



pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAY 15 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' annual licensing inspection on November 15, 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.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Inspection.

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in black ink that reads "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

Violation Report: 40578 - 11/15/2016 - Bedford, Katie
PCH Name: PERSONAL CARE AT EVERGREEN

WEST REGIONAL FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

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

2a. DESCRIPTION OF VIOLATION

Four video cameras, installed in common areas of the home, violate the privacy of the residents in their bedrooms.

-Camera #1 on the first floor faces the kitchenette; however, the interiors of resident bedrooms 124 and 122 can be seen by the camera.

-Camera #2 on the first floor faces the opposite kitchenette; however, the interiors of resident bedrooms 109 and 107 can be seen by the camera.

-Camera #1 on the second floor faces the kitchenette; however, the interiors of resident bedrooms 223 and 221 can be seen by the camera.

-Camera #2 on the second floor faces the opposite kitchenette; however, the interiors of resident bedrooms 208 and 206 can be seen by the camera.

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.

- Cameras turned off by administrator
- New cameras for common areas will be ordered on 2-20-17. Will arrive within 4-6 weeks. New cameras are stationary. They will be positioned to monitor common areas only.

- Administrator / Operations Director are only staff members able to monitor cameras
within 15 days of receipt of the plan of correction = The administrator/operations Director will check the camera settings monthly to ensure all cameras are being used in accordance with the narrative included with regulation 2600.42s in the Regulatory Compliance Guide dated April 1, 2013.
ML-
3/10/17

Repeat Violation: Yes Date(s) of Previous Violation(s): 01/20/2016

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 2-19-17

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

The above plan of correction is approved as of 3/10/17 (Date)

Plan of correction implementation status as of 3/10/17 (Date)

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

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

FEB 22 2017

Violation Report: 40578 - 11/15/2016 - Bedford, Katie
PCH Name: PERSONAL CARE AT EVERGREEN

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

WEST REGIONAL FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

At approximately 10:30am, approximately 120 cigarette butts, a styrofoam plate, an empty pack of cigarettes, a plastic fork, a plastic zip lock bag and 3 plastic gloves were found to the left of and under the exterior stairway from the kitchen.

Multiple pieces of garbage were on the ground in the dumpster area in the rear of the building including 8 used vinyl exam gloves, several condiment packets, several pieces of plastic silverware and several styrofoam cups.

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 cigarette remains were removed from under exterior stairway by housekeeping and maintenance depts on day of inspection
- This area has been added to housekeeping Checklist.
- Administrator/designee will audit housekeeping Checklist and outside under stairway from the kitchen weekly for compliance.
- All employees were educated verbally during staff meeting and 1 on 1's on the importance of utilizing designated smoking area. (Gazebo)

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

Signature of Legal Entity Representative (Required on EVERY Page) *Ceryl L Sopkovich*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Ceryl L Sopkovich LPN* Date *2-19-17*

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

The above plan of correction is approved as of <u>3/10/17</u> (Date)	Plan of correction implementation status as of <u>3/10/17</u> (Date)
The above plan of correction was approved by <u>ML</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>ML</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 40578 - 11/15/2016 - Bedford, Katie
PCH Name: PERSONAL CARE AT EVERGREEN

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 221

The two telephones in resident bedroom 242 did not have the phone numbers for emergency services posted on or by them.

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 placed above resident's phone in room 221 the day of inspection.
- All common areas/resident rooms were checked to ensure emergency phone numbers were in place.
- Emergency number list has been added to housekeeping checklist.
- Administrator/designee will review checklists weekly.
- Staff education provided at staff meeting on 2-16-17 on the importance of emergency numbers list above all telephones in facility

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Cheryl Sopotovich

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

Cheryl Sopotovich

Date 2-19-17

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

The above plan of correction is approved as of 3/10/17
(Date)

Plan of correction implementation status as of 3/10/17
(Date)

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

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

RECEIVED

FEB 22 2017

WEST VIRGINIA OFFICE
Human Services Licensing

Violation Report: 40578 - 11/15/2016 - Bedford, Katie
PCH Name: PERSONAL CARE AT EVERGREEN

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

2a. DESCRIPTION OF VIOLATION

The wooden bench to the right of the path leading to the gazebo had a broken wooden slat with a jagged edge on the seat which poses a laceration hazard for 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.

- Wooden bench disposed of on 11-20-16. New bench to be purchased by 3-13-17.
- Administrator/maintenance dept. will monitor outside furniture to ensure it is in good repair and free of hazards.
- All staff educated on monitoring/reporting any furniture that is not in good repair and free of hazards. All furniture not in good repair will be reported to maintenance dept via maintenance log.
- Maintenance dept to monitor weekly to ensure that furniture is 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) Cheryl Sopkovich

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Cheryl Sopkovich LPN Date 2-19-17

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

The above plan of correction is approved as of 3/10/17
(Date)

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

Plan of correction implementation status as of 3/10/17
(Date)

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

WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 40578 - 11/15/2016 - Bedford, Katie
PCH Name: PERSONAL CARE AT EVERGREEN

1. REGULATION 55 Pa.Code §2600
2600.101(j)(5) - Each resident shall have the following in the bedroom: A bedside table or a shelf.

2a. DESCRIPTION OF VIOLATION
There is no bedside table or shelf beside the bed closest to the door in resident bedroom 124.
There is no bedside table or shelf beside the bed closest to the window in resident bedroom 221.

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

- Bedside nightstand was placed in resident 124 & 221 rooms on 11/16/16.
- Housekeeping will monitor all rooms daily for nightstand/table next to all resident beds.
- Administrator/designee will monitor housekeeping checklist weekly for compliance.

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

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

Printed Name and Title of Legal Entity Representative: *Cheryl Sopkovich LPN* Date: *2-19-17*
(Required on EVERY Page)

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

The above plan of correction is approved as of 3/10/17
(Date)

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

Plan of correction implementation status as of 3/10/17
(Date)

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

WEST REGIONAL FIELD OFFICE
Human Services Licensing

Violation Report: 40578 - 11/15/2016 - Bedford, Katie
PCH Name: PERSONAL CARE AT EVERGREEN

1. REGULATION 55 Pa.Code §2600

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

2a. DESCRIPTION OF VIOLATION

The bed in resident bedroom 110 does not have a source of light that can be turned on/off from bedside.
The bed closest to the door in resident bedroom 124 does not have a source of light that can be turned on/off from bedside.
The bed closest to the window in resident bedroom 221 does not have a source of light that can be turned on/off from bedside.
The bed closest to the window in resident bedroom 226 does not have a source of light that can be turned on/off from bedside.

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

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

- Light sources placed in rooms 124, 221, 226 and 110 on 11-15-16.
- Housekeeping dept will monitor & utilize checklist daily to ensure proper lighting source is available.
- Families/residents/Staff were educated on need to ensure lighting sources next to bed are not moved.

Within 15 days of receipt of the plan of correction: The administrator will check resident bedrooms weekly to ensure each resident has a source of light that can be turned on/off from bedside. *gn. 3/10/17*

Repeat Violation: Yes	Date(s) of Previous Violation(s):	01/20/2016
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Signature of Legal Entity Representative (Required on EVERY Page) *Cheryl Sopotowicz*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Cheryl Sopotowicz LPN* Date *2-19-17*

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

The above plan of correction is approved as of 3/10/17 (Date)
The above plan of correction was approved by gn. (Initials)

Plan of correction implementation status as of 3/10/17 (Date)

Fully Implemented
 Partially Implemented - Adequate Progress *gn.*
 Partially Implemented - Inadequate Progress
 Not Implemented

FEB 9 2017

Violation Report: 40578 - 11/15/2016 - Bedford, Katie
PCH Name: PERSONAL CARE AT EVERGREEN

NORTH REGIONAL FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

2a. DESCRIPTION OF VIOLATION

The November medication administration record for resident #1 does not include Milk of Magnesia-400ml/5ml-give 30ml by mouth as needed for constipation.

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.

- Random cart audits will be conducted by administrator at least every ~~other~~ month to ensure compliance. *pw.*
 - Cart audits to be conducted by pharmacy quarterly and as needed
 - Medication aides educated on importance of removing discontinued medications from medication cart.
- Resident #1's Milk of Magnesia was discontinued on 11/23/16. *pw. 3/10/17*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Cheryl Sopkovich

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

Cheryl Sopkovich RN

Date 2-9-17

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

The above plan of correction is approved as of 3/10/17
(Date)

Plan of correction implementation status as of 3/10/17
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *pw.*
- Partially Implemented - Inadequate Progress
- Not Implemented

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