



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**MAILING DATE: April 18, 2017**

Ms. Cheryl L. Sopkovich, LPN  
Administrator  
Personal Care at Evergreen, Inc.  
336 North Main Street  
Washington, Pennsylvania 15301

RE: Personal Care at Evergreen  
License # 405780

Dear Ms. Sopkovich:

As a result of the Department of Human Services' licensing inspection on October 13, 2016, of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

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

Sincerely,

Jon Kimberland  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary

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

PCH Name: PERSONAL CARE AT EVERGREEN		License Number: 40578
Address: 336 NORTH MAIN STREET, WASHINGTON, PA 15301		County: Washington
Administrator: Cheryl Sopkovich		Region: WEST
Legal Entity Name: PERSONAL CARE AT EVERGREEN INC		
Legal Entity Address: 336 NORTH MAIN STREET, WASHINGTON, PA 15301		<b>RECEIVED</b>
<b>Certificate(s) of Occupancy</b> C-2 LP 07/12/1999 PA L&I		APR 05 2017 WEST REGION FIELD OFFICE Human Services Licensing
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 42	Waking Staff: 32
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
<b>Reason(s) for Inspection(s)</b>		
Complaint		
<b>On-Site Inspections Dates and Department Representatives On-Site</b>		
10/13/2016: Bartlett, Patricia; Mulick, Cindy; Roser, Ashley		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>		
<b>Other Details</b>		
Partial or Full Triggers: N/A		Random Indicators: N/A
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 48 Number of Residents Served: 33 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 2 Number of Hospice Residents in past year: 8	<b>Number of Residents who:</b> Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 33 Have Mental Illness: 3 Have an Intellectual Disability: 0 Have a Mobility Need: 9 Have a Physical Disability: 0	

APR 05 2017

Violation Report: 40578 - 10/13/2016 - Bartlett, Patricia

PCH Name: PERSONAL CARE AT EVERGREEN

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

2a. DESCRIPTION OF VIOLATION

The medication room was unlocked, unattended and accessible. Resident records including #1's records were accessible.

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 be kept confidential and, except in emergency situations, may not be accessible to anyone other than the resident, resident's designated person, staff persons (when needed for care info), DHS personnel, ombudsman.
- Administrator/designee will monitor daily to ensure medication room is locked when unattended.
- Staff will be re-educated on confidentiality of resident records being in secure location at all times (Inservice scheduled for 4-6-17)

Repeat Violation: Yes

Date(s) of Previous Violation(s):

01/20/2016

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Cheryl R Sapkovich*

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

Cheryl Sapkovich RN

Date

4.1.17

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

The above plan of correction is approved as of

4-7-17  
(Date)

Plan of correction implementation status as of

4-7-17  
(Date)

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

The above plan of correction was approved by

4-7-17  
(Initials)

Violation Report: 40578 - 10/13/2016 - Bartlett, Patricia  
 PCH Name: PERSONAL CARE AT EVERGREEN

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.

2a. DESCRIPTION OF VIOLATION  
 The first floor medication room was unlocked and unattended. Resident medications were accessible as follows:  
 \* Resident #2's prescribed prednisone 10mg  
 \* Resident #3's prescribed prednisone 10mg  
 \* Resident #4's prescribed Hydrocodone/APAP 5-325  
 \* Resident #5's's prescribed warfarin 2mg

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

- Medications for Residents 2, 3, 4 & 5 were placed in medication cart and locked at time of inspection.  
 - Medication aides will be instructed on proper storage of medications (4-7-17).  
 - Administrator/designee will monitor medication room to ensure it is locked when it is unattended.  
 Immediately: monitoring shall be completed at least daily.  
 4-7-17

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

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) Cheryl L. Sopkovich LPN Date 4.1.17

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

The above plan of correction is approved as of <u>4-7-17</u> (Date)	Plan of correction implementation status as of <u>4-7-17</u> (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented