



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

DEC 05 2017

Mr. Anthony Kiarie  
President  
Evening Star, LLC  
200 Caldwell Avenue  
Wilmerding, Pennsylvania 15148

RE: Evening Star Personal Care Home  
Certificate #: 447150

Dear Mr. Kiarie:

As a result of the Department of Human Services' licensing inspections on July 7, 2017 and October 6, 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.

A regular license is being issued based on the enclosed License Inspection Summary. Your license is enclosed.

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

Enclosures  
License  
License Inspection Summary



WEST VIRGINIA 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

2. DESCRIPTION OF VIOLATION

The Care Facility Carbon Monoxide Alarms Standards Act, enacted 6/23/2016, requires carbon monoxide alarms to be installed in close proximity of, but not less than 15 feet from, any fossil fuel device or appliance; however, no carbon monoxide detectors were present in the home. The home has a natural gas boiler, a natural gas hot water heater, and a natural gas burning stove.

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.

Regulation: 2600.18

2  
Immediately: <sup>5 have</sup> A Carbon Monoxide Detector has been installed <sup>per 11/5/17</sup>

Staff Training: Evening Star Staff has been trained in the cited violation. Please see Attached Training Agenda and Sign in Sheet. In addition to our most recent training. A follow up training is scheduled for September 13, 2017.

Plan to correct and Prevent future occurrences: A new monthly checklist has been created. Which will aid in the reviewing of all applicable Federal, State, Local laws Ordinances and regulations. These checks will be conducted Monthly ongoing. Documentation of reviews will be kept. Quarterly as part of our QM review process. The checklist will be reviewed. And revised as needed.

Person Responsible: Administrator

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
ANTHONY M KIBBLE, PCHA		9/11/17

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

The above plan of correction is approved as of 11/15/17  
(Date)

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

Plan of correction implementation status as of 11/15/17  
(Date)

Fully Implemented NU

Partially Implemented - Adequate Progress

Partially Implemented - Inadequate Progress

Not Implemented

Violation Report #4715 - 07/07/2017 - Kneec, Donald  
PCH Name: EVENING STAR PERSONAL CARE HOME

SEP 05 2017

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2800

2600.25(c)(2) - The contract shall specify a fee schedule that lists the actual amount of allowable resident charges for each of the home's available services

2a. DESCRIPTION OF VIOLATION

The resident-home contract for resident #1, stated [redacted] 15, does not include a fee schedule that lists the actual amount of charges for each of the home's available services. The "room and meals and services" section on page 1 of the resident-home contract is blank.

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.

Regulation: 2600.25 (c) (2) Contract

Immediately: An Updated Fee Schedule that list the actual amount of charges for Resident #1 has been completed. Please see Attached # 5

Review: A review of all residents Contracts will be conducted. Date to be completed: 9/30/17

Staff Training: Evening Star Staff has been trained in the cited violation. Please see Attached Training Agenda and Sign in Sheet. In addition to our most recent training. A follow up training is scheduled for September 13, 2017.

Plan to correct and Prevent future occurrences : A New Resident Contract Checklist has been created. And will be reviewed monthly going forward. Purpose: To ensure all sections of the Resident - Home Contract is completed. ( Room and meals and service) The new checklist will be placed in the front of all of our resident's charts. To ensure Compliance. Quarterly as part of our QM review process. The Checklist will be reviewed. And revised as needed. Documentation of reviews will be kept.

Person Responsible: Administrator

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) ANTHONY M KIARIE - PCHA Date 9/1/17 8/28/17

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The above plan of correction is approved as of 11/15/17 (Date)

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

Plan of correction implementation status as of 11/15/17 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress [Signature]
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 44716 07/07/2017 - Knes, Donald  
PCH Name: EVENING STAR PERSONAL CARE HOME

SEP 05 2017

WEST NICHOLAS COUNTY OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.25(d) SOPa - The resident-home contract is to include whether or not the home collects a portion of a resident's rebate under § 2600.25(d) (relating to resident-home contract).

2. DESCRIPTION OF VIOLATION  
The resident-home contract for resident #1, dated [redacted] /15, does not indicate whether the home collects a portion of a resident's rent rebate. This section of the resident-home contract is blank.

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.

**! Regulation: 2600.25 (d) Contract**

**Immediately:** An updated Resident-Home contract indicating whether or not (Evening Star) will collect a portion of the Rent rebate. For Resident # 1 is completed. Please see attachment # 6

**Review:** A review of all residents Contracts will be conducted. Date to be completed: 9/30/17

**Staff Training:** Evening Star Staff has been trained in the cited violation. Please see Attached Training Agenda and Sign in Sheet. In addition to our most recent training. A follow up training is scheduled for September 13, 2017

**Plan to correct and Prevent future occurrences :** A New Resident Contract Checklist has been created. This checklist will be reviewed monthly going forward. Purpose: To ensure all sections of the Resident - Home Contract is completed. ( Rent Rebate Section) The checklist will be placed in the front of all of our resident's charts. To ensure Compliance. Quarterly as part of our QM review process. The Checklist will be reviewed. And revised as needed. Documentation of reviews will be kept.

**Person Responsible:** Administrator

**To be fully completed by :** September 18, 2017

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
ANTHONY AN KIRKLE-POHA		9/1/17 8/27/17

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

The above plan of correction is approved as of 11/15/17  
(Date)

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

Plan of correction implementation status as of 11/15/17  
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress [Signature]
- Partially Implemented - Inadequate Progress
- Not Implemented

SEP 05 2017

WEST REGIONAL OFFICE  
Human Services Licensing

Violation Report: 44713 - 07/17/17 - KIRIE, Donald  
PCH Name: EVENING STAR PERSONAL CARE HOME

1. REGULATION 55 Pa. Code §2600

2600.25(g) - A copy of the signed contract shall be given to the resident and a copy shall be filed in the resident's record.

2a. DESCRIPTION OF VIOLATION

The resident-home contract for resident #2, dated [redacted] was not filed in the resident's record.

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.

Regulation: 2600.25(g) Contract

Review: A review of all residents Contracts will be conducted. Date to be completed: 9/30/17

Immediately: Resident # 2, Residential Contract has been filed in her Residential Chart.

Staff Training: Evening Star Staff has been trained in the cited violation. Please see Attached Training Agenda and Sign in Sheet. In addition to our most recent training. A follow up training is scheduled for September 13, 2017

Plan to correct and Prevent future occurrences : A New Resident Contract Checklist has been created. This checklist will be reviewed monthly going forward. Purpose: To ensure all Resident - Home Contracts are placed and accessible in each resident's record. The checklist will be placed in the front of all of our resident's charts. To ensure Compliance. Quarterly as part of our QM review process. The Checklist will be reviewed. And revised as needed. Documentation of reviews will be kept. Responsible Person: Administrator.

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
ANTHONY M KIRIE-PCA			9/1/17 8/27/17

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The above plan of correction is approved as of 11/15/17 (Date)

Plan of correction implementation status as of 11/15/17 (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 #4715 - 07/17/2017 - Kline, Donald  
PCH Name: EVENING STAR PERSONAL CARE HOME

WEST REGIONAL FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa. Code §2600  
2600.64(c) - An administrator shall have at least 24 hours of annual training relating to the job duties.

2a. DESCRIPTION OF VIOLATION  
Staff person A, the administrator, only had 17 hours of annual training for the 2016 training year from 1/1/16 through 12/31/16.

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.

Person Responsible: Administrator

To be fully implemented by : September 18, 2017

Regulation: 2600.64 (c) Administrator Training

Immediately: Staff person A has completed the required 24 hour training. Please see attachment #1

Staff Training: Evening Star Staff has been trained in the cited violation. Please see Attached Training Agenda and Sign in Sheet. In addition to our most recent training. A follow up training is scheduled for September 13, 2017

Plan to correct and Prevent future occurrences : A New Administrator hourly training flowsheet Has been created. Purpose: The flow sheet has a section for the total hours of all trainings completed in a single day. And will aid in ensuring 24 hours of annually training is complete. A monthly checklist has also been created. All Training hours will be reviewed Monthly going forward. ( Administrator will complete flowsheets) Quarterly as part of our QM review process. The Checklist will be reviewed. And revised as needed. Documentation of reviews will be kept.

Person Responsible: Administrator  
By 12/31/17: Staff person A will complete 24 hours of approved administrator annual training in addition to the 7 hours which are being applied to the 2016 training year. Staff person A will not include the same approved training topic twice in the same training year.

9/15/17

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) ANTHONY M KIRAZIE-RHA

Date 9/11/17 8/27/17

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The above plan of correction is approved as of 11/15/17 (Date)

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

Plan of correction implementation status as of 11/15/17 (Date)

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

Violation Report: 44715 07/07/2017 - Kinas, Donald  
 PCH Name: EVENING STAR PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
 Human Services Licensing

**1. REGULATION 55 Pa. Code §2600**

2600.65(a) - Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following.

- (1) Evacuation procedures.
- (2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
- (3) The designated meeting place outside the building or within the fire safe area in the event of an actual fire.
- (4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
- (5) The location and use of fire extinguishers.
- (6) Smoke detectors and fire alarms.
- (7) Telephone use and notification of emergency services.

**2a. DESCRIPTION OF VIOLATION**

Direct care staff person B, hired 3/6/17, did not have an orientation in general fire safety and emergency preparedness that includes the following topics:

- \* Evacuation procedures
- \* Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
- \* The designated meeting place outside the building or within the fire safe area in the event of an actual fire
- \* The location and use of fire extinguishers
- \* Smoke detectors and fire alarms

**3. PLAN**  
*Include*  
*immed.*

Regulation: 2600.65 (a) \* A review of all staff files will be completed 9/30/17 initial

Immediately: Direct Care Staff person B has been trained in general Fire Safety and Emergency Preparedness. Please see attachment # 2

Staff Training: Evening Star Staff has been trained in the cited violation. Please see Attached Training Agenda and Sign in Sheet. In addition to our most recent training, A follow up training is scheduled for September 13, 2017

Plan to correct and Prevent future occurrences : A New Orientation check list has been created. This checklist will be utilized during the entire orientation process. Purpose: The checklist will aid as a tracking notification of regulatory trainings completed during the required time frame. ( days) The checklist will be housed in the training section in all of our staff files. And completed by the administrator after each training. Monthly the administrator will review all new hires orientation training to ensure completion. Documentation of reviews will be kept. Quarterly as part of our QM review process. The Checklist will be reviewed, And revised as needed. Person responsible: PCHTA.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	09/21/2016
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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) ANTHONY M KINASE - PCHTA Date 9/1/17  
~~8/27/17~~

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The above plan of correction is approved as of 11/15/17  
 (Date)

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

Plan of correction implementation status as of 11/15/17  
 (Date)

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

SEP 05 2017

Violation Report 44715-07/07/2017 Knoc, Donald  
PCH Name: EVENING STAR PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.85(b) - Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

- (1) Resident rights.
- (2) Emergency medical plan.
- (3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. 5510225.101-10225.5102).
- (4) Reporting of reportable incidents and conditions.

2a. DESCRIPTION OF VIOLATION

Direct care staff person B, hired 3/8/17, did not have an orientation within 40 scheduled working hours that includes the following topics:

- \* Emergency Medical Plan
- \* Reporting Incidents and Conditions.

3. PLAN OF CORRECTION

Immediately: Direct Care Staff B has been trained in Emergency Medical Plan and Reporting Incidents and Conditions. Please see attachment # 4

Include in immediate

Review: A review of all staff files will be completed 9/30/17.

VI

Staff Training: Evening Star Staff has been trained in the cited violation. Please see Attached Training Agenda and Sign in Sheet. In addition to our most recent training. A follow up training is scheduled for September 13, 2017

Plan to correct and Prevent future occurrences: A new orientation checklist has been developed. This checklist will be utilized during the entire orientation process. To include (within 40 scheduled working hours training) Purpose: The checklist will aid as a tracking notification of regulatory trainings completed during the required time frame. (within 40 scheduled hours) The checklist will be housed in the training section in all of our staff files. And completed by the administrator after each training. Monthly the administrator will review all new hires orientation training to ensure completion. Documentation of reviews will be kept. Quarterly as part of our QM review process. The Checklist will be reviewed. And revised as needed

Person Responsible: Administrator

Repeat Violation: Yes	Date(s) of Previous Violation(s):	09/21/2016
Signature of Legal Entity Representative (Required on EVERY Page)		
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date
ANTHONY, M K IARIE-PCHA		9/1/17 8/27/17

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The above plan of correction is approved as of 11/15/17  
(Date)

Plan of correction implementation status as of 11/15/17  
(Date)

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

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

Violation Report: 44715 - 07/07/2017 - KNOX, DINA  
FCH Name: EVENING STAR PERSONAL CARE HOME

SEP 05 2017

1. REGULATION 55 Pa.Code §2600  
2600.85(e) - Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.

WEST PENNSYLVANIA OFFICE:  
Human Services Licensing

2a. DESCRIPTION OF VIOLATION  
Direct care staff person C, hired 5/12/13, only had 6 hours of annual training for the 2016 training year from 7/1/16 through 12/31/16.

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

Regulation: 2600.65 (e) Review : a review of all staff files will be completed 9/30/17

Immediately: Direct Care staff person C will receive an additional 6 hours of training. These trainings will be completed by September 1<sup>st</sup> 2017. Documentation of the trainings will be sent to the department.

Staff Training: Evening Star Staff has been trained in the cited violation. Please see Attached Training Agenda and Sign in Sheet. In addition to our most recent training, A follow up training is scheduled for September 13, 2017

Plan to correct and Prevent future occurrences : A New Annual training tracking sheet has been created. Purpose: The tracking sheet will keep an accurate account of all annual training hours. Monthly the administrator will review all training hours. Documentation of reviews will be kept Quarterly as part of our QM review process. The Checklist will be reviewed. And revised as needed.

Person Responsible: Administrator

Plan to be completed by : September 18, 2017

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) ANTHONY M KLAZIE- PCHA Date 8/27/17

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE

The above plan of correction is approved as of 11/15/17 (Date)

Plan of correction implementation status as of 11/15/17 (Date)

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

- Fully Implemented
- Partially Implemented - Adequate Progress [Signature]
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 44715 - 07/07/2017 - Kree, Donald  
 PCH Name: EVENING STAR PERSONAL CARE HOME

SEP 05 2017

WEST REGION FIELD OFFICE  
 Human Services Licensing

**1. REGULATION 55 Pa. Code §2600**

2600.65(f) - Training topics for the annual training for direct care staff persons shall include the following:

- (1) Medication self-administration training.
- (2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
- (3) Care for residents with dementia and cognitive impairments.
- (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
- (5) Personal care service needs of the resident.
- (6) Safe management techniques.
- (7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

**2a. DESCRIPTION OF VIOLATION**

Direct care staff person C, hired 5/12/13, did not receive training in the following topics during the training year 1/1/16 through 12/31/16:

- \* Medication self-administration
- \* Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan
- \* Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration
- \* Personal care service needs of the resident

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

*include step immediately*

Regulation: 2600.65 (f)

**Immediately:** Direct Care Staff C will receive all trainings in the Aforementioned areas. Training will be completed by September 1<sup>st</sup> 2017. Documentation of training will be sent to the department.

Review: A review of all staff files will be completed 9/30/17

**Staff Training:** Evening Star Staff has been trained in the cited violation. Please see Attached Training Agenda and Sign in Sheet. In addition to our most recent training, A follow up training is scheduled for September 13, 2017

**Plan to correct and Prevent future occurrences :** A new Annual training tracking sheet has been developed. Purpose: The tracking sheet will keep an accurate account of all annual staff trainings. Monthly the administrator will review all trainings conducted to prevent a reoccurrence of this violation. Documentation of reviews will be kept. Quarterly as part of our QM review process. The Checklist will be reviewed. And revised as needed. *Person responsible, Administrator*

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

Signature of Legal Entity Representative (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) ANTHONY M KREE - PCHA      Date 9/11/17  
8/27/17

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

The above plan of correction is approved as of 11/15/17 (Date)

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

Plan of correction implementation status as of 11/15/17 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *[Signature]*
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 44715 - 01/01/2017 - Knee, Donald  
 PCH Name: EVENING STAR PERSONAL CARE HOME

SEP 05 2017

WEST REGION FIELD OFFICE  
 Human Services Licensing

1. REGULATION 55 Pa. Code §2600  
 2600.88(a) - Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION

There were two ceiling tiles bulging downward approximately 1 inch in the dining room.

There was a hole, measuring approximately 9 inches by 6 inches, in the wall of the staircase landing to the second floor

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

Regulation: 2600.88 (a) Floors and ceilings in good repair.

Immediately: The cited Ceiling tiles in the dining room. And the hole in the wall of the staircase. Has been repaired.

Staff Training: Evening Star Staff has been trained in the cited violation. Please see Attached Training Agenda and Sign in Sheet. In addition to our most recent training. A follow up training is scheduled for September 13, 2017

Plan to correct and Prevent future occurrences : A New Daily checklist has been developed.  
 Purpose: DCS will now complete shift walkthroughs to ensure all ceilings, walls, doors, windows and other surfaces are in good repair. And document their findings. As well as, verbal notification to the administrator. The Administrator will complete a monthly walkthrough. To ensure compliance. Documentation of findings will be kept.

Person Responsible: Direct care staff and Administrator.

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
ANTHONY M KIRBY-PCHA		9/1/17 8/27/17

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

The above plan of correction is approved as of <u>11/15/17</u> (Date)	Plan of correction implementation status as of <u>11/15/17</u> (Date) <input checked="" type="checkbox"/> Fully Implemented <i>JN.</i> <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented
The above plan of correction was approved by <u>JN.</u> (Initials)	

VIOLATION REPORT 44113 - 0710717017 - Kries, Donald  
 PCH Name: EVENING STAR PERSONAL CARE HOME

SEP 05 2017

WEST REGION FIELD OFFICE  
 Human Services Licensing

1. REGULATION 55 Pa. Code §2600

2600.92 - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

2a. DESCRIPTION OF VIOLATION

Fourteen windows in the home, including all resident bedroom windows, did not have window screens.

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.

Regulation: 2600.92 Windows

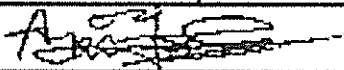
Immediately, 75% of all cited screens has been installed. The remaining 25% of screens will be installed within the next 15 Days. Date of completion by 9/30/17

Staff Training: Evening Star Staff has been trained in the cited violation. Please see Attached Training Agenda and Sign in Sheet. In addition to our most recent training, A follow up training is scheduled for September 13, 2017

Plan to correct and Prevent future occurrences : A New daily checklist has been developed.  
 Purpose: Direct Care staff will now conduct daily walkthroughs to ensure compliance with this regulation. A physical check and documentation of secured screens have been added to the checklist. A verbal notification to administrator must also be made. The administrator will conduct Monthly walkthroughs to ensure compliance. Documentation of reviews will be kept.

Person Responsible: Direct Care Staff & Administrator.

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) ANTHONY M KIARIE-PCHA Date 9/11/17  
8/27/17

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

The above plan of correction is approved as of <u>11/15/17</u> (Date)	Plan of correction implementation status as of <u>11/15/17</u> (Date)
The above plan of correction was approved by <u>MU</u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <u>MU</u> <input type="checkbox"/> Partly Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 44715-07/07/2017 - Knee, Donald  
 PCH Name: EVENING STAR PERSONAL CARE HOME

SEP 05 2017

WEST REGION FIELD OFFICE  
 Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.96(a) The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

2a. DESCRIPTION OF VIOLATION

The first aid kit in the kitchen, did not include scissors, tweezers, eye coverings, or a thermometer.

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.

Regulation: 2600.96 (a) First Aid Kit

Immediately: Evening Star has purchased a New First Aid Kit for the kitchen

Staff Training: Evening Star Staff has been trained in the cited violation. Please see Attached Training Agenda and Sign in Sheet. In addition to our most recent training. A follow up training is scheduled for September 13, 2017

Plan to correct and Prevent future occurrences: A New weekly checklist has been created. Purpose: The New First Aid kit will be checked weekly by the Direct care Staff to ensure all required contents are present. Monthly the administrator will review checklist and physically audit the First Aid for contents. Documentation of the reviews will kept.

Person Responsible: Direct Care Staff and Administrator.

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)

ANTHONY M KIHALE-PCHA

Date

9/11/17  
~~8/22/17~~

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

The above plan of correction is approved as of

11/05/17  
 (Date)

Plan of correction implementation status as of

11/05/17  
 (Date)

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

The above plan of correction was approved by

*JH.*  
 (Initials)

SEP 05 2017

Violation Report: 44715 - 07/07/2017 - Knes, Donald  
 PCH Name: EVENING STAR PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
 Human Services Licensing

1. REGULATION 55 Pa. Code §2500  
 2600.132(e) - A fire drill shall be held during sleeping hours once every 6 months.

2a. DESCRIPTION OF VIOLATION  
 The last fire drill held during sleeping hours was on 9/3/2016.

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

**Regulation: 2600.132 (e) Overnight Fire Drills**

**Immediately:**

An overnight sleeping fire drill was conducted in July. Please see attached Fire Drill # 5

**Staff Training:** Evening Star Staff has been trained in the cited violation. Please see Attached Training Agenda and Sign in Sheet. In addition to our most recent training. A follow up training is scheduled for September 13, 2017

**Plan to correct and Prevent future occurrences:** A New Fire drill tracking sheet has been developed. Purpose: This tracking sheet highlights the next scheduled unannounced overnight drill to be conducted. Monthly Direct care staff will document and record all fire drills on the tracking sheet. Located in the Fire Drill Binder. Monthly, Administrator will review tracking sheet to ensure full compliance. Documentation of the reviews will be kept Quarterly as part of our QM review process. The tracking sheet will be reviewed. And revised as needed.

**Person Responsible:** Direct Care Staff and Administrator

A sleeping hour fire drill was conducted on 7/17/17 at 1:00 AM.

*qu. 11/15/17*

Repeat Violation: No	Date(s) of Previous Violation(s):	
Signature of Legal Entity Representative (Required on EVERY Page)		<i>[Signature]</i>
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date
ANTHONY M KNESE-PCA		9/11/17 8/27/17

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

The above plan of correction is approved as of <u>11/15/17</u> (Date)	Plan of correction implementation status as of <u>11/15/17</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 <i>qu.</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 44715 - 07/07/2017 - Knee, Donald  
PCH Name: EVENING STAR PERSONAL CARE HOME

SEP 05 2017

1. REGULATION 55 Pa.Code §2600  
2800.141(b)(1) - A resident shall have a medical evaluation at least annually.

REGULATORY SECTION 55005  
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

Resident #4 had a medical evaluation completed on 2/10/17; however, the previous medical evaluation was completed on 1/21/16.

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.

Regulation: 2600.141 (b) (1) Annual Medical Evaluation

Staff Training: Evening Star Staff has been trained in the cited violation. Please see Attached Training Agenda and Sign in Sheet. In addition to our most recent training, A follow up training is scheduled for September 13, 2017

Plan to correct and Prevent future occurrences: A New Medical Evaluation tracking sheet has been created. Purpose: The tracking sheets outlines the current completed annual Medical Evaluation date. And upcoming future evaluation dates. The administrator will review the tracking sheet Monthly. And document the findings which will be kept. Quarterly as part of our QM review process. The tracking sheet will be reviewed. And revised as needed

Person Responsible: Administrator

Within 5 days of receipt of the plan of correction: A designated staff person will review all resident records to ensure each resident has a current medical evaluation, completed in its entirety, at least annually. A copy shall be present in each resident record.

APU  
11/5/17

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

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The above plan of correction is approved as of (Date)      Plan of correction implementation status as of (Date)

SEP 05 2017

Violation Report: 44715 - 07/07/2017 - Knea, Donald  
PCH Name: EVENING STAR PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.162(c) - Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

2a. DESCRIPTION OF VIOLATION  
The weekly menu posted in the home was dated 7/2/17 through 7/8/17.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Recipients 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.

Regulation: 2600.162 (c) Menus

Immediately: The current weekly menu was posted immediately after this inspection.

Staff training: Evening Star Staff has been trained in the cited violation. Please see Attached Training Agenda and Sign in Sheet. In addition to our most recent training. A follow up training is scheduled for September 13, 2017

Plan to correct and prevent future occurrences: A New weekly checklist has been created. Purpose: Direct Care staff are now required to document that a current dated menu is present. And posted 1 week in advance. And document their findings on the checklist. Monthly, The Administrator will conduct a walkthrough and review checklist to ensure compliance. Documentation of all reviews will be kept.

Person Responsible: Direct Care Staff and Administrator.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	08/21/2016
Signature of Legal Entity Representative (Required on EVERY Page)		
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date
ANTHONY M KLABOLE - PCHA		9/1/17 8/27/17

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The above plan of correction is approved as of <u>11/15/17</u> (Date)	Plan of correction implementation status as of <u>11/15/17</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 <u>pu</u> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report 44715 - 07/07/2017 - Knee, Donald  
 FCH Name: EVENING STAR PERSONAL CARE HOME

SEP 05 2017

WEST REGION FIELD OFFICE  
 Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.221(c) - A current weekly activity calendar shall be posted in a conspicuous and public place in the home.

2a. DESCRIPTION OF VIOLATION

The activities calendar that was posted in the home was dated June 2017.

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.

Regulation: 2600.221 ( c ) Weekly Activity Calendar

Immediately: A current weekly activity calendar was posted immediately after this inspection.

Staff training: Evening Star Staff has been trained in the cited violation. Please see Attached Training Agenda and Sign in Sheet. In addition to our most recent training, A follow up training is scheduled for September 13, 2017

Plan to correct and prevent future occurrences: A New weekly checklist has been created. Purpose: Direct Care staff are now required to document that a current dated activity calendar is present. And document their findings on the checklist. Monthly, The Administrator will conduct a walkthrough and review checklist to ensure compliance. Documentation of all reviews will be kept.

Person Responsible: Direct Care Staff and Administrator.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	08/21/2016
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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) ANTHONY M KWARIE PCHA Date 9/11/17  
8/27/17

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

The above plan of correction is approved as of 11/15/17  
 (Date)

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

Plan of correction implementation status as of 11/15/17  
 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress P.U.
- Partially Implemented - Inadequate Progress
- Not Implemented