * See below

- Staff who administer medications have been instructed on destroying discontinued medications in a safe manner according to DEP. Documentation will be kept.

* Audits will include checking that only current prescription, otc, sample and CAM for residents living in the home are kept; they are stored in accordance with manufacturers instructions; all medications discontinued, expired or for residents no longer served in the home are destroyed in a safe manner in accordance with the Department of Environmental Protection and Federal and State regulations. All medication storage areas will be audited. *n.u.* 4/14/16

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Cheryl Sapkovich PN admin Date 3-26-16 orig 3-31-16

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

The above plan of correction is approved as of <u>4/14/16</u> (Date)	Plan of correction implementation status as of <u>4/14/16</u> (Date)
The above plan of correction was approved by <u>PN</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>n.u.</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 40578 - 07/21/2015 - Park, Beth
PCH Name: PERSONAL CARE AT EVERGREEN

WEST REGION FIELD OFFICE
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

On 7/10/15, 120 Hydrocodone APAP 7.5/325mg tablets, take one tablet by mouth four times daily as needed for pain, prescribed to resident #11, were delivered to the home in 4 separate cards containing 30 tablets each. On 7/27/15, card 1 had one tablet remaining and matched the corresponding control count sheet. Cards 2 and 4 were in the administrator's office. Card 3 was not present 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.

- Two medication carts ^(extra) were ordered and are in use. Therefore, all extra medications are in appropriate card for resident. All narcotics will be signed for by two staff members. Narcotics count sheets will be kept in log and audited weekly for compliance by administrator/designee

- Medication aides will do narcotics count at the end/beginning of each shift. Narcotics count log will be checked weekly for compliance by administrator/designee

Immediately - the administrator or designated person will conduct a check of the home at least weekly to ensure the home's procedures for the safe storage, access, security, distribution and use of medications and medical equipment are followed. *J.N.* 4/14/16

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 admin* Date *3-26-16 or 3-31-16*

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

The above plan of correction is approved as of 4/14/16
(Date)

Plan of correction implementation status as of 4/14/16
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *J.N.*
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by *J.N.*
(Initials)