



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

AUG 23 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' annual licensing inspections on January 20, 2016, January 29, 2016 and February 18, 2016 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,

  
Jay Bausch  
Deputy Secretary

Enclosure  
License 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 Entity Address: 336 NORTH MAIN STREET, WASHINGTON, PA 15301		
Certificate(s) of Occupancy C-2 LP 07/12/1999 L&I		<b>RECEIVED</b>  JUN 03 2016  WEST REGION FIELD OFFICE Human Services Licensing
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 51	Waking Staff: 38
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
<b>Reason(s) for Inspection(s)</b> Renewal, Complaint, Incident		
<b>On-Site Inspections Dates and Department Representatives On-Site</b> 01/20/2016: Hultquist, Cliff; Georgoulis, Karen; Rahuba, Matt; Bedford, Katie, Wenzig, Jonine 01/29/2016: Hultquist, Cliff 02/18/2016: Hultquist, Cliff; Summers, Vicky		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>		
<b>Other Details</b>		
Partial or Full Triggers:		Random Indicators:
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 48  Number of Residents Served: 39  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: 2  Number of Hospice Residents in past year: 10	<b>Number of Residents who:</b>  Receive Supplemental Security Income: 0  Are 60 Years of Age or Older: 39  Have Mental Illness: 3  Have an Intellectual Disability: 0  Have a Mobility Need: 12  Have a Physical Disability: 0	

Violation Report: 40578 - 01/20/2016 - Hultquist, Cliff  
 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 2/15/16, at 05:40 p.m. an abuse allegation was made against direct care staff person E, regarding resident #10. The home developed and implemented a plan of supervision and direct care staff person E worked supervised providing direct care services on 02/15/16 and 02/16/16 from 11:00 p.m. -7:00 a.m.. However, the home did not submit the plan of supervision to the Department for approval.

**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 has reviewed regulations regarding abuse allegations. Administrator will ensure employees are supervised / have supervision plan approved by DHS in the event of an abuse allegation.
- All staff were re-educated on 3-27-4-1-16. on mandatory Abuse Reporting - (#1 + #2)
- Staff persons have been instructed to now & in the future to report findings to administrator
- Allegation of abuse was unsubstantiated.

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

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) Cheryl Sopkova Admin Date 6-1-16

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

The above plan of correction is approved as of <u>7-7-16</u> (Date)	Plan of correction implementation status as of <u>7-7-16</u> (Date)
The above plan of correction was approved by <u>Smc</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>Smc</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

JUN 08 2016

Violation Report: 40578 - 01/20/2016 - Hultquist, Cliff  
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 01/20/16, resident #2's medication administration record (MAR) and narcotic count sheet were unlocked, accessible and unattended located on top of the 1st floor medication cart on the right side of the home.

On 01/20/16, at 10:05 a.m., resident #3's blood glucose readings were unlocked, accessible and unattended located in a binder on top of the 1st floor medication cart on the right side of the home.

On 01/20/16, resident #4's MAR was unlocked, accessible and unattended located on top of the 1st floor medication cart on the left side of 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.

- Confidential information is now kept in locked area.
  - Ⓐ Blood glucose readings (binder) stored in locked medication cart
  - Ⓑ MAR is electronic - kept in locked position on carts.
  - Ⓒ Narcotic count sheets (binder) stored in locked medication cart
  - Ⓓ ADL's - stored in locked cabinet in break room.
- Staff education on confidentiality + storage of confidential information given on 5-5, to 5-9-16
- Confidentiality has been added to new hire packet (#3)
- Daily monitoring by administrator/designee for computer, binders, ADC's are locked and not in common areas.

Repeat Violation: Yes      Date(s) of Previous Violation(s): 01/30/2014 et al

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Cheryl Sokovich admin      Date 6-7-16

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

The above plan of correction is approved as of 7-7-16 (Date)

Plan of correction implementation status as of 7-7-16 (Date)

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

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

Violation Report: 40578 - 01/20/2016 - Hultquist, Cliff  
PCH Name: PERSONAL CARE AT EVERGREEN

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.18 - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

2a. DESCRIPTION OF VIOLATION

Act 56 of 2007 requires that "no person, organization, or program shall use the term 'assisted living' in any name or written material" unless the person, organization, or program is an assisted living residence in accordance with 55 Pa. Code Chapter 2800 (relating to assisted living residences).

Resident #1's addendum to the resident-home contract, dated 03/12/15, states "you and your family members acknowledge that assisted living residents face some inherent risks."

The white policy and procedures manual is titled "Evergreen Assisted Living Pennsylvania".

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.

- Name "assisted living" removed from addendum & Policy Procedure binder (#4)
- Administrator/designee checked all binders and documents to ensure compliance that all paperwork state "Personal Care @ Evergreen"

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Cheryl Saporovich admin. Date 6-1-16

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The above plan of correction is approved as of 7-7-16 (Date)

Plan of correction implementation status as of 7-7-16 (Date)

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

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

Violation Report: 40578 - 01/20/2016 - Hultquist, Cliff  
PCH Name: PERSONAL CARE AT EVERGREEN  
WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.42(s) - A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

2a. DESCRIPTION OF VIOLATION  
On 01/20/16, resident #5's bed protruded six inches into the bedroom doorway impeding the door from closing.

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.

- Hospital bed was arranged so that it does not protrude or prevent door from closing.
- Staff to be educated by 6-4-16 on keeping exit routes clear & privacy maintained.
- Administrator/designee will monitor, at least weekly, so that nothing impedes door from closing & exit is clear.

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

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

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) Cheryl Spokovich admin      Date 6-1-16

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The above plan of correction is approved as of 7-7-16  
(Date)

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

Plan of correction implementation status as of 7-7-16  
(Date)

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

JUN 03 2016

Violation Report: 40578 - 01/20/2016 - Hultquist, Cliff  
PCH Name: PERSONAL CARE AT EVERGREEN

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.51 - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (OAPSA) (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (relating to protective services for older adults).

2a. DESCRIPTION OF VIOLATION

Staff person A, hired [redacted] 14, did not have a criminal history background check completed until 01/20/15.

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.

- Criminal history check for new employees will be completed prior to working unsupervised
- Administrator will complete criminal history checks and ensure follow-up for checks "under review"

Immediately - All current staff records shall be reviewed to ensure a criminal history check has been completed timely, in accordance with the Older Adult Protective Services Act and 6 Pa. Code Chapter 15. Any staff person identified through this review process as not having had a criminal history check, one will be completed immediately upon discovery. *se-11/14*

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 admn*      Date *6-1-16*

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

The above plan of correction is approved as of 7-7-16  
(Date)

Plan of correction implementation status as of 7-7-16  
(Date)

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

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

Violation Report: 40578 - 01/20/2016 - Hultquist, Cliff  
PCH Name: PERSONAL CARE AT EVERGREEN

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.85(e) - Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

2a. DESCRIPTION OF VIOLATION

On 01/20/16, the dumpster was overflowing with bags of garbage, preventing the lids from closing.

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.

- Dumpster was emptied by Waste Management on 1-20-16. Pick-ups for trash now WED-FRI spoke to [redacted] (Wm) and earlier P/u time will be scheduled if possible. Additional P/u day to be added if necessary.
- Administrator/kitchen staff will monitor dumpster for fullness daily. When/if overflowing administrator/kitchen staff member will notify [redacted] (Wm)
- All staff members will be educated thru staff meetings on the need to keep trash covered & risks of unsanitary conditions

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Cheryl Sprounch admin*      Date *6-1-16*

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

The above plan of correction is approved as of 7-7-16 (Date)

Plan of correction implementation status as of 7-7-16 (Date)

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

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

JUN 08 2016

Violation Report: 40578 - 01/20/2016 - Hultquist, Cliff  
PCH Name: PERSONAL CARE AT EVERGREEN

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.88(a) - Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION

There was an area of unsecured carpet on the right side of the dining room floor measuring approximately 4"x 2", 2"x 3" and 3" x 2" and raised from the floor approximately 1" to 2", posing a tripping hazard.

There was exposed, deteriorating flooring measuring approximately 5" x 12" on the left side dining room near room 220, posing a tripping hazard.

The carpet at the entrance of room 125 had a tear in it measuring approximately 12" long. The carpet rolled back approximately 1" x 5", posing a tripping hazard.

(Observed 01/20/2016)

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.

- Maintenance secured carpet (end of room - hallway carpet) with rubber carpet strip to prevent tripping hazard (rm 125)
- maintenance will have floor, outside of room 220, repaired by 6-10-16. (will grind & repair flooring)
- Administrator / staff / maintenance will monitor & record on maintenance log any repairs needing done.
- Log will be checked by maintenance 1-2x weekly

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 Admin      Date 6-1-16

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The above plan of correction is approved as of 7-7-16  
(Date)

Plan of correction implementation status as of 7-7-16  
(Date)

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

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

Violation Report: 40578 - 01/20/2016 - Hultquist, Cliff  
PCH Name: PERSONAL CARE AT EVERGREEN

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.95 - Furniture and equipment must be in good repair, clean and free of hazards.

2a. DESCRIPTION OF VIOLATION  
On 01/20/16, the 2nd slat of the bench on the right side of the gazebo was broken in the middle, posing a fall risk.

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.

- Bench in gazebo was removed + disposed of.  
- Maintenance will check all outside furniture to ensure it is in good condition weekly.

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 6-1-16

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The above plan of correction is approved as of 7-7-16  
(Date)

Plan of correction implementation status as of 7-7-16  
(Date)

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

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

Violation Report: 40578 - 01/20/2016 - Hultquist, Cliff  
PCH Name: PERSONAL CARE AT EVERGREEN

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.96(a) - The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

2a. DESCRIPTION OF VIOLATION

The home's first aid kit does not include eye coverings, tweezers or scissors.  
(Observed 01/20/2016)

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.

- Eye covering, tweezers, scissors placed in first aid kit day of inspection. (1-20-16)
- Weekly checklist initiated #7
- Medication aide will do weekly checklist, when completed give to administrator.

Within 15 days of receipt of the plan of correction: All staff persons will be educated on the need to maintain required first aid kit contents, and to replenish items used, as needed. *see 7/7/16*

Repeat Violation: Yes	Date(s) of Previous Violation(s):	01/20/2016 <i>et al</i>		
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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 *6-1-16*

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

The above plan of correction is approved as of 7-7-16  
(Date)

Plan of correction implementation status as of 7-7-16  
(Date)

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

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

Violation Report: 40578 - 01/20/2016 - Hultquist, Cliff  
PCH Name: PERSONAL CARE AT EVERGREEN

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.100(b) - The home shall ensure that ice, snow and obstructions are removed from outside walkways, ramps, steps, recreational areas and exterior fire escapes.

2a. DESCRIPTION OF VIOLATION

On 01/20/16 at approximately 10:35 a.m., there was an approximate accumulation of 1/2 inch of snow covering the front walkway of the home and covering the ramp and flooring of the gazebo as well as the sidewalk leading to the gazebo. The gazebo is the home's designated smoking area.

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.

- Snow was removed while inspectors on site (1-20-16)
- Administrator/designee will frequently check, sidewalks, gazebo, ramp, during winter months (when snowing) for the need for snow removal.
- Staff educated 1-22, 23 - 2016

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Cheryl Sapkovich admin</i>	Date <i>6-1-16</i>
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(Date)

Plan of correction implementation status as of 7-7-16  
(Date)

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

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

JUN 03 2016

Violation Report: 40578 - 01/20/2016 - Hultquist, Cliff  
PCH Name: PERSONAL CARE AT EVERGREEN

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.101(j)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.

2a. DESCRIPTION OF VIOLATION

On 1/20/16, resident #5 did not have an operable source of lighting that could be turned on/off from bedside. The bulbs in the resident's lamp were burned out.

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.

- Light source was placed in resident #5 room.
- Housekeeping/direct care staff is checking rooms on a <sup>daily</sup> ~~weekly~~ basis to ensure a proper lighting source is available.
- Families/residents/staff educated on the <sup>error</sup> need to ensure lighting sources on night stands not be moved.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	01/30/2014 et al		
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Cheryl Spokovich</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Cheryl Spokovich admin</i>	<i>6-1-16</i>

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

The above plan of correction is approved as of 7-7-16  
(Date)

Plan of correction implementation status as of 7-7-16  
(Date)

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

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

JUN 03 2016

Violation Report: 40578 - 01/20/2016 - Hultquist, Cliff  
PCH Name: PERSONAL CARE AT EVERGREEN

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

2a. DESCRIPTION OF VIOLATION

On 01/20/16, 9:56 a.m., the mini refrigerator on the right side of the 2nd floor dining area measured 46 degrees Fahrenheit.

On 1/20/16, at 10:45 a.m., there was no thermometer in the chest freezer.

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.

- Thermometer placed in chest freezer on 1-20-16
- New thermometer placed in mini refrigerator on second floor (1-20-16)
- Checklist <sup>#8</sup> in place to ensure thermometers are in place & temperatures are in proper range.
- Kitchen staff will monitor/document refrigerator/freezer temperatures.

Immediately: A designated staff person will check thermometers at least 2 times a day in each refrigerator and freezer to ensure thermometers are present and food items are stored at required temperatures. A temperature log will be devised and implemented to record these checks. If refrigerator temperatures measure above 40° and freezers above 0°, temperatures will be checked again in two hours. If the temperature remains high, food items will be moved to a refrigerator/freezer that maintains a safe storage temperature until repairs can be made.

5/17/16

Repeat Violation: Yes      Date(s) of Previous Violation(s): 01/30/2014 *et al*

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 *6-1-16*

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

The above plan of correction is approved as of 7-7-16 (Date)

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

Plan of correction implementation status as of 7-7-16 (Date)

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

JUN 09 2016

Violation Report: 40578 - 01/20/2016 - Hullquist, Cliff  
PCH Name: PERSONAL CARE AT EVERGREEN

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.105(g)(2) - Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

2a. DESCRIPTION OF VIOLATION

On 01/20/16, there was an approximate 1/2 inch accumulation of lint covering the external dryer vent pipe.

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.

- Lint cleaned out of ducts & pipe was cleaned & secured on external dryer vent.
- Housekeeping/maintenance will check weekly for any lint build up.
- Staff educated on reporting to administrator/maintenance housekeeping when excess lint is accumulating on external vent.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Cheryl Sokolovich</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Cheryl Sokolovich admin</i>	<i>6-1-16</i>

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

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(Date)

Plan of correction implementation status as of 7-7-16  
(Date)

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

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

JUN 03 2016

Violation Report: 40578 - 01/20/2016 - Hullquist, Cliff  
PCH Name: PERSONAL CARE AT EVERGREEN

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.121(a) - Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

2a. DESCRIPTION OF VIOLATION

On 01/20/16, resident #5's bed protruded six inches into the bedroom doorway partially blocking egress from bedroom #221.

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.

- Bed was rearranged (res. #5) so as it did not protrude or block doorway.
- Staff was educated on keeping exit routes clear at all times.
- Administrator/designee will monitor, at least weekly, so that no area is blocked.

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Cheryl Saplouich</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Cheryl Saplouich admin</i>	<i>6-6-16</i>

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

The above plan of correction is approved as of 7-7-16  
(Date)

Plan of correction implementation status as of 7-7-16  
(Date)

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

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

JUN 03 2016

Violation Report: 40578 - 01/20/2016 - Hultquist, Cliff  
PCH Name: PERSONAL CARE AT EVERGREEN

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa. Code §2600

2600.131(f) - Fire extinguishers shall be inspected and approved annually by a fire safety expert. The date of the inspection shall be on the extinguisher.

2a. DESCRIPTION OF VIOLATION

The fire extinguisher in the attic was not inspected by a fire safety expert, (Observed 01/20/2016)

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.

- Extinguisher in attic inspected 1/2016 by Farmer Fire
- Scheduled inspections for 11/2016
- Service date scheduled 11/2016
- Additional fire extinguisher added to attic
- Maintenance will ensure fire extinguishers are inspected annually.

Repeat Violation: No	Date(s) of Previous Violation(s):			
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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 6-1-16
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

<p>The above plan of correction is approved as of <u>7-7-16</u> (Date)</p> <p>The above plan of correction was approved by <u>sm</u> (Initials)</p>	<p>Plan of correction implementation status as of <u>7-7-16</u> (Date)</p> <p><input type="checkbox"/> Fully Implemented</p> <p><input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>sm</i></p> <p><input type="checkbox"/> Partially Implemented - Inadequate Progress</p> <p><input type="checkbox"/> Not Implemented</p>
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JUN 08 2016

Violation Report: 40578 - 01/20/2016 - Hultquist, Cliff  
PCH Name: PERSONAL CARE AT EVERGREEN

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.132(e) - A fire drill shall be held during sleeping hours once every 6 months.

2a. DESCRIPTION OF VIOLATION  
The most recent fire drill conducted during sleeping hours was held on 02/6/15 at 03:16 a.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.

- Fire drill completed on 5/24/16 @ 4:43am and completed in 3 min 56 sec. #9
- Administrator will conduct fire drills monthly and document them to assess resident / staff capability to evacuate facility safely.
- <sup>As arranged @</sup> Sleeping fire drills will be conducted at least every 6 mon. (~~August be next~~) @

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Cheryl Sopotovich admin      Date 6-1-16

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

The above plan of correction is approved as of 7-7-16 (Date)

Plan of correction implementation status as of 7-7-16 (Date)

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

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

JUN 08 2016

Violation Report: 40578 - 01/20/2016 - Hultquist, Cliff  
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 #1 was admitted to the home on [redacted] 15; however, the resident's medical evaluation was no completed until 05/11/15.  
Resident #10's medical evaluation, dated 02/04/16, does not include the resident's weight. This section of the medical evaluation is 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.

- Resident #1 CTB [redacted] /16
- Resident #10 D/E [redacted] /16

- Administrator to review all residents medical evaluations for accuracy. Any medical evaluations found not to be completed will be sent to MD for completion.

- Administrator/designee will review all new resident documentation to ensure all forms are completed, medical evaluation, included in time frame allowed.

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 *6-1-16*

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

The above plan of correction is approved as of <u>7-7-16</u> (Date)	Plan of correction implementation status as of <u>7-7-16</u> (Date)
The above plan of correction was approved by <u>SW</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>SW</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

JUN 08 2016

Violation Report: 40578 - 01/20/2016 - Hultquist, Cliff  
PCH Name: PERSONAL CARE AT EVERGREEN

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2800.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

2a. DESCRIPTION OF VIOLATION

A preadmission screening was not completed for resident #8, admitted [redacted] 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.

- All residents files will be checked to ensure preadmission screening is complete and in chart
  - Administrator initiated on Tabula Pro (electronic records) a potential resident list with preadmission screening form.
- A preadmission screening was completed for Resident #8  
SP 4/7/16

Immediately: The administrator will review all resident records, for residents who have been admitted to the home since 1/20/16, to ensure all residents have had a preadmission screening completed within 30 days prior to admission, which includes the date and signature of the staff person completing the screening and a determination of whether the home can meet the resident's needs. If through this review process a resident is identified as not having had a preadmission screening completed, a comprehensive preadmission screening will be completed immediately to ensure the home can meet the care needs and services the resident requires. SP 4/7/16

Resident #8 preadmission screen attached.  
#10

Repeat Violation: Yes      Date(s) of Previous Violation(s): 01/30/2014 et al

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Cheryl Sokolowich admin      Date 6-1-16

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

The above plan of correction is approved as of 7-7-16 (Date)

Plan of correction implementation status as of 7-7-16 (Date)

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

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

Violation Report: 40578 - 01/20/2016 - Hultquist, Cliff  
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 #8 was admitted to the home on [redacted] 15; however, an assessment was not completed.

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 assessment/support plan completed on 1-26-16. Diagnosis included.
- Assessments/support plans reviewed by administrator/designee to ensure they were completed in allotted time frame. Alert system activated on Tabula Pro (electronic records)
- Administrator/designee will review documents at least monthly to ensure compliance

Immediately: The administrator will review all resident records for residents who have been admitted to the home since 1/20/16, to ensure a comprehensive assessment has been completed within 15 days of admission, which accurately identifies the residents' current care needs and diagnoses. If any resident is identified through this review process as not having had a comprehensive assessment completed within 15 days of admission, an assessment will be completed immediately upon discovery. *see 4/11/16*

Repeat Violation: Yes      Date(s) of Previous Violation(s): 01/26/2015 *et al*

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Cheryl Sorkovich admin.*      Date *6-1-16*

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

The above plan of correction is approved as of 7-7-16 (Date)

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

Plan of correction implementation status as of 7-7-16 (Date)

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

JUN 03 2016

Violation Report: 40578 - 01/20/2016 - Hultquist, Cliff  
PCH Name: PERSONAL CARE AT EVERGREEN

WEST REGION FIELD OFFICE  
Human Services Licensing

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 #6's most recent assessment was completed on 8/1/14.

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.

- Medication aides responsible for completing assessments were educated on 5-24-16 on required time frames

- Alerts have been added through Tabula Pro (electronic records)

- Administrator/designee will review all current resident assessments & newly admitted residents for accuracy and completion in required time frame.

Resident #6 had an assessment completed on 1/26/16. <sup>8/1/14</sup>

Repeat Violation: No	Date(s) of Previous Violation(s):				
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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 *6-7-16*

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

The above plan of correction is approved as of 7-7-16 (Date)

Plan of correction implementation status as of 7-7-16 (Date)

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

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

Violation Report: 40578 - 01/20/2016 - Hultquist, Cliff  
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 #1 receives hospice services; however, the resident's support plan, dated 03/16/15, does not address the services provided by hospice or the frequency of the 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.

- ① Resident # CTB on [redacted] 16
- ② Administrator/designee aware hospice services & coordination of care needs to be placed on support plan.
- ③ Administrator/designee will review hospice residents charts/support plan to ensure document of care by 6-3-16.
- ④ Alert system in place on Tabula Pro (electronic records)
- ⑤ Administrator/designee will ensure that resident support plans are updated immediately as care needs change for the resident

Within 30 days of receipt of the plan of correction, the administrator or designated staff person will review all resident records to ensure all residents have an accurate support plan completed in its entirety that includes all the care and service needs, to include hospice services the resident requires. *6/7/16*

Repeat Violation: Yes	Date(s) of Previous Violation(s):	01/26/2015 <i>et al</i>	
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Signature of Legal Entity Representative (Required on EVERY Page) *Cheryl Sopotowich*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Cheryl Sopotowich admin* Date *6-7-16*

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

The above plan of correction is approved as of 7-7-16 (Date)

Plan of correction implementation status as of 7-7-16 (Date)

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

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

Violation Report: 40578 - 01/20/2016 - Hultquist, Cliff  
PCH Name: PERSONAL CARE AT EVERGREEN

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.228(b) - If the home initiates a discharge or transfer of a resident, or if the legal entity chooses to close the home, the home shall provide a 30-day advance written notice to the resident, the resident's designated person and the referral agent citing the reasons for the discharge or transfer. This shall be stipulated in the resident-home contract. A 30-day advance written notice is not required if a delay in discharge or transfer would jeopardize the health, safety or well-being of the resident or others in the home, as certified by a physician or the Department. This may occur when the resident needs psychiatric or long-term care or is abused in the home, or the Department initiates closure of the home.

2a. DESCRIPTION OF VIOLATION

Resident #9 was discharged from the home in [redacted] of 2015. The home did not issue a 30-day advance written notice to the resident or the resident's designated person as the home determined that a delay in discharge would be a safety concern to others in the home. However, the home did not obtain a physician's certification or certification by the Department, indicating that a delay in the resident's discharge would jeopardize the safety and well-being of others 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.

Resident #9 was transported to the Washington Hospital d/t erratic behaviors. Assaulting another resident. When social worker [redacted] from hospital phoned facility to report on resident #9 there had been no change in [redacted] behaviors. At that point it was determined the facility could not meet [redacted] needs as [redacted] continued to be a clear danger to [redacted] self and others. This was reported to hospital social worker.

Administrator will give a 30 day advance notice (written) to resident, resident's designated person & referral agent before initiation of discharge. Reason for discharge will be noted. A physician will be notified/contacted to determine if a resident is a threat to others.

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Cheryl Sopkovich admin      Date 6-7-16

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

The above plan of correction is approved as of 7-7-16 (Date)

Plan of correction implementation status as of 7-7-16 (Date)

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

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

Violation Report: 40578 - 01/20/2016 - Hultquist, Cliff  
PCH Name: PERSONAL CARE AT EVERGREEN

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.228(e) - The date and reason for the discharge or transfer, and the destination of the resident, if known, shall be recorded in the resident record.

2a. DESCRIPTION OF VIOLATION

Resident #9 was discharged in [redacted] 2015; however the date and reason for the resident's discharge was not recorded in the resident's record.

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 not in resident record the date/reason for reason of discharge.

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Cheryl Szykovich admin      Date 6-1-16

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

The above plan of correction is approved as of 7-7-16 (Date)

Plan of correction implementation status as of 7-7-16 (Date)

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

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

RECEIVED

JUN 08 2016

WEST REGION FIELD OFFICE  
Human Services Licensing

Violation Report: 40578 - 01/20/2016 - Hultquist, Cliff

PCH Name: PERSONAL CARE AT EVERGREEN

1. REGULATION 55 Pa.Code §2600

2600.252 - Each resident's record must include the following information: (1) through (26)

2a. DESCRIPTION OF VIOLATION

The records belonging to residents #1, #6, #7, and #8 do not include an inventory of the residents' personal property.

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.

- Inventory sheets were completed on residents 1, 6, 7, & 8 (see attached)
- Administrator will add resident inventory sheet to admission packet
- Administrator/designee will check all current resident charts to ensure inventory sheets have been completed

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 *6-1-16*

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

The above plan of correction is approved as of 7-7-16  
(Date)

Plan of correction implementation status as of 7-7-16  
(Date)

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

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