



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JUL 25 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
License #: 400900

Dear Ms. Ponzoo:

As a result of the Department of Human Services' annual licensing inspection on May 17, 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,

A handwritten signature in black ink that reads "Jay Bausch".

Jay Bausch
Deputy Secretary

Enclosure
License Inspection Summary

Violation Report: 40090 - 05/17/2016 - Rahuba, Matt
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

At approximately 11:00 a.m., the temperature in the freezer section of the mini-refrigerator in the kitchenette outside room #106 measured 12 degrees Fahrenheit. Also, there was no thermometer in the refrigerator section of this mini-refrigerator.

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.

A thermometer has been placed in this freezer. Temperature is currently -2. Out duty staff to complete daily temperature logs of all freezers/refrigerators. Staff will report freezer temps > 0° or fridge temps > 40° to administrator

Repeat Violation: No

Date(s) of Previous Violation(s):

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

Date 6/10/16.

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE

The above plan of correction is approved as of

6-21-16
(Date)

Plan of correction implementation status as of 6-21-16
(Date)

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

The above plan of correction was approved by

g
(Initials)

Violation Report: 40090 - 05/17/2016 - Rahuba, Matt
PCH Name: PERSONAL CARE AT EVERGREEN

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2800

2600.131(a) - There shall be at least one operable fire extinguisher with a minimum 2-A rating for each floor, including the basement and attic.

2a. DESCRIPTION OF VIOLATION

There was no fire extinguisher in the attic.

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.

3 fire extinguishers were placed in the attic during the time of inspection. Fire Extinguishers will be checked routinely by maintenance staff and as required by a fire safety expert.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Amy Amzeo RN

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

Amy Amzeo RN

Date
6-10-16

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The above plan of correction is approved as of

6-21-16
(Date)

Plan of correction implementation status as of

6-21-16
(Date)

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

The above plan of correction was approved by

PA
(Initials)

Violation Report: 40080 - 05/17/2016 - Rahuba, Matt
PCH Name: PERSONAL CARE AT EVERGREEN

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 56 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 held during sleeping hours was on 11/3/15 at 5:45 a.m. The previous fire drill held during sleeping hours was on 4/14/15 at 5:40 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.

Nightshift fire drill held on 5/18/16 @ 1:30pm.

Administrator will ensure that nighttime fire drill will occur w/in the 6 month time frame. Reminders will be placed on a calendar in the office.

Immediately - All fire drills, including sleeping hour fire drills, will be unannounced to both residents and staff. 6-21-16

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

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Amy Ponzo RN* Date *6-10-16*

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

The above plan of correction is approved as of 6-21-16
(Date)

Plan of correction implementation status as of 6-21-16
(Date)

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

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

Violation Report: 40090 - 05/17/2016 - Rahuba, Matt
 PCH Name: PERSONAL CARE AT EVERGREEN

WEST REGION FIELD OFFICE
 Human Services Licensing

1. REGULATION 55 Pa. Code §2600

2600.162(c) - Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

2a. DESCRIPTION OF VIOLATION

There was only one week of undated menus posted in the first floor lobby which was labeled week 5.

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.

*2 weeks of menus were posted at the time of inspection.
 Dietary staff will ensure that 2 weeks of menus will be posted at all times. Menus will also be dated.*

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Amy Rowsoo*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Amy Rowsoo RN* Date *6-10-16*

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

The above plan of correction is approved as of 6-21-16
 (Date)

Plan of correction implementation status as of 6-21-16
 (Date)

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

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

Violation Report: 40090 - 05/17/2016 - Rahuba, Matt
 PCH Name: PERSONAL CARE AT EVERGREEN

WEST REGION FIELD OFFICE
 Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.190(a) - A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

2a. DESCRIPTION OF VIOLATION

Staff Member A, who has not completed the Department-approved medications administration course administered several medications to resident #1 to include the following:

<u>Date:</u>	<u>Medication:</u>	<u>Time:</u>
5/9/16	Bupropion SR 150mg, 1 tablet	8:00pm
5/9/16	Divalproex 125mg Sprinkle Cap, 2 capsules	8:00pm
5/9/16	Donepezil 10mg, 1 tablet	8:00pm
5/10/16	Bupropion SR 150mg, 1 tablet	8:00pm
5/10/16	Divalproex 125mg Sprinkle Cap, 2 capsules	8:00pm
5/10/16	Donepezil 10mg, 1 tablet	8:00pm
5/11/16	Bupropion SR 150mg, 1 tablet	8:00pm
5/11/16	Divalproex 125mg Sprinkle Cap, 2 capsules	8:00pm
5/11/16	Donepezil 10mg, 1 tablet	8:00pm
5/16/16	Bupropion SR 150mg, 1 tablet	8:00pm
5/16/16	Divalproex 125mg Sprinkle Cap, 2 capsules	8:00pm
5/16/16	Donepezil 10mg, 1 tablet	8:00pm

Also, staff person A administered several medications to resident #2 to include the following:

<u>Date:</u>	<u>Medication:</u>	<u>Time:</u>
5/1/16	Carvedilol 6.25mg, 1 tablet	8:00pm
5/1/16	Furosemide 40mg, ½ tablet	4:00pm
5/1/16	Simvastatin 20mg, 1 tablet	8:00pm
5/3/16	Carvedilol 6.25mg, 1 tablet	8:00pm
5/3/16	Furosemide 40mg, ½ tablet	4:00pm
5/3/16	Simvastatin 20mg, 1 tablet	8:00pm
5/4/16	Carvedilol 6.25mg, 1 tablet	8:00pm
5/4/16	Furosemide 40mg, ½ tablet	4:00pm
5/4/16	Simvastatin 20mg, 1 tablet	8:00pm
5/5/16	Carvedilol 6.25mg, 1 tablet	8:00pm
5/5/16	Simvastatin 20mg, 1 tablet	8:00pm
5/6/16	Carvedilol 6.25mg, 1 tablet	8:00pm
5/6/16	Furosemide 40mg, ½ tablet	4:00pm
5/6/16	Simvastatin 20mg, 1 tablet	8:00pm
5/14/16	Carvedilol 6.25mg, 1 tablet	8:00pm
5/14/16	Furosemide 40mg, ½ tablet	4:00pm
5/14/16	Simvastatin 20mg, 1 tablet	8:00pm
5/15/16	Carvedilol 6.25mg, 1 tablet	8:00pm
5/15/16	Furosemide 40mg, ½ tablet	4:00pm
5/15/16	Simvastatin 20mg, 1 tablet	8:00pm

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Violation Report: 40090 - 05/17/2016 - Rahuba, Matt
PCH Name: PERSONAL CARE AT EVERGREEN

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.190(a) - A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

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.

Employee completed appropriate med training on 5/27/16.

In future med training, all med aide candidates will be required to complete online training/testing prior to being certified to pass medications

Immediately- The Administrator or designee will review all staff records to ensure all staff persons administering medications are qualified to administer medications in accordance with regulation 2600.190(a).

6-2-16

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

Signature of Legal Entity Representative (Required on EVERY Page) *Amy Pomroy RN*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Amy Pomroy RN* Date *6-10-16*

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

The above plan of correction is approved as of 6-2-16 (Date)

Plan of correction implementation status as of 6-2-16 (Date)

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

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