



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFICATE OF COMPLIANCE**

This certificate is hereby granted to EVENING STAR LLC  
LEGAL ENTITY

To operate EVENING STAR PERSONAL CARE HOME  
NAME OF FACILITY OR AGENCY

Located at 200 CALDWELL AVENUE, WILMERDING, PA 15148  
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

\_\_\_\_\_  
ADDRESS OF SATELLITE SITE

\_\_\_\_\_  
ADDRESS OF SATELLITE SITE

\_\_\_\_\_  
ADDRESS OF SATELLITE SITE

To provide Personal Care Homes  
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 19  
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller  
(MAXIMUM CAPACITY)

Restrictions: \_\_\_\_\_

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes  
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from March 29, 2017 until September 29, 2017,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **447152**

Robert E. Robinson  
ISSUING OFFICER

[Signature]  
DIRECTOR

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**

**MAILING DATE: MAR 29 2017**

Mr. Anthony Kiarie,  
President  
Evening Star, LLC  
200 Caldwell Avenue  
Wilmerding, Pennsylvania 15148

RE: Evening Star Personal Care Home  
License #: 447152

Dear Mr. Kiarie:

As a result of the Department of Human Services' (Department) licensing inspections on June 21, 2016 and September 21, 2016 of the above facility, we found that violations specified for your previous provisional license have not been corrected and we found new violations not found during our previous inspection.

A SECOND PROVISIONAL license is being issued based on substantial compliance with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes). Your provisional license is enclosed.

All violations specified on the Licensing Inspection Summary must be corrected by the dates specified on the Licensing Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

If you disagree with the decision to issue a provisional license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa.Code Part II, Chs. 31-35. If you decide to appeal your provisional license, a written request for an appeal must be received within 10 days of the date of this letter by:


Kevin Brumbach, Enforcement Manager  
Bureau of Human Services Licensing  
Department of Human Services  
Room 631, Health and Welfare Building  
625 Forster Street  
Harrisburg, Pennsylvania 17120

Mr. Anthony Kiarie

2

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,

A handwritten signature in black ink, appearing to read "J. Rowe".

Jacqueline L. Rowe  
Director

Enclosures

License

Licensing Inspection Summary

**VIOLATION REPORT**  
**PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

PCH Name: EVENING STAR PERSONAL CARE HOME		License Number: 44715
Address: 200 CALDWELL AVENUE, WILMERTON, PA 15148		County: Allegheny
Administrator: Anthony Klarie		Region: WLS I
Legal Entity Name: EVENING STAR LLC		
Legal Entity Address: 2216 BROADWAY AVENUE 1, PITTSBURGH, PA 15216		<b>RECEIVED</b>
Certificate(s) of Occupancy C-2 LP UG/08/1990 L&I		AUG 29 2016 WEST REGION FIELD OFFICE Human Services Licensing
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 16	Working Staff: 12
Type of Inspection: Interim - Provisional	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Provisional, Interim, Monitoring		
On-Site Inspections Dates and Department Representatives On-Site 08/21/2016: Bedford, Katie; Gungoulis, Karen		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 19	Number of Residents who: Receive Supplemental Security Income: 1 Are 60 Years of Age or Older: 15 Have Mental Illness: 1 Have an Intellectual Disability: 0 Have a Mobility Need: 1 Have a Physical Disability: 0	Number of Residents Served: 15
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: 1		Number of Hospice Residents in past year: 1

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AUG 29 2016

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Violation Report: 44715 - 06/21/2016 - Bedford, Katie  
PCH Name: EVENING STAR PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.3(c) - The personal care home shall post the current license, a copy of the current licensing inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

2a. DESCRIPTION OF VIOLATION

A copy of the current license, dated 4/8/16-10/8/16, and a copy of 55 Pa. Code Chapter 2600 were not posted in a conspicuous and public place 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.

License has being posted and will remain posted until renewal.

Facility will ensure a current license is always posted in a conspicuous and public place,

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

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) Anthony M Kicarie Date 8/29/16

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

The above plan of correction is approved as of 3/15/17  
(Date)

Plan of correction implementation status as of 3/15/17  
(Date)

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

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

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AUG 29 2016

Page 3 of 25

Violation Report: 44715 - 06/21/2016 - Bedford, Katie  
PCH Name: EVENING STAR PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.5(a)(1) - The administrator or a designee shall provide, upon request, immediate access to the home, the residents and records to Agents of the Department.

2a DESCRIPTION OF VIOLATION

At 10 a.m. and 11 a.m. an agent of the Department requested resident records. Staff person A did not provide resident records until approximately 1:45 p.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.

Resident records took along as there was no organized and appropriate filing system.

Facility invested in new filing system, attached are invoices.

Facility will always have charts, organized with all records easily accessible.

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

Signature of Legal Entity Representative (Required on EVERY Page) *[Handwritten Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) - *William M. Kierie*      Date *8/28/16*

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

The above plan of correction is approved as of 3/15/17 (Date)

Plan of correction implementation status as of 3/15/17 (Date)

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

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

RECEIVED

AUG 28 2016

Violation Report: 44715 - 00/21/2016 - Bedford, Katie  
PCH Name: EVENING STAR PERSONAL CARE HOML

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.42(c) - A resident shall be treated with dignity and respect

2a. DESCRIPTION OF VIOLATION

At approximately 10:45 a.m., an Agent of the Department heard a staff person addressing resident #1, in a loud and stern voice, saying "Why did you change your clothes? I can't rewash these right now. You're missing lunch because you want to change. You can't be changing!"

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 status by which the steps will be completed.

Staff addressed resident in a loud and stern voice.

This correction is in progress/education, will submit correction by 9/15/16

Immediately: The administrator will develop a system to ensure all residents are treated with dignity and respect. The administrator will provide continual reinforcement and emphasis on these goals through resident right discussions at staff meetings.

*so 3/15/17*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*[Signature]*

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

*Anthony M. Kowic*

Date

*8/28/16*

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

The above plan of correction is approved as of

3/15/17  
(Date)

Plan of correction implementation status as of

3/15/17  
(Date)

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

The above plan of correction was approved by

*SN*  
(Initials)

RECEIVED

AUG 29 2016

Violation Report: 44715 - 08/21/2016 - Bedford, Katie  
PCH Name: LVLNING STAR PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2800

2600.42(e) - A resident shall have access to a telephone in the home to make calls in privacy. Non toll calls shall be without charge to the resident.

2a. DESCRIPTION OF VIOLATION

The residents' telephone is located on a wall near the kitchen which does not provide privacy.

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's not having a telephone that provides privacy.

Correction on progress, will submit by 9/15/16

On 9/21/16 the home installed a cordless telephone for resident use.

8/15/17

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

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) Katie M. Kovic Date 8/25/16

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

The above plan of correction is approved on or 3/15/17  
(Date)

Plan of correction implementation status as of 3/15/17  
(Date)

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

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

WEST REGION FIELD OFFICE  
Human Services Licensing

Violation Report: 44715 - 06/21/2016 - Bedford, Katie  
PCH Name: EVENING STAR PERSONAL CARE HOME

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

The home uses an audio monitor in the large 2nd floor bathroom at night.

Both 2nd floor bathrooms have windows that were open. There were no curtains or shades to provide privacy for residents while using the bathroom.

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.

2nd floor bathroom. Audio monitor and no curtain.

Audio monitor was removed.

A curtain was placed.

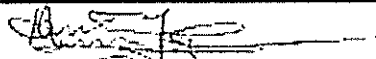
Will ensure that privacy is provided at all times. By having curtains at all times and ensure no one has visual access to residents.

Immediately: The administrator or designated staff person will monitor the home at least weekly to ensure residents' privacy is maintained.

Within 30 days of receipt of the plan of correction: All staff persons will be reeducated on the residents' right to privacy, to include prohibition of audio monitoring and the need for window coverings in all bedrooms and bathrooms.

SP  
3/15/17

Repeat Violation: Yes	Date(s) of Previous Violation(s):	03/18/2016		
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
Signature of Legal Entity Representative (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Anthony M. Kicovic Date 8/28/16

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

The above plan of correction is approved as of 3/15/17 (Date)

Plan of correction implementation status as of 3/15/17 (Date)

The above plan of correction was approved by  (Initials)

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

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AUG 29 2016

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Violation Report: 44715 - 08/21/2016 - Bedford, Katie  
PCII Name: LYNNING STAR PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION

There was mold along the rear, right corner of the shower, measuring approximately 1" x 36" in the 1st floor bathroom.

There were black spots of mold, measuring approximately 3"x9", in the air conditioner vent in the 2nd floor window.

The following unsanitary conditions were found in the large 2nd floor bathroom:

\*At approximately 10:39 a.m., there were 3 unlabeled shower sponges hanging on the handle of shower faucet and a bath mat, approximately half-covered with mold, was on the back of the grey shower chair

There were various containers of opened and unlabeled personal care supplies, including cleansing items, lotions and mouthwash, on a shelf on the left side of the basement.

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 bathrooms and air conditioner were cleaned.

Immediately: All shared sponges will be disposed of. Any resident who wishes to use a shower sponge will be provided a new item which will be stored in a container labeled with the residents name.

Mold on 1st floor bathroom  
Mold on 2nd floor bathroom  
Unlabeled shower sponges  
Immediately: All staff persons will be educated on maintaining sanitary conditions and practices, to include not sharing personal hygiene items. 8/18/17

Mold on grey shower chair  
unlabeled personal supplies.  
Immediately: The administrator or designated staff person will monitor the home at least weekly to ensure sanitary conditions are maintained.

Correction on progress, will submit by 9/15/16

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

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

Anthony M. Kuciric

Date

8/28/16

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

The above plan of correction is approved as of

3/15/17  
(Date)

Plan of correction implementation status as of

3/15/17  
(Date)

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

The above plan of correction was approved by

*SUP*  
(Initials)

Violation Report: 44716 - 06/21/2016 - Bodford, Katie  
PCH Name: EVENING STAR PERSONAL CARE HOME

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

An area of approximately 4"x2" was missing 2 ceramic wall tiles under the window, and an area approximately 5"x5" on the floor next to the bathtub was also missing tile in the small 2nd floor bathroom.

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.

Missing ceramic on 2nd floor.

Correction under progress, will submit by 9/15/16

The ceramic tiles have been replaced.

8/15/17

Immediately: The administrator or designee will monitor the home at least monthly to ensure floors, walls, ceilings, windows, doors and other surfaces are clean, in good repair and free from hazards.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

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

Anthony M Kicwie

Date

8/28/16

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

The above plan of correction is approved as of

3/15/17  
(Date)

Plan of correction implementation status as of

3/15/17  
(Date)

Fully Implemented

Partially Implemented - Adequate Progress: SUP

Partially Implemented - Inadequate Progress

Not Implemented

The above plan of correction was approved by

SUP  
(Initials)

AUG 29 2016

Violation Report: 44715 - 06/21/2016 - Bedford, Katie  
PCH Name: EVENING STAR PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.93(a) - Each ramp, interior stairway and outside steps must have a well-secured handrail.

2a. DESCRIPTION OF VIOLATION

The left side of the handrail from the dining room to the 2nd floor is on the left is loose and moves approximately 2" when grasped. Also, the bottom clamp is not secured to the wall and protrudes approximately 1/4" from the wall. Also, at the top of the stairwell, the grab bar on the left is not secured to the wall at either end.

The outside step at the main entrance to the home is approximately 6" high. There is no handrail or 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

Grab bars to second floor loose.

Correction under progress, will submit by 9/15/16

Handrails and grab bars have been secured.

A grab bar has been installed at the main entrance step.

SR 3/15/17

Immediately: The administrator or designated staff person will monitor the home at least monthly to ensure handrails or grab bars are present and secure.

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

Signature of Legal Entity Representative  
(Required on EVERY Page)

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) Anthony M. Kienle      Date 8/25/16

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

The above plan of correction is approved as of 3/15/17  
(Date)

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

Plan of correction implementation status as of 3/15/17  
(Date)

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

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AUG 29 2016

Violation Report: 44715 - 06/21/2016 - Bedford, Katie  
PCH Name: EVENING STAR PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2000 95 - Furniture and equipment must be in good repair, clean and free of hazards.

2a. DESCRIPTION OF VIOLATION

The wooden closet door was detached from the hinges and leaning against the side of the closet in the first resident bedroom to the right of the main entrance, posing a fall/injury hazard.

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.

First resident bedroom, loose wooden closet.

Correction on progress, will submit, 9/15/16

The wooden closet door was removed and placed in storage.

Immediately: all staff persons will be educated on reporting and or repairing furniture and equipment that is not in good repair, not clean or is hazardous. Any piece of furniture identified as hazardous or not in good repair will be immediately removed until repairs are made.

SP 3/15/17

Immediately: The administrator or designated staff person will monitor the home at least monthly to ensure furniture and equipment is in good repair and free of hazards.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*[Handwritten Signature]*

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

Anthony M Kicwie

Date 8/28/16

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

The above plan of correction is approved as of 3/15/17  
(Date)

Plan of correction implementation status as of 3/15/17  
(Date)

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

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

RECEIVED

AUG 29 2016

Page 11 of 25

Violation Report: 44715 - 06/21/2016 - Bedford, Kate  
PCH Name: EVENING STAR PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.100(a) - The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION

The exterior stairs in front of the home were in disrepair, posing a trip/fall hazard, in the following areas:

- \*The 4th step from the sidewalk was crumbling and missing an area approximately 17"x5"
- \*At the landing, the top of the step was completely crumbling.

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.

Exterior stair crumbling.

The stair case was repaired, smoothen and poses no further risks.

Will ensure crumbling masonry are repaired in a timely manner.

Attached is a photo.

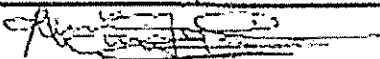
Immediately: The administrator or designated staff person will monitor the exterior of the home, including stairs and walkways, at least monthly to ensure they are in good repair and free of hazards.

See 8/15/17

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)



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

Anthony M. Kienzie

Date

8/28/16

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

The above plan of correction is approved as of

3/15/17  
(Date)

Plan of correction implementation status as of

3/15/17  
(Date)

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

The above plan of correction was approved by

*SK*  
(Initials)

AUG 29 2016

Violation Report: 44715 - 08/21/2016 - Bedford, Katie  
PCH Name: FVFNING STAR PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.103(i) - Outdated or spoiled food or dented cans may not be used

2a. DESCRIPTION OF VIOLATION

The following undated foods were in the kitchen freezer:

- \*Ground meat, unlabeled
- \*5 plastic bags of unlabeled meats
- \*Unsealed bag of fish sticks

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

Immediately: All staff will be reeducated on safe food storage, including labeling and dating food. Documentation of reeducation shall be kept.

8/15/17

Immediately and at least weekly thereafter: The administrator or designated staff person will monitor all food storage areas, including freezers, to ensure all food is labeled and dated.

Undated/Unmarked food in the freezer.

All food that was undated was thrown away.

All new food labeled the date they were opened.

Unsealed bag of fish sticks

Fish sticks thrown away.

All new food that is opened will be sealed.

Invested in food labels/markers/freezer bags.

All opened foods in the freezer will have product name, open date and sealed.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*[Handwritten Signature]*

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

Anthony M. Kiarie

Date 8/28/16

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

The above plan of correction is approved as of 3/15/17  
(Date)

Plan of correction implementation status as of 3/15/17  
(Date)

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

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

RECEIVED

AUG 29 2016

Violation Report: 44715 - 06/21/2016 - Bedford, Katie  
PCH Name: EVENING STAR PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa. Code §2800

2600.107(c) - The home shall maintain at least a 3 day supply of nonperishable food and drinking water for residents

2a. DESCRIPTION OF VIOLATION

The home has contract with Turner's Dairy to deliver emergency drinking water; however, the contract does not include the following:

- \*The amount of water to be delivered.
- \*A guarantee that the water will be delivered immediately upon request, 24-hours per day.
- \*A guarantee that the water will be delivered as a priority in the event of a regional emergency.

On 6/21/16, the home served 15 residents, and there was no emergency drinking water was stored on site.

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.

Emergency water.

Correction under progress.

Will submit by 9/15/16

On 9/21/16: The home served 12 residents and 40 gallons of emergency drinking water was onsite.

8/21/17

Immediately and at least monthly thereafter: The administrator or designated staff person will monitor the emergency drinking water supply to ensure there is at least three gallons of drinking water, per residents, stored in the home at all times.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

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

Anthony M Kianic

Date

8/28/16

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

The above plan of correction is approved as of

3/15/17  
(Date)

Plan of correction implementation status as of

3/15/17  
(Date)

The above plan of correction was approved by

SMG  
(Initials)

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

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AUG 29 2016

Page 14 of 25

Violation Report: 44715 - 0501701R - Bedford, Katie  
PCI Name: EVENING STAR PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2800

2800.121(a) - Stairways, hallways, stairways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

2a. DESCRIPTION OF VIOLATION

There were walkers against the left side of the wall, and a shoe on the floor next to them, partially blocking the 2nd floor hallway at the top of the stairs.

There was burgundy recliner to the right of the doorway and a wheelchair behind the door, partially obstructing the door to the 2nd bedroom on the left from the main entrance on the 1st floor. The door opened only approximately 18".

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.

2nd floor hallway, walkers & shoes.

Implemented a space for wheel chair parking.

Shoe was removed, door no longer blocked.

Recliner on bedroom on main entrance 1st floor.

Recliner was removed, door now opens freely to max.

Educated staff to ensure nothing blocks the door/stripping hazards/shoes/walkers on hallway.

Immediately: A designated staff person will monitor the home daily on each shift to ensure egress routes are unlocked and unobstructed.

So 3/15/17

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*[Handwritten Signature]*

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

Anthony M. Kicnie

Date

8/29/16

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The above plan of correction is approved as of

3/15/17  
(Date)

Plan of correction implementation status as of

3/15/17  
(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: 44715 - 00/21/2016 - Bedford, Katie  
PCN Name: EVENING STAR PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 66 Pa.Code §2500

2600.132(b) - A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept

2a DESCRIPTION OF VIOLATION

The last fire safety inspection and fire drill conducted by a fire safety expert was on 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.

Fire inspection.

Due to unavoidable circumstances with change of entity inspection was not done in a timely manner.

Fire inspection was done immediately, attached in the invoice.

Ensure safety experts comes in before expiring date, make arranges in advance, ensure no other commitments or bookings are scheduled.

A fire safety inspection and fire drill was conducted by a fire safety expert on 6/26/16.

so 3/15/17

The administrator will schedule a fire drill and fire safety inspection to be conducted by a fire safety expert prior to 6/27/17. Documentation shall be kept.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Anthony M Kowicz Date 8/28/16

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

The above plan of correction is approved as of <u>3/15/17</u> (Date)	Plan of correction implementation status as of <u>3/15/17</u> (Date)
The above plan of correction was approved by <u>SKP</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <u>SKP</u> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 44715 - 06/21/2016 - Bedford, Katie  
PGH Name: EVELNING STAR PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2800.133(a)(1) - If the home serves nine or more residents, signs bearing the word "EXIT" in plain legible letters shall be placed at all exits.

2a. DESCRIPTION OF VIOLATION

There is no exit sign posted for the exit door on the 2nd floor next to the small bathroom.

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.

Exit sign with direction of travel.

Correction on progress, will submit by 9/15/16

An exit sign has been posted.

8<sup>0</sup> 2/17

Immediately: The administrator or designated staff person will monitor the home at least monthly to ensure all exit signs are posted.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*[Handwritten Signature]*

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

*Anthony M. Kiarie*

Date

*8/28/16*

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

The above plan of correction is approved as of

*3/15/17*  
(Date)

Plan of correction implementation status as of

*3/15/17*  
(Date)

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

The above plan of correction was approved by

*SWP*  
(Initials)

Violation Report: 44715 - IR/21/2016 - Redford, Kalie  
PGH Name: EYENING STAR PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2000 133(a)(2) - If the home serves nine or more residents, if the exit or way to reach the exit is not immediately visible, access to exits shall be marked with readily visible signs indicating the direction to travel.

2a. DESCRIPTION OF VIOLATION

There is no direct visual line to the exit for the exit door on the 2nd floor. There are no signs indicating the line of travel to the exits. On 6/21/16, the home served 15 residents.

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.

Exit sign with direction of travel.

Correction on progress, will submit by 9/15/16

An emergency exit sign with egress pathway has been posted. *so 3/15/17*

Immediately: The administrator or designated staff person will monitor the home at least monthly to ensure all exit signs and egress pathways are posted.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

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

*Patricia M Kiarrie*

Date *8/28/16*

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

The above plan of correction is approved as of

*3/15/17*  
(Date)

Plan of correction implementation status as of

*3/15/17*  
(Date)

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

The above plan of correction was approved by

*SVP*  
(Initials)

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Violation Report: 44715 - 06/21/2016 - Bedford, Katie  
PCH Name: EVENING STAR PERSONAL CARE HOME

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 were no menus posted in a conspicuous and public place in the home. Menus were posted in the kitchen; however, they were not dated, the kitchen is not a conspicuous and public place.

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.

Menus not posted in a conspicuous and public place.

Correction under progress, will submit by 9/15/16

Current and upcoming week's menu has been posted.

SP 3/16/17

Immediately: The administrator or designated staff person will monitor the home at least weekly to ensure the menu for the current and upcoming weeks are posted in a conspicuous and public place in the home.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

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

Anthony M. Blavie

Date

8/28/16

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

The above plan of correction is approved as of 3/15/17  
(Date)

Plan of correction implementation status as of 3/15/17  
(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: 44715 - 05/21/2016 - Bedford, Katie  
PCH Name: EVENING STAR PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.183(b) - Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

2. DESCRIPTION OF VIOLATION  
There were 6 boxes of lancets, unlocked and unattended, on the medication cart in the kitchen.

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.

6 boxes of lancets unlocked.

This was delivered as a promotion tool from pharmacy.

They were all discarded.

Resident's lancets are securely locked in the med cart.

Will no longer receive promotions lancets, if they not specific for the residents.

Immediately: All staff persons will be reeducated on keeping resident's medications and supplies in an area or contain that is locked.

Immediately: The administrator or designated staff person will monitor the home daily to ensure all residents medications and supplies are kept locked. *so 3/15/17*

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

Signature of Legal Entity Representative (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Anthony M. Kiarie*      Date *8/28/16*

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

The above plan of correction is approved as of 3/15/17 (Date)

Plan of correction implementation status as of 3/15/17 (Date)

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

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

AUG 29 2016

Violation Report: 44715 - 06/21/2016 - Bedford, Katie  
PCH Name: EVENING STAR PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa. Code §2600

2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.

2a. DESCRIPTION OF VIOLATION

Resident #3 is ordered Diazepam Intensol 5mg/ml, take 0.25ml/1.25mg by mouth twice daily. The April 2016 MAR does not include the initials of the staff person(s) who administered the medication at 8 p.m. on 4/17, 4/18, 4/19, 4/20, 4/23, and 4/24, and at 8 a.m. from 4/22 - 4/30. The June 2016 MAR does not include the initials of the staff person who administered the medication at 8 p.m. on 6/16.

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 3 meds not initialed.

Correction under progress. will submit by 9/15/16

See Page 21A of 25

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

Signature of Legal Entity Representative  
(Required on EVERY Page)

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) Anthony M. Kiarie

Date 8/28/16

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

The above plan of correction is approved as of 3/15/17  
(Date)

Plan of correction implementation status as of 3/15/17  
(Date)

This above plan of correction was approved by  
(Initials)

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

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Page 21<sup>A</sup> of 25

Violation Report: 44713 - 06/21/2016 - Bedford, Katie  
PCH Name: EVENING STAR PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.

2a. DESCRIPTION OF VIOLATION

Resident #3 is ordered Diazepam Intensol 5mg/ml, take 0.25ml/1.25mg by mouth twice daily. The April 2016 MAR does not include the initials of the staff person(s) who administered the medication at 8 p.m. on 4/17, 4/18, 4/19, 4/20, 4/23, and 4/24, and at 8 a.m. from 4/22 - 4/30. The June 2016 MAR does not include the initials of the staff person who administered the medication at 8 p.m. on 6/16.

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.

Immediately - All staff persons who administer medication will be reeducated on proper medication administration procedures. This retraining shall include the requirement of recording the administration of medication at the time the medication is administered, by the staff person who administers the medication. Documentation will be kept.

Immediately - A designated staff person will monitor the MAR daily to ensure all medication administration documentation is complete and accurate. Documentation will be kept.

Immediately - The administrator or designee will monitor the MAR at least weekly, and observe a medication pass by each staff person who administers medication, at least two times, then monthly thereafter to ensure all medication administration documentation is complete, current and accurate. Documentation will be kept.

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

Signature of Legal Entity Representative (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) **EVENING STAR LLC**      Date **11/10/16**  
**ANTHONY M KIARRÉ**

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The above plan of correction is approved as of 3/15/17 (Date)

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

Plan of correction implementation status as of \_\_\_\_\_ (Date)

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

Violation Report: 44715 - 06/21/2016 - Bedford, Katie  
PCH Name: EVENING STAR PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.190(b) - A staff person is permitted to administer insulin injections following successful completion of a Department-approved medications administration course that includes the passing of a written performance-based competency test within the past 2 years, as well as successful completion of a Department-approved diabetes patient education program within the past 12 months.

2a. DESCRIPTION OF VIOLATION  
Staff person C has not successfully completed a Department-approved diabetes patient education program. Staff person C administered Lantus insulin to resident #4 on multiple dates, including the 8 p.m. doses on 6/1/16, 6/2/16 and 6/3/16.

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 administered insulin without approved education.

At this time, only a Registered Nurse is administering & recording meds administration.

Attached is an active RN license

As from this violation, for staff members to administer meds/insulin, they must successfully complete a DPW approved diabetes & med program.

See Page 22A of 25

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

Signature of Legal Entity Representative (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Anthony M. Kicwie      Date 8/28/16

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

The above plan of correction is approved as of 3/15/17 (Date)  
The above plan of correction was approved [Signature] (Initials)

Plan of correction implementation status as of 3/15/17 (Date)  
 Fully Implemented  
 Partially Implemented - Adequate Progress  
 Partially Implemented - Inadequate Progress SHP  
 Not Implemented

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NOV 10 2016

Page 22 of 25

Violation Report: 44715 - 08/21/2016 - Bedford, Katie  
PCH Name: EVENING STAR PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1 REGULATION 55 Pa. Code §2600

2600.190(b) - A staff person is permitted to administer insulin injections following successful completion of a Department-approved medications administration course that includes the passing of a written performance-based competency test within the past 2 years, as well as successful completion of a Department-approved diabetes patient education program within the past 12 months.

2a. DESCRIPTION OF VIOLATION

Staff person C has not successfully completed a Department-approved diabetes patient education program. Staff person C administered Lantus insulin to resident #4 on multiple dates, including the 8 p.m. doses on 6/1/16, 6/2/16 and 6/3/16.

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

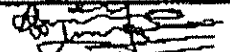
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Staff person C no longer administers medications.

Immediately - The administrator will review training records of all staff persons who administer medications to ensure that all training requirements are met, including passing the medication training course and a Department-approved diabetes patient education program within the past 12 months.

Immediately - The administrator will review all medication administration training records as part of the quality management review, at least quarterly, to ensure all staff persons continue to meet the qualifications to administer medications, including insulin, and documentation is present in the staff records.

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

Printed Name and Title of Legal Entity Representative **EVENING STAR LLC** Date **11/10/16**  
(Required on EVERY Page) **ANTHONY M KLARLE**

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

The above plan of correction is approved as of <u>3/15/17</u> (Date)	Plan of correction implementation status as of _____ (Date)
The above plan of correction was approved by <u>SMC</u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

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AUG 29 2016

Page 23 of 25

Violation Report: 44715 - 08/21/2016 - Bedford, Kulic  
PCH Name: EVENING STAR PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.221(c) A current weekly activity calendar shall be posted in a conspicuous and public place in the home.

2a. DESCRIPTION OF VIOLATION  
There was no current weekly activity calendar posted in a public and conspicuous place 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.

Weekly activity calendar.

Correction under progress, will submit by 9/15/16

The activity calendar has been posted.

SP 3/15/17

Immediately: The administrator will monitor the home at least weekly to ensure the current weekly activity calendar is posted in a conspicuous and public place in the home.

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

Signature of Legal Entity Representative (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Anthony M. Kowic      Date 8/28/16

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

The above plan of correction is approved as of 3/15/17 (Date)

Plan of correction implementation status as of 3/15/17 (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: 44715 - 05/21/2016 - Bedford, Katie  
PCH Name: EVENING STAR PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.C.S. § 2800

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

The assessment for resident #1, admitted [redacted] 16, is undated, therefore it is unable to be determined if it was completed within 15 days of admission. Also, the assessment does not include any medical diagnoses. According to the resident's July 2016 MAR, the resident is prescribed medication for chronic kidney disease, dementia and hypertension.

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, initial assessment.

Correction under progress, will submit by 9/15/16

See Page 24A of 25

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*[Signature]*

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

Anthony M. Kiarie

Date 8/25/16.

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The above plan of correction is approved as of

3/15/17  
(Date)

Plan of correction implementation status as of

3/15/17  
(Date)

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

The above plan of correction was approved by

*SWP*  
(Initials)

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Violation Report: 44715 - 06/21/2016 - Bedford, Kalle  
PCH Name: EVENING STAR PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code 52600  
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  
The assessment for resident #1, admitted [redacted] 16, is undated, therefore it is unable to be determined if it was completed within 15 days of admission. Also, the assessment does not include any medical diagnoses. According to the resident's July 2016 MAR, the resident is prescribed medication for chronic kidney disease, dementia and hypertension.

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.  
Immediately - The assessment for resident #1 will be updated to include the identified information, cited above.  
Immediately - The administrator will review the assessments of all current residents to ensure a timely, complete and accurate assessment is present in each record, including all diagnoses, mobility needs, and other needed services.  
Immediately - All staff persons completing assessments will be educated regarding the completion and accuracy of the document including required timeframes, documentation of all diagnoses, special dietary needs, and needed services. Documentation of the training will be kept

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

Signature of Legal Entity Representative (Required on EVERY Page)

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

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

I ha above plan of correction is approved as of 3/15/17 (Date)  
I ha above plan of correction was approved by SWA (Initials)  
Plan of correction implementation status as of (Date)  
 Fully Implemented  
 Partially Implemented - Adequate Progress  
 Partially Implemented - Inadequate Progress  
 Not Implemented

Violation Report: 44715 - 08/21/2016 - Bedford, Katie  
PCH Name: EVENING STAR PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa. Code §2600  
2600.227(a) - A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

2a. DESCRIPTION OF VIOLATION  
The support plan for resident #1, admitted [redacted] 16, is undated, therefore it is unable to be determined if it was completed within 30 days of admission.

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, support plan.

Correction under progress, will submit by 9/15/16

See Page 25A of 25

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Anthony M. Kiarie*      Date *8/28/16*

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

The above plan of correction is approved as of 3/15/17  
(Date)

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

Plan of correction implementation status as of 3/15/17  
(Date)

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

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Violation Report: 44/15 - 0021/2016 - Bedford, Katie  
PCH Name: EVENING STAR PERSONAL CARE HOME

WEST REGIONAL FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa. Code §2600

2600.227(a) - A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

2a. DESCRIPTION OF VIOLATION

The support plan for resident #1, admitted [redacted] 16, is undated, therefore it is unable to be determined if it was completed within 30 days of admission.

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.

Immediately - The support plan for resident #1 will be updated to include the identified information cited above.

Immediately - The administrator or designee will review support plans for all current residents to ensure each is accurate, complete and includes all care needs and services

Immediately - All staff persons completing support plans will be educated regarding the completion and accuracy of the document including documentation of each residents care, needs and services and timeframes for completion.

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

Signature of Legal Entity Representative (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) **EVENING STAR LLC**      Date **11/10/16**  
**ANTHONY M KIARE**

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

The above plan of correction is approved as of 3/15/17  
(Date)

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

Plan of correction implementation status as of \_\_\_\_\_  
(Date)

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

**VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

PCH Name: EVENING STAR PERSONAL CARE HOME		License Number: 44/16
Address: 200 CALDWELL AVENUE, WILMERSDING, PA 15148		County: Allegheny
Administrator: Anthony Kiana		Region: WEST
Legal Entity Name: EVENING STAR LLC		
Legal Entity Address: 2216 BROADWAY AVENUE 1, PITTSBURGH, PA 15216		
Certificate(s) of Occupancy C-2 LP 06/08/1990 L&I		<b>RECEIVED</b> <b>OCT 26 2016</b> WEST REGION FIELD OFFICE Human Services Licensing
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 13	Waking Staff: 10
Type of Inspection: Interim - POC	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Provisional, Complaint		
On-Site Inspections Dates and Department Representatives On-Site 09/21/2016: Cutter, Jan; Flinner-Alman, Lisa		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 19	Number of Residents who:	
Number of Residents Served: 12	Receive Supplemental Security Income: 2	
Secured Dementia Care Unit in Home: No	Are 50 Years of Age or Older: 17	
Area:	Have Mental Illness: 3	
Secured Dementia Unit Capacity, if Applicable:	Have an Intellectual Disability: 0	
Number of Residents Served in Secured Dementia Care Unit, if applicable:	Have a Mobility Need: 1	
Number of Current Hospice Residents: 0	Have a Physical Disability: 0	
Number of Hospice Residents in past year: 1		

OCT 26 2016

Violation Report: 44715 - 09/21/2016 - Cutler, Jan  
PCH Name: EVENING STAR PERSONAL CARE HOME

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 9/21/2016, at 4:00 p.m. there were two unlocked, unattended and accessible "ADL" binders containing names of all residents in the home and the personal care services performed in the kitchen cupboard above the counter to the right of the stove. Also, there was a large binder containing confidential resident information including, living wills and insurance information for all residents, including residents #1, #2 and #3.

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.

Unlocked cabinet containing resident's confidential information.

A lock & chain was purchased and the cabinet locked, attached is a photo.

At this time, the cabinet cannot be accessed without staff permission/knowledge.

The administrator will ensure & continue to monitor that any cabinet with resident's information will be locked and protect resident's information. Also, educate staff to always ensure the cabinets are locked, secure and no access should be given to unauthorized party.

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page)			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)			Date
Anthony M. Kivie Evening Star LLC CEO/Resident			10/25/16

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The above plan of correction is approved as of 3/15/17  
(Date)

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

Plan of correction implementation status as of 3/15/17  
(Date)

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

Violation Report: 44713 - 09/21/2016 - Cutler, Jan  
PCH Home: EVLNING STAR PERSONAL CARE HOME

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).

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2a. DESCRIPTION OF VIOLATION

The following employees did not have a criminal history background check completed:

OCT 26 2016

- \*Staff person C, hired [redacted] 16
- \*Staff person E, hired [redacted] 16

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Human Services Licensing

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 background.

Criminal history was conducted, record came back clean. Backgrounds provided.

Administrator will develop a checklist for new hires, to be completed within the first 7 days since the day of hire. Also, facility invested in individuals filing system for easy verification.

Staff person C had a criminal history check requested on 9/24/16.

Staff person E had a criminal history check requested on 10/17/16.

SA 3/15/17

Immediately: The administrator or designated staff person will review the records of all current staff members to ensure a PA State Police criminal history background check has been completed and is retained in the staff person's file.

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

Signature of Legal Entity Representative *[Signature]*  
(Required on EVERY Page)

Printed Name and Title of Legal Entity Representative ANTHONY M. KRADIE - Date 10/25/16  
(Required on EVERY Page) EVENING STAR LLC. CEO/PRESIDENT

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The above plan of correction is approved as of 3/15/17  
(Date)

Plan of correction implementation status as of 3/15/17  
(Date)

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

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

Violation Report: 14715 00/21/2016 Cutler, Jan  
PCII Name: EVENING STAR PERSONAL CARE HOME

Page 4 of 12  
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OCT 26 2016

1. REGULATION 55 Pa. Code §2600

2600.54(a) - Direct care staff persons shall have the following qualifications:

WEST REGION FIELD OFFICE  
Human Services Licensing

- (1) Be 18 years of age or older, except as permitted in § 2600.54(b).
- (2) Have a high school diploma, GED diploma, or active registry status on the Pennsylvania nurse aide registry
- (3) Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

2a. DESCRIPTION OF VIOLATION

Direct care staff persons B and D do not have a high school diploma, GED diploma, or active registry status on the Pennsylvania nurse aide registry.

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

GED/Highschool Diploma

Staff D, is attached Diploma.

Staff B, is attached Diploma.

Administrator will develop a checklist for new hires, to be completed within the first 7 days since the day of hire. Also, facility invested in individuals filing system for easy verification.

Immediately: The administrator or designated staff person will review all direct care staff records to ensure all direct care staff persons meet the qualifications in accordance with regulation 2600.54(a) prior to providing personal care services to the residents. If a direct care staff person is identified as unqualified through this review process, the staff person will not be permitted to provide direct care services to the residents until the required qualifications in accordance with regulation 2600.54(a) has been provided or obtained. 3/15/17

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative ANTHONY M KARRIE  
(Required on EVERY Page)

Printed Name and Title of Legal Entity Representative ANTHONY M KARRIE  
(Required on EVERY Page) EVENING STAR LLC CEO/President

Date 10/25/16

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The above plan of correction is approved as of 3/15/17  
(Date)

Plan of correction implementation status as of 3/15/17  
(Date)

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

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

Violation Report: 44715 - 09/21/2016 - Cutler, Jan  
 PCH Name: EVENING STAR PERSONAL CARE HOME

**1. REGULATION 55 Pa.Code §2600**  
 2600.65(a) Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

- (1) Evacuation procedures.
- (2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
- (3) The designated meeting place outside the building or within the fire safe area in the event of an actual fire.
- (4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
- (5) The location and use of fire extinguishers.
- (6) Smoke detectors and fire alarms.
- (7) Telephone use and notification of emergency services.

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**2a. DESCRIPTION OF VIOLATION**  
 The following employees did not receive orientation in any of the required topics under 2600.65(a):

- \*Staff person B, hired [redacted] /16
- \*Staff person C, hired [redacted] /16
- \*Staff person D, hired [redacted] /16
- \*Staff person E, hired [redacted] /16
- \*Staff person F, hired [redacted] /16

**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 B, was oriented to the inservice, a check list was created, see attachment.  
 Staff D, was oriented to the inservice, a check list was created, see attachment.  
 Staff C, called off, will be given inservice, will not be allowed to work until completed.  
 Staff E, called off, will be given inservice, will not be allowed to work until completed.  
 Staff F, resigned, no longer working at facility.

All in-services are on file upon request by state surveyor.

Administrator will use a check list to ensure in-services are done prior or on during the first day of work.

Administrator to develop a chart/folder for new hires orientation.

*Please see page 5<sup>1</sup> of 12*

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative **ANTHONY M KILARIE**      Date **11/3/16**  
 (Required on EVERY Page) **EVENING STAR LLC**

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

The above plan of correction is approved as of 3/15/17  
 (Date)

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

Plan of correction implementation status as of 3/15/17  
 (Date)

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

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Page 5 of 12

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Human Services Licensing

Violation Report: 44716 - 09/21/2016 - Cutter, Jan  
PCH Name: EVENING STAR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.65(a) - Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

- (1) Evacuation procedures.
- (2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
- (3) The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
- (4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
- (5) The location and use of fire extinguishers.
- (6) Smoke detectors and fire alarms.
- (7) Telephone use and notification of emergency services.

2a. DESCRIPTION OF VIOLATION

The following employees did not receive orientation in any of the required topics under 2600.65(a):

- \*Staff person B, hired [redacted] 16
- \*Staff person C, hired [redacted] 16
- \*Staff person D, hired [redacted] 16
- \*Staff person E, hired [redacted] 16
- \*Staff person F, hired [redacted] 16

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.

Immediately: Staff persons C and E will receive orientation in emergency preparedness as specified in regulation 2600.65(a).

Immediately: The administrator or designated staff person will review all staff records to ensure all staff persons have completed the required fire safety and emergency preparedness orientation specified in regulation 2600.65(a). Any staff person identified through this review process as not receiving the required orientation will receive general fire safety and emergency preparedness training immediately upon discovery to ensure all staff persons are trained to respond in an emergency situation.

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

Signature of Legal Entity Representative (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Evening Star LLC  
Evening Star Personal Care Home      Date 3/14/17

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

The above plan of correction is approved as of <u>3/15/17</u> (Date)	Plan of correction implementation status as of _____ (Date)
The above plan of correction was approved by <u>SNO</u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 44715 - 09/21/2016 - Cutter, Jan  
 PCH Name: EVENING STAR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.65(b) - Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

- (1) Resident rights,
- (2) Emergency medical plan.
- (3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. 10225.101-10775.5102).
- (4) Reporting of reportable incidents and conditions.

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 Human Services Licensing

2a. DESCRIPTION OF VIOLATION

Staff persons B, C, D, E and F completed their 40th scheduled work hours by September 2016. The staff persons did not receive orientation in any of the required topics under 2600.65(b).

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*

Immediately: Staff persons C and E will receive orientation specified in regulation 2600.65(b). *SP 3/15/17*

Immediately: The administrator or designated staff person will review all staff records to ensure all staff persons have received orientation specified in regulation 2600.65(b). Any staff person identified through this review process as not having had the required orientation specified in regulation 2600.65(b) will receive orientation immediately upon discovery to ensure all staff persons are familiar with residents' rights, mandated reporting, and the procedures for responding to a medical emergency.

- Staff B, was oriented to the inservice, a check list was created, see attachment.
- Staff D, was oriented to the inservice, a check list was created, see attachment.
- Staff C, called off, will be given inservice, will not be allowed to work until completed.
- Staff E, called off, will be given inservice, will not be allowed to work until completed.
- Staff F, resigned, no longer working at facility.

All in-services are on file upon request by state surveyor.

Administrator will use a check list to ensure in-services are completed, will orient before new hire begin working on the floor, within the first 40 hrs of hire, audit the check list.

Administrator to develop a chart/folder for new hires orientation.

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

Printed Name and Title of Legal Entity Representative <i>Anthonya Kierie Evening Star LLC</i> (Required on EVERY Page)	Date <i>11/3/16</i>
---	---------------------

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

The above plan of correction is approved as of 3/15/17  
 (Date)

Plan of correction implementation status as of 3/15/17  
 (Date)

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

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

Violation Report: 44715 - 09/21/2016 - Cutler, Jan  
PCH Name: EVENING STAR PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.B5(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION

On 9/21/2016 at approximately 4:30 p.m., staff person A, [REDACTED], removed resident #1's medication out of the bottle and placed it into his/her bare hand and then placed the medication into a cup to administer to the resident.

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.

Educate staff/administrator, meds should be directly poured from packs into the cups without being touched.

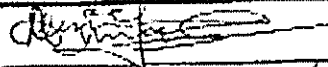
For any reason, if meds are to be touched, staff will wash hands, use gloves or plastic spoons to maintain sanitary conditions.

Administrator will ensure at all times, the med cart has gloves/plastic spoons.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)



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

ANTHONY M KIARIS

CEO/President

Date 10/25/16.

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

The above plan of correction is approved as of

3/15/17  
(Date)

Plan of correction implementation status as of

3/15/17  
(Date)

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

The above plan of correction was approved by

  
(Initials)

OCT 26 2016

Violation Report: 44715 - 09/21/2016 - Cutler, Jan  
PCH Name: EVENING STAR PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.91 - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline, shall be posted on or by each telephone with an outside line.

2a. DESCRIPTION OF VIOLATION  
There were no emergency telephone numbers posted by the telephone in the entry hallway.

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.

Emergency phone numbers were compiled and posted on all outside phone lines.

Attached is the list.

The administrator will ensure that numbers are posted at all times.

The administrator will make rounds each an every morning to ensure the posts are intact.

Educated and encourage staff to report if emergency numbers are missing.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

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

ANTHONY M WHARRIE CEO/President

Date 10/25/16

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

The above plan of correction is approved as of 3/15/17  
(Date)

Plan of correction Implementation status as of 3/15/17  
(Date)

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

The above plan of correction was approved by \_\_\_\_\_  
(Initials)

Violation Reference: 44715 - 09/21/2016 - Cutler, Jan  
 PCH Name: EVENING STAR PERSONAL CARE HOME

OCT 26 2016

WEST REGION FIELD OFFICE  
 Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
 2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION

The medical evaluation for resident #2, dated 10/7/2015, does not include height, weight, pulse rate, blood pressure or temperature.

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.

Dr. [redacted] visited on 10/10/16 and entered resident height: [redacted]  
 Weight: [redacted], Pulse [redacted], Temp: [redacted] BP: [redacted] See attachment.

The administrator will ensure DME is signed within 14 Days after admission.

The administrator will implement and use an audit tool to ensure all sections are completely filled in.

Immediately: If a new medical evaluation has not been completed since 10/7/15 for resident #2 a new medical evaluation shall be completed in its entirety. The medical evaluation shall be maintained in the resident's record.

Within 15 days of receipt of the plan of correction: The administrator or designated staff person shall review all resident records to ensure a current medical evaluation is completed timely and in its entirety to include height, weight, pulse rate and blood pressure. The medical evaluation shall be maintained in each resident's record. Any missing contents required under regulation 2600.141(a)(2) will be immediately returned to the physician for completion.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) ANTHONY M. KUHLE: CEO/President Date 10/25/16

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

The above plan of correction is approved as of <u>3/15/17</u> (Date)	Plan of correction implementation status as of <u>3/15/17</u> (Date)
The above plan of correction was approved by <u>SHP</u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <u>SHP</u> <input type="checkbox"/> Not Implemented

OCT 26 2016

Violation Report: 44/15 - 09/21/2016 - Guller, Jan  
PCH Name: EVENING STAR PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.

2a. DESCRIPTION OF VIOLATION  
On 9/21/16 at 4:21 p.m., agents of the Department observed staff person A. [redacted] initial the medication administration record (MAR) as having administered resident #1's medication before he/she administered the medication.

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.

Medicines will be initialed after being administered.

Educate staff/administrator meds can only be initialed after being administered.

Administrator to ensure initials are being entered after administration of medicines.

See Page 10A of P12

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

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

ANTHONY M BLARKE CEO/President

Date 10/25/16

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

The above plan of correction is approved as of

3/15/17  
(Date)

Plan of correction implementation status as of

3/15/17  
(Date)

The above plan of correction was approved by

(Initials)

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

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WEST REGION FIELD OFFICE  
Human Services Licensing

Violation Report: 44715 - 09/21/2016 - Cutter, Jan  
PCH Name: EVENING STAR PERSONAL CARE HOME

1. REGULATION 55 Pa. Code §2600

2600 187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.

2a. DESCRIPTION OF VIOLATION

At 4:21 p.m., agents of the Department observed staff person A. [redacted] initial the medication administration record (MAR) as having administered resident #1's medication before he/she administered the medication

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

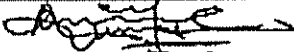
Includes steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Immediately - All staff persons who administer medication will be reeducated on proper medication administration procedures. This retraining shall include the requirement of recording the administration of medication at the time the medication is administered, by the staff person who administers the medication. Documentation will be kept

Immediately - A designated staff person will monitor the MAR daily to ensure all medication administration documentation is complete and accurate. Documentation will be kept.

Immediately - The administrator or designee will monitor the MAR at least weekly, and observe a medication pass by each staff person who administers medication, at least two times, then monthly thereafter to ensure all medication administration documentation is complete, current and accurate. Documentation will be kept.


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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) EVENING STAR LLC ANTHONY M. KIARIE Date 11/10/16

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

The above plan of correction is approved as of 3/15/17 (Date)

The above plan of correction was approved by  (Initials)

Plan of correction implementation status as of \_\_\_\_\_ (Date)

Fully Implemented

Partially Implemented - Adequate Progress

Partially Implemented - Inadequate Progress

Not Implemented

Violation Report: 44715 - 09/21/2016 - Cutter, Jan  
PCII Name: EVENING STAR PERSONAL CARE HOME

OCT 26 2016

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 #3's assessment, dated 9/2/2016, does not include diagnoses of Hypertension, Hyperlipidemia, Gout, and Chronic Kidney Disease as indicated on the medical evaluation, dated 8/10/16.

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.

Diagnoses of Hypertension, Hyperlipidemia, Gout & Chronic Kidney Disease has being included, see attachment.

The administrator to use a chart audit tool to help complete assessment accurately. See attachment.

See Page 12 A of 12

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


Signature of Legal Entity Representative (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) ANTHONY M KIARLE CEO/President      Date 10/25/16.

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

The above plan of correction is approved as of 3/15/17 (Date)

Plan of correction implementation status as of 3/15/17 (Date)

The above plan of correction was approved by  (Initials)

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

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NOV 10 2016

Page 12<sup>A</sup> of 12

WEST REGION FIELD OFFICE  
Human Services Licensing

Violation Report: 44715 - 09/21/2016 - Cutter, Jan  
PCH Name: EVENING STAR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code 52600

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 #3's assessment, dated 9/2/16, does not include diagnoses of Hypertension, Hyperlipidemia, Gout and Chronic Kidney Disease, as indicated on the medical evaluation, dated 8/10/16.

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

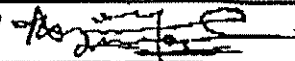
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Immediately - The assessment for resident #3 will be updated to include the identified information cited above.

Immediately - The administrator will review the assessments of all current residents to ensure a timely, complete and accurate assessment is present in each record, including all diagnoses, mobility needs, and other needed services.

Immediately - All staff persons completing assessments will be educated regarding the completion and accuracy of the document including required timeframes, documentation of all diagnoses, special dietary needs, and needed services. Documentation of the training will be kept.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) EVENING STAR LLC  
ANTHONY M KHARIE Date 11/10/16

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

The above plan of correction is approved as of 3/15/17  
(Date)

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

Plan of correction implementation status as of \_\_\_\_\_  
(Date)

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