



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**Mailing Date: July 14, 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  
Certificate #: 331930

Dear Mr. Kasseff:

As a result of the Department of Human Services' licensing inspection on June 20, 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.

Sincerely,

A handwritten signature in black ink, appearing to read "Brett Swanger".

Brett Swanger  
Human Services Licensing Supervisor

Enclosure  
Licensing 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 05/07/2002 Labor & Industry	I-1 02/15/2008 Lancaster Township	
<b>Staffing Hours</b>		
<b>Resident Support:</b> 0	<b>Total Daily Staff:</b> 98	<b>Waking Staff:</b> 74
<b>Type of Inspection:</b> Partial	<b>BHA Docket Number:</b>	<b>Notice:</b> Unannounced
<b>Reason(s) for Inspection(s)</b> Incident		
<b>On-Site Inspections Dates and Department Representatives On-Site</b> 05/20/2017: McCloskey, Jason		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>		
<b>Other Details</b>		
<b>Partial or Full Triggers:</b>		<b>Random Indicators:</b>
<b>Resident Demographic Data as of Inspection Dates</b>		
<b>Licensed Capacity:</b> 125 <b>Number of Residents Served:</b> 95 <b>Secured Dementia Care Unit in Home:</b> No <b>Area:</b> <b>Secured Dementia Unit Capacity, if Applicable:</b> <b>Number of Residents Served in Secured Dementia Care Unit, if applicable:</b> <b>Number of Current Hospice Residents:</b> 3 <b>Number of Hospice Residents in past year:</b> 16	<b>Number of Residents who:</b> <b>Receive Supplemental Security Income:</b> 0 <b>Are 60 Years of Age or Older:</b> 93 <b>Have Mental Illness:</b> 0 <b>Have an Intellectual Disability:</b> 0 <b>Have a Mobility Need:</b> 3 <b>Have a Physical Disability:</b> 1	

Violation Report: 33193 - 08/20/2017 - McCloskey, Jason  
PCH Name: EVERGREEN ESTATES RETIREMENT COMMUNITY

1. REGULATION 65 Pa.Code §2600

2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION

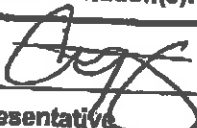
On 6-14-17 at 9:00pm and 6-15-17 at 8:00am, resident 1 did not receive Combigan eye drops which are prescribed 2 times per day, 1 drop in each eye. The home did not submit an incident report to the Department until 6-20-17.

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) Medication missed as medication had not arrived from pharmacy. All LPN's & med techs educated, that ALL missed medications and/or treatments, including medications that did not arrive from pharmacy must be reported to the Department of Human Services on the states required form, within 240 of the incident and/or missed dose. In addition, a copy of the faxed report and confirmation page, placed in the Resident's file/record.
  - 2) LPN's and med techs, also educated to obtain a "Hold" order from physician and an order to start medication when medication arrives from pharmacy.
- Ⓧ See attached educational form.

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) Charity A Cruz Executive Director      Date 7/13/17

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

The above plan of correction is approved as of 7/14/17 (Date)

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

Plan of correction implementation status as of 7/14/17 (Date)

Fully Implemented

Partially Implemented - Adequate Progress

Partially Implemented - Inadequate Progress

Not Implemented

Violation Report: 33193 - 06/20/2017 - McCloskey, Jason  
PCH Name: EVERGREEN ESTATES RETIREMENT COMMUNITY

1. REGULATION 58 Pa.Code §2600  
2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident did not receive Combigan eye drops, 1 drop in each eye, 2 times a day on 6-14-17 at 9pm or on 6-15-17 at 8am because the medication wasn't available to be given.

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) medication missed as medication had not arrived from pharmacy. All Lpn's & med techs educated, that ALL missed medications and/or treatments, including medications that did not arrive from pharmacy must be Reported to the Department of Human Services on the State Required form, within 240 of the incident and/or missed dose. In addition, a copy of the faxed Report and Confirmation page, placed in the Resident's file/Record.
- 2) Lpn's and med techs, also educated to obtain a "Hold" order from physician and an order to start medication when medication arrives from pharmacy.  
 (v) See attached educational form.
- #3) medications will be given as directed by prescriber.

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)

*[Signature]*  
Charity A Cruz

Date 7/13/17

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The above plan of correction is approved as of 7/14/17  
(Date)

Plan of correction implementation status as of 7/14/17  
(Date)

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

The above plan of correction was approved by [Signature]  
(Initials)

Violation Report: 33193 - 06/20/2017 - McCloskey, Jason  
PCH Name: EVERGREEN ESTATES RETIREMENT COMMUNITY

1. REGULATION 55 Pa.Code §2600

2600.225(c) - The resident shall have additional assessments as follows:

- (1) Annually.
- (2) If the condition of the resident significantly changes prior to the annual assessment.
- (3) At the request of the Department upon cause to believe that an update is required.

2a. DESCRIPTION OF VIOLATION

The most recent assessment for resident 1 is dated 7-21-16. The resident is assessed to be independent in the areas of bladder and bowel management and personal hygiene. Multiple staff were interviewed and indicated that the resident requires regular assistance, including cueing, verbal reminders and hands-on care, to successfully complete these tasks. The current assessment does not properly document the resident's need for assistance.

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) (As scheduled prior to 6/20/17 inspection with Jason McCloskey) Resident had new medical evaluation with primary care doctor on 7/6/17. and Resident Assessment Support Plan document completed and updated 7/6/17. (See attached)
- 2) Director of Nursing and Nurses will update RASP's according to the Department of Human Services guidelines under Regulation 2600.225(c) Director of Nursing and LPN supervisors, will regularly communicate with care team to ensure any changes in Resident condition/care be recorded on Resident Assessment Support Plan forms at time of change.

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) Charity D CRIP Executive Director Date 7/13/17

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

The above plan of correction is approved as of 7/14/17 (Date)

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

Plan of correction implementation status as of 7/14/17 (Date)

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