



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

SEP 27 2017

Mr. Kevin P. Kasseff,  
Manager  
Evergreen Estates Holdings LLC  
1230 Rosencrans Avenue, Suite 405  
Manhattan Beach, California 90266

RE: Evergreen Estates Retirement Community  
1300 East King Street  
Lancaster, Pennsylvania 17602  
License #: 331930

Dear Mr. Kasseff:

As a result of the Department of Human Services' annual licensing inspections on April 10, 2017 and April 11, 2017 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](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**  
**PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

<b>PCH Name:</b> EVERGREEN ESTATES RETIREMENT COMMUNITY		<b>License Number:</b> 33193
<b>Address:</b> 1300 EAST KING STREET, LANCASTER, PA 17602		<b>County:</b> Lancaster
<b>Administrator:</b> Charity Cruz		<b>Region:</b> CENTRAL
<b>Legal Entity Name:</b> EVERGREEN ESTATES HOLDINGS LLC		
<b>Legal Entity Address:</b> 1230 ROSECRANS AVE SUITE 405, MANHATTAN BEACH, CA 90266		
<b>Certificate(s) of Occupancy</b>		
C-2 LP	I-1	
05/07/2002	02/15/2008	
Labor and Industry	Lancaster Township	
<b>Staffing Hours</b>		
<b>Resident Support:</b> 0	<b>Total Daily Staff:</b> 99	<b>Waking Staff:</b> 74
<b>Type of Inspection:</b> Full	<b>BHA Docket Number:</b>	<b>Notice:</b> Unannounced
<b>Reason(s) for Inspection(s)</b>		
Renewal, Complaint		
<b>On-Site Inspections Dates and Department Representatives On-Site</b>		
04/10/2017: Gillespie, Denise; Bomberger, Cybil		
04/11/2017: Gillespie, Denise; Bomberger, Cybil		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>		
<b>Other Details</b>		
<b>Partial or Full Triggers:</b> N/A		<b>Random Indicators:</b> N/A
<b>Resident Demographic Data as of Inspection Dates</b>		
<b>Licensed Capacity:</b> 125	<b>Number of Residents who:</b>	
<b>Number of Residents Served:</b> 96	Receive Supplemental Security Income: 0	
<b>Secured Dementia Care Unit In Home:</b> No	Are 60 Years of Age or Older: 94	
<b>Area:</b>	Have Mental Illness: 0	
<b>Secured Dementia Unit Capacity, if Applicable:</b>	Have an Intellectual Disability: 0	
<b>Number of Residents Served In Secured Dementia Care Unit, if applicable:</b>	Have a Mobility Need: 3	
<b>Number of Current Hospice Residents:</b> 4	Have a Physical Disability: 1	
<b>Number of Hospice Residents In past year:</b> 14		

Violation Report: 33193 - 04/10/2017 - Gillespie, Denise  
PCH Name: EVERGREEN ESTATES RETIREMENT COMMUNITY

1. REGULATION 55 Pa. Code §2800

2800.63(a) - At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

2a. DESCRIPTION OF VIOLATION


On 3/31/2017, from 10:30 pm to 6:00 am, more than 50 residents were present in the home. During this time, only 1 staff person was present in the home who was certified in first aid and CPR.

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

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

- 1) Employee in question had a CPR and BLS (Basic Life Support) Certifications, inspectors informed us BLS is not acceptable that only First Aid is.
- 2) Employee CPR, First Aid Records Audited to schedule any care staff, nursing staff that had BLS take First Aid course accepted by Department of Human Services.
- 3) Staff and managers educated BLS not acceptable. Staff will have CPR + First Aid Certifications per the Department guidelines Required Certification Courses held on-site monthly.
- 4) Evergreen will have at least 1 staff person on duty on every 50 residents with CPR and First Aid Certifications, as the regulations require.

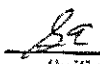
Repeat Violation: No      Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page)  Executive Director

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Charity D Cruz      Date 07/05/2017

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

The above plan of correction is approved as of 8-1-17 (Date)

The above plan of correction was approved by  (Initials)

Plan of correction implementation status as of 8-1-17 (Date)

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

Violation Report: 33193 - 04/10/2017 - Gillespie, Denise  
PCH Name: EVERGREEN ESTATES RETIREMENT COMMUNITY

1. REGULATION 55 Pa. Code §2600  
2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

2a. DESCRIPTION OF VIOLATION  
On 4/11/17 at 3:00 pm, the temperature of the walk-in freezer was 25 degrees Fahrenheit.

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

- 1) White's HVAC contacted, serviced internal freezer control on 4/12/17 in the morning. Freezer internal control adjusted to proper temperature to meet required department regulations. See attached service order statement written # 26311
- 2) Daily temperatures see attached. Since the adjustment within state regulations.
- 3) Chef and her team will immediately report any temperature above 2° to maintenance supervisor and/or White's HVAC service for adjustment.
- 4) Freezer temperatures will be at zero or below, and no more than 2° variance of zero as indicated in the regulations.

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

Signature of Legal Entity Representative (Required on EVERY Page)  Executive Director

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Charity D Cruz      Date 07/05/2017

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

The above plan of correction is approved as of 7-3-17 (Date)

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

Plan of correction implementation status as of 7-3-17 (Date)

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