



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: February 2, 2016

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 November 2, 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 cursive script that reads "Janine Wenzig" followed by a checkmark.

Janine Wenzig
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: 40090
Address: 25 GLADE AVENUE, WAYNESBURG, PA 15370		County: Greene
Administrator: Amy Ponzoo		Region: WEST
Legal Entity Name: PERSONAL CARE AT EVERGREEN INC		
Legal Entity Address: 336 NORTH MAIN STREET, WASHINGTON, PA 15301		RECEIVED
Certificate(s) of Occupancy C-2 LP 11/12/2015 Labor and Industry		JAN 07 2016 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 57	Total Daily Staff: 114	Waking Staff: 86
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Complaint, Incident		
On-Site Inspections Dates and Department Representatives On-Site		
11/02/2015: Barry, Courtney; Flinger-Alman, Lisa		
Off-Site Inspection Dates and Inspectors, if Applicable		
11/03/2015: Barry, Courtney 11/17/2015: Barry, Courtney 11/09/2015: Barry, Courtney		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 44 Number of Residents Served: 40 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 6 Number of Hospice Residents in past year: 15	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 40 Have Mental Illness: 1 Have an Intellectual Disability: 0 Have a Mobility Need: 17 Have a Physical Disability: 1	

JAN 07 2016

Violation Report: 40090 - 11/02/2015 - Barry, Courtney
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 10/22/15, at approximately 7:20 p.m., resident #1 was found sitting on the window ledge of his/her bedroom, with his/her feet out the window. Staff person A intervened and helped the resident back inside the home. The resident was then admitted to an inpatient behavioral health unit.

The resident had expressed suicidal ideations prior to this incident; however, the home failed to obtain needed behavioral care treatment for the resident. . On 6/19/15, the resident attempted to smash his/her hearing aid with a walker, and yelled at staff, saying "Get me a razor blade so that I can slice myself up." On 9/18/15, resident #1 said, while at the top of a staircase, that he/she wanted to throw him/herself down the stairs, and made a move to do so, but was stopped by staff. The resident also exhibited other behavioral changes, including attempting to punch staff persons and hit staff persons with a walker.

The assessment and support plan for resident #1, dated 11/5/14, indicate the resident requires total physical assistance securing health care and the home is responsible to assist in securing needed health care services.

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.

On 10/19/15 resident was identified as trying to smash [redacted] hearing aid & asking for a razor blade to slice [redacted] Resident was sent to Ruby ER for evaluation. [redacted] was dx'd w/ urinary retention and altered mental status. RW discharge papers, it appeared as though to the ER physician wanted to admit [redacted] but the [redacted] preferred [redacted] be returned to PCH. On 10/21/15 physician from Ruby called w/ results of a positive UTI & called w/ a script for an antibiotic. [redacted] was seen by [redacted] neurologist on 10/22/15 & no new orders. [redacted] also saw [redacted] PCP on 10/22/15. Dx of UTI

see next page
2A

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Amy Ponzo RW Date 1-5-16.

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

The above plan of correction is approved as of 2/1/16 (Date)

Plan of correction implementation status as of 2/1/16 (Date)

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

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

2600.142a and confusion secondary to UTI. On 9/18/15 resident had said to staff that [redacted] wanted to ~~hit~~ ^{throw} [redacted] to them [redacted] down the stairs, and attempted but was stopped by staff. [redacted] was made aware. [redacted] came into facility and took [redacted] to [redacted] home for the weekend.

Neurologist and PCP made aware of behaviors over the weekend. Resident was seen by neurologist on 9/21/15. New orders for Seroquel 12.5mg at HS and to do a urinalysis & culture. Also seen by PCP on 9/22/15.

Amy Stoyan RN.
1-5-16.

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Immediately - The administrator or designee will complete a new assessment or have a new assessment completed by an outside agency of any resident who has a significant change in health status, including behavioral health status, to ensure the home can continue to meet the resident's needs. The home shall document the resident's need for medical care in the resident's assessment and support plan, including increased supervision needs when applicable.

Immediately - The Administrator will develop a system to ensure that when a resident has an ongoing decline in health status, including behavioral health status, the home closely supervises the resident and obtains prompt medical care, and/or follow-up medical care.

[Handwritten signature]
2/1/16

Violation Report: 40090 - 11/02/2015 - Barry, Courtney
PCH Name: PERSONAL CARE AT EVERGREEN

JAN 07 2016

1. REGULATION 55 Pa.Code §2600

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

WEST REGION FIELD OFFICE
Human Services Licensing

- (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

The assessment for resident #1, dated 11/5/14, indicates the resident requires no supervision in the home. However, on 6/19/15, the resident attempted to smash his/her hearing aid with a walker, and yelled at staff, saying "Get me a razor blade so that I can slice myself up." On 9/18/15, resident #1 said, while at the top of a staircase, that he/she wanted to throw him/herself down the stairs, and made a move to do so, but was stopped by staff.

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. LPN educated on importance of ensuring updates/assessments are completed & changes in conditions.
- 2. Discussed current residents in facility and needs for updating assessments.
- 3. Review of ^{Assessments} ~~support plans~~ by 2/5/16, of all current residents, to ensure they are accurate and complete. 2/1/16

Immediately - The administrator or designee will complete a new assessment for any resident who has a significant change in health status, or have a new assessment completed by an outside agency, to ensure the home care continue to meet the residents needs. 2/1/16

Repeat Violation: Yes	Date(s) of Previous Violation(s):	02/05/2015	
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Signature of Legal Entity Representative (Required on EVERY Page) *Amy Pontoo RN*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Amy Pontoo RN</i>	Date <i>1-5-16.</i>
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JAN 07 2016

Violation Report: 40090 - 11/02/2015 - Barry, Courtney
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
The support plan for resident #1, dated 11/5/14, indicates the resident requires no supervision in the home, and was not updated to address the resident's need for increased supervision and for behavior health services, as a result of the resident making suicidal statements and aggressive behavior. On 6/19/15, the resident attempted to smash his/her hearing aid with a walker, and yelled at staff, saying "Get me a razor blade so that I can slice myself up." On 9/18/15, resident #1 said, while at the top of a staircase, that he/she wanted to throw him/herself down the stairs, and made a move to do so, but was stopped by staff.

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 in question was under the care of [redacted] PCP and neurologist for occurring behaviors. Need for mental health was not deemed necessary by either physician. See notes for violation 2600.142(a)
2. LPN educated on importance of ensuring support plan updates were completed to changes in conditions.
3. Discussed needs of current residents in facility and needs for updating support plans.
4. Review of support plans by 2/5/16, for all residents, to ensure they are complete and include all needed services.
Immediately - new support plans will be completed for all new assessments, including assessments due to a significant change.

Repeat Violation: No	Date(s) of Previous Violation(s):	01/26/2015		
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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 *1-5-16*

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2/1/16