



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

SEP 29 2017

Ms. Amy Ponzoo,  
RN, Administrator  
Personal Care at Evergreen, Inc.  
336 North Main Street  
Washington, Pennsylvania 15301

RE: Personal Care at Evergreen  
25 Glade Avenue  
Waynesburg, Pennsylvania 15370  
License #: 400900

Dear Ms. Ponzoo:

As a result of the Department of Human Services' annual licensing inspection on April 26, 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, appearing to read "J. Rowe".

Jacqueline L. Rowe  
Director

Enclosure  
License Inspection Summary

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

PCH Name: PERSONAL CARE AT EVERGREEN		License Number: 40090
Address: 25 GLADE AVENUE, WAYNESBURG, PA 15370		County: Greene
Administrator: Amy Ponzao		Region: WEST
Legal Entity Name: PERSONAL CARE AT EVERGREEN INC		
Legal Entity Address: 338 NORTH MAIN STREET, WASHINGTON, PA 15301		<b>RECEIVED</b>
Certificate(s) of Occupancy C-2 LP 11/24/2003 L & I		JUN 02 2017 WEST REGION FIELD OFFICE Human Services Licensing
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 46	Waking Staff: 35
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
<b>Reason(s) for Inspection(s)</b> Renewal, Incident		
<b>On-Site Inspection Dates and Department Representatives On-Site</b> 04/28/2017: Summers, Vicky; Bedford, Kalie		
<b>Off-Site Inspection Dates and Inspectors, If Applicable</b>		
<b>Other Details</b>		
Partial or Full Triggers:		Random Indicators:
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 44	<b>Number of Residents who:</b>	
Number of Residents Served: 38	Receive Supplemental Security Income: 0	
Secured Dementia Care Unit In Home: No	Are 60 Years of Age or Older: 38	
Area:	Have Mental Illness: 1	
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: 8	
Number of Current Hospice Residents: 4	Have a Physical Disability: 1	
Number of Hospice Residents In past year: 15		

Violation Report: 40090 - 04/28/2017 - Summers, Vicky  
PCH Name: PERSONAL CARE AT EVERGREEN

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.18 - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

2a. DESCRIPTION OF VIOLATION

The Care Facility Carbon Monoxide Alarms Standards Act, enacted 6/23/16, requires carbon monoxide alarms to be installed in close proximity of, but not less than 15 feet from, any fossil-fuel burning device or appliance. The home has fossil fuel burning devices and does not have any carbon monoxide detectors.

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. Facility has obtained 2 quotes to install CO monitors.
2. Facility will need to incorporate this alarm into fire system due to location of furnaces and hot water tanks.
3. [REDACTED] Director of Operations has been in contact with John Kimberland to ensure proper alarms to be installed and proper ~~specifications~~ <sup>errors</sup> specifics.
4. CO system/~~alar~~ alarms planned to be installed within next 60 days if not sooner.

Installation of the CO alarm system has been scheduled for 8/7/17. so

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
Amy Ponzio RN			5/22/17.

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

The above plan of correction is approved as of	<u>8/3/17</u> (Date)	Plan of correction implementation status as of	<u>8/3/17</u> (Date)
		<input type="checkbox"/> Fully Implemented	
		<input checked="" type="checkbox"/> Partially Implemented - Adequate Progress	SUP
		<input type="checkbox"/> Partially Implemented - Inadequate Progress	
		<input type="checkbox"/> Not Implemented	
The above plan of correction was approved by	<u>SNO</u> (Initials)		

Violation Report: 40090 - 04/26/2017 - Summers, Vicky  
POH Name: PERSONAL CARE AT EVERGREEN

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

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

- (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.

2. DESCRIPTION OF VIOLATION

Staff person B, hired on 3/17/17, does not have a high school diploma, GED diploma, or active registration 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.

Official transcripts obtained & attached.

Going forward ..... Administrator will ensure all proper required documents are in place prior to employee beginning direct care. Employee files to be audited quarterly by Administrator to ensure compliance

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Amy PONZOO RN	Date 5/22/17
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 8/3/17  
(Date)

Plan of correction implementation status as of 8/3/17  
(Date)

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

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

Violation Report: 40090 - 04/28/2017 - Summers, Vicky  
PCH Name: PERSONAL CARE AT EVERGREEN

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 85 Pa.Code §2600

2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
- (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
- (3) Resident rights.
- (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.6102).
- (5) Falls and accident prevention.
- (6) New population groups that are being served at the home that were not previously served, if applicable.

2a. DESCRIPTION OF VIOLATION

The home's staff training year is 1/1-12/31. Staff person A did not receive fire safety training completed by a fire safety expert or by a staff person trained by a fire safety expert in 2016.

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. Currently fire safe training is only done once per year.

2. Administrator to ensure facility has at least 2 trainings per year so that in the event staff is unable to attend the first, they can attend second.

3. Administrator to ensure all required training is completed by all staff -> utilizing a tickler file.  
Staff person A received fire safety training by a fire safety expert on 6/5/17. SW

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *AMY PONZIO* Date *6/2/17*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE

The above plan of correction is approved as of <u>8/3/17</u> (Date)	Plan of correction implementation status as of <u>8/3/17</u> (Date)
The above plan of correction was approved by <u>SW</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>SW</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented