



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**MAY 16 2018**

Ms. Cheryl L. Sopkovich, LPN  
Administrator  
Personal Care at Evergreen, Inc.  
336 North Main Street  
Washington, Pennsylvania 15301

RE: Personal Care at Evergreen  
Certificate #: 405780

Dear Ms. Sopkovich:

As a result of the Department of Human Services' Licensing annual licensing inspection on November 9, 2017 and November 13, 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: 40578
Address: 336 NORTH MAIN STREET, WASHINGTON, PA 15301		County: Washington
Administrator: Cheryl Sopkovich		Region: WEST
Legal Entity Name: PERSONAL CARE AT EVERGREEN INC		
Legal Entity Address: 336 NORTH MAIN STREET, WASHINGTON, PA 15301		
Certificate(s) of Occupancy C-2 LP 07/12/1999 Labor & Industry		<b>RECEIVED</b>  APR 05 2018  WEST REGION FIELD OFFICE Human Services Licensing
<b>Staffing Hours</b>		
Resident Support: N/A	Total Daily Staff: 49	Waking Staff: 37
Type of Inspection: Full	BHA Docket Number: N/A	Notice: Unannounced
<b>Reason(s) for Inspection(s)</b> Renewal, Complaint		
<b>On-Site Inspections Dates and Department Representatives On-Site</b> 11/09/2017: Park, Beth; Winters, Lynn 11/13/2017: Park, Beth		
<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: 48 Number of Residents Served: 37 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 7 Number of Hospice Residents in past year: 22	<b>Number of Residents who:</b> Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 37 Have Mental Illness: 3 Have an Intellectual Disability: 0 Have a Mobility Need: 12 Have a Physical Disability: 0	

APR 05 2018

Violation Report: 40578 - 11/09/2017 - Park, Beth  
PCH Name: PERSONAL CARE AT EVERGREEN

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

2a. DESCRIPTION OF VIOLATION

On 11/9/2017, the activities of daily living binder was unlocked and accessible in the employee break room. The binder contained a toileting schedule for residents, including residents #5 and #6, and resident daily care flow records which indicated bathing needs, incontinence issues, and bowel movement information for several residents, including residents #7 and #8.

On 11/9/2017, the following licensing inspection summaries were posted with the resident privacy coding attached:

- \* Inspection dated 1/20/2016, which included resident #9
- \* Inspection dated 10/13/2016, which included resident #10
- \* Inspection dated 11/15/2016, which included resident #10

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.

- Resident records, ADL binders, will be kept confidential in locked cabinet and except in emergency situations will not be accessible to anyone other than staff, resident, resident's designated person, DHB personnel, & ombudsman.
- Administrator/designee will monitor daily to ensure ADL binder is in designated locked area.
- Staff will be re-educated on confidentiality of resident records being in secured location by 4-9-2018

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
(Required on EVERY Page) Cheryl L Sopotovich LPN

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Cheryl L Sopotovich LPN	Date 4-2-18
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 4/10/18  
(Date)

Plan of correction implementation status as of 4/10/18  
(Date)

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

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

Violation Report: 40578 - 11/09/2017 - Park, Beth  
PCH Name: PERSONAL CARE AT EVERGREEN

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.25(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

2a. DESCRIPTION OF VIOLATION

Resident #3's contract, dated [redacted] 2017, was not signed by the resident.

Resident #4's contract, dated [redacted] 2017, was not signed by the payer.

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.

and the payer for resident #4

*gr. 4/10/17*

- Contracts were signed by residents #3, 4<sup>1</sup> on 11-14-17.
- All contracts were audited by administrator. Quarterly audit will be conducted on all new admission agreements to verify that resident has signed agreement, if able, by administrator or designee.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Cheryl L Sapkovich RN</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Cheryl L Sapkovich RN</i>	<i>4-2-18</i>

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(Date)

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(Date)

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

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

Violation Report: 40578 - 11/09/2017 - Park, Beth  
PCH Name: PERSONAL CARE AT EVERGREEN

APR 05 2018

1. REGULATION 55 Pa.Code §2600

WEST REGION FIELD OFFICE  
Human Services Licensing

2600.84 - Heat sources, such as steam and hot heating pipes, water pipes, fixed space heaters, hot water heaters and radiators exceeding 120°F that are accessible to the resident must be equipped with protective guards or insulation to prevent the resident from coming in contact with the heat source.

2a. DESCRIPTION OF VIOLATION

On 11/9/2017 at approximately 11:40 AM, the temperature of the heating plate on the unattended coffee machine in the dining area on the 2nd floor, which was accessible to residents, measured 163 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.

- Once coffee has been served to residents with their meals, any coffee that is remaining will be put into a carafe, with the spout closed, and the burner will be turned off.
- Administrator/designee will ensure that the heating plate on an unattended coffee machine is turned off when not in use, which is before and after meals. Carafes will be kept in the closed position and will only be opened by staff members.

Within 5 days of receipt of the plan of correction: All staff persons will be educated on regulation 2600.84 and the home's procedure to provide coffee for residents in a safe manner. *JW, 4/10/18*

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *Cheryl L. Sopotkovich LPN*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Cheryl L. Sopotkovich LPN*      Date *4-2-18*

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(Date)

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(Date)

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

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

Violation Report: 40578 - 11/09/2017 - Park, Beth  
 PCH Name: PERSONAL CARE AT EVERGREEN

APR 05 2018

WEST REGION FIELD OFFICE  
 Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.85(e) - Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

2a. DESCRIPTION OF VIOLATION

On 11/9/2017 at approximately 11:00 AM, the lids to the dumpster behind the home were open.

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.

- Administrator / Kitchen staff will monitor dumpster lids to ensure they are closed at all times to prevent the penetration of insects and rodents.
- Staff will be re-educated on sanitary conditions on 4-2-2018.

Repeat Violation: No	Date(s) of Previous Violation(s):				
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Cheryl L Sopotowich LPN*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Cheryl L Sopotowich LPN</i>	Date <i>4.2.18</i>
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The above plan of correction is approved as of <u>4/10/18</u> (Date)	Plan of correction implementation status as of <u>4/10/18</u> (Date)
The above plan of correction was approved by <u>MS</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>MS</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 40578 - 11/09/2017 - Park, Beth  
PCH Name: PERSONAL CARE AT EVERGREEN

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.89(b) - Hot water temperature in areas accessible to the resident may not exceed 120°F.

2a. DESCRIPTION OF VIOLATION

On 11/9/2017 at approximately 12:05 PM, the hot water temperature in the private bathroom of bedroom #220 measured 123.8 degrees Fahrenheit.

On 11/9/2017 at approximately 1:55 PM, the hot water temperature in the 2nd floor public bathroom measured 122.7 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.

and the 2<sup>nd</sup> floor public bathroom

- Temperature of hot water in bathroom of room # 220<sup>1</sup> was corrected on day of inspection JL  
4/10/18
- Maintenance supervisor maintains log of temperatures and corrects as needed. at least weekly. JL  
4/10/18
- New mix valves (water) are being purchased and will be installed by 4-20-2018.

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative  
(Required on EVERY Page) Cheryl L Sopko

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) Cheryl L Sopko, LPN Date 4.2.18

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

The above plan of correction is approved as of <u>4/10/18</u> (Date)	Plan of correction implementation status as of <u>4/10/18</u> (Date)
The above plan of correction was approved by <u>JL</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress JL <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 40578 - 11/09/2017 - Park, Beth  
 PCH Name: PERSONAL CARE AT EVERGREEN

APR 05 2018

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**  
 On 11/9/2017, there were no emergency telephone numbers posted on or by the telephone on the 2nd floor between bedroom 205 and the stairway.

**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.

- Numbers were placed by telephone on 2nd floor between between bedroom 205 and the stairway the evening of 11-9-2017.
- Administrator/designee will do walking rounds weekly to ensure all emergency numbers are posted by all public and resident telephones. A paper with the appropriate phone numbers was placed beside the phone in the medication office after discovery on 11-9-2017.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	11/15/2016	
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Cheryl L Sopkovich RN*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Cheryl L Sopkovich RN</i>	Date <i>4-2-2018</i>
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The above plan of correction is approved as of <u>4/10/18</u> (Date)	Plan of correction implementation status as of <u>4/10/18</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>pl</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

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PCH Name: PERSONAL CARE AT EVERGREEN

APR 05 2018

WEST REGION FIELD OFFICE  
Human Services Licensing

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 handle on the refrigerator in the second floor dining area is cracked approximately 6 inches and has a piece missing.

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.

- Handle on refrigerator was replaced.
- Maintenance supervisor will do a weekly walk through to ensure all equipment is in good repair and free of hazards.
- Direct care staff will note on maintenance log any repairs needing done on furniture or equipment.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Cheryl L Sapkovich*

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

Cheryl L Sapkovich RN

Date 4.2.18

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The above plan of correction is approved as of 4/16/18  
(Date)

Plan of correction implementation status as of 4/16/18  
(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: 40578 - 11/09/2017 - Park, Beth  
PCH Name: PERSONAL CARE AT EVERGREEN

APR 05 2018

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION

Resident #1 had a medical evaluation completed on 11/9/2017. However, the resident's previous medical evaluation was completed on 9/21/2016.

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.

-- Administrator will review all residents medical evaluations so they are completed in the correct time frame.  
-- Administrator/designee will review all new resident documentation to make sure all forms are completed in the time frame allowed.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Cheryl L Sopko Wick*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Cheryl L Sopko Wick RN*      Date *4.2.18*

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

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(Date)

Plan of correction implementation status as of 4/10/18  
(Date)

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

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

Violation Report: 40578 - 11/09/2017 - Park, Beth  
 PCH Name: PERSONAL CARE AT EVERGREEN

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**

On 11/9/2017, only the current week's menu, dated 11/5/2017 through 11/11/2017, was posted in the home. The following week's menu was not posted.

**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 four weeks of menus posted.
- Evergreen chef will monitor weekly to ensure that all four weeks of menus are posted.

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative (Required on EVERY Page) *Cheryl K Sopkovich*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Cheryl K Sopkovich* Date *4.2.18*

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The above plan of correction is approved as of <u>4/10/18</u> (Date)	Plan of correction implementation status as of <u>4/10/18</u> (Date)
The above plan of correction was approved by <u>CS</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>CS</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 40578 - 11/09/2017 - Park, Beth  
PCH Name: PERSONAL CARE AT EVERGREEN

APR 05 2018

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.183(e) - Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

2a. DESCRIPTION OF VIOLATION

Resident #3's Prednisolone AC 1% eye drops were dated as opened on 9/25/2017; however, the manufacturer's instructions indicate to discard them 28 days after opening.

Resident #3's Sodium Chloride 5% eye drops were dated as opened on 10/11/2017; however, the manufacturer's instructions indicate to discard them 28 days after opening.

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.

- Out dated medications were immediately removed from cart and re ordered for resident #3.
- Eye drop guideline sheet is now posted on all four medication carts
- Administrator/designee will audit carts for out dated medications bi monthly.
- Johnson's Pharmacy will audit medication carts quarterly and as requested by facility.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Cheryl L Sopkovich</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Cheryl L Sopkovich</i>	4-2-18

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(Date)

Plan of correction implementation status as of 4/10/17  
(Date)

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- Partially Implemented - Inadequate Progress
- Not Implemented

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

Violation Report: 40578 - 11/09/2017 - Park, Beth  
PCH Name: PERSONAL CARE AT EVERGREEN

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION  
Resident #1's glucometer was not set to the correct date and time.

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.

- Medication aides inserviced on calibration of glucometers  
- Administrator/designee will do monthly checks to be sure glucometers are calibrated correctly.

Resident #1's glucometer was corrected on 11/14/17. 7- 4/10/18

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

Signature of Legal Entity Representative (Required on EVERY Page)  
*Cheryl L Sapkowich*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)      Date  
*Cheryl L Sapkowich LPN*      4.2.18

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Violation Report: 40578 - 11/09/2017 - Park, Beth  
PCH Name: PERSONAL CARE AT EVERGREEN

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.190(a) - A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

2a. DESCRIPTION OF VIOLATION

Staff person B's most recent medication annual practicum was completed on 8/1/2016. Staff person B administered medications to several residents to include the following:

- Resident #3 - Donepezil HCL 10mg on 11/6/17 at 9:00 PM
- Resident #2 - Divalproex 250mg and Metoprolol 50mg at 8:00 PM on 11/1/17 - 11/2/17 and 11/6/17 - 11/8/17

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.

- Staff person B - annual practicum - all MAR reviews were completed minus #4 which was completed on 11-17-17. Observations were completed by 9-17-17. Additionally four observations were done on 11-10, 11-12, 11-14, 11-17-2017 which were all passing. (see attached)

Within 15 days of receipt of the plan of correction: The administrator or designee will review all medication training records to ensure each staff person who administers medication has successfully completed the Department-approved medications administration course and has an annual medication practicum completed at least annually.

AN  
4/10/18

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative  
(Required on EVERY Page) Cheryl L Sopkovich

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) Cheryl L Sopkovich UPN Date 4-2-18

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(Date)

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(Initials)

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(Date)

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Violation Report: 40578 - 11/09/2017 - Park, Beth  
PCH Name: PERSONAL CARE AT EVERGREEN

APR 08 2018

WEST REGION FIELD OFFICE  
Human Services Licensing

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

Resident #2's most recent assessment was completed on 10/20/2016.

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.

- Resident #2 assessment was not printed from computer
- therefore, inspector could not access it.
- Administrator/designee will audit 5 support plans/assessments monthly to ensure they are printed from computer and placed in RASP binder. Will utilize electronic monitoring more closely.

Within 5 days of receipt of the plan of correction: A designated staff person will review resident records to ensure each resident has an assessment completed in its entirety and present in the resident's record. *pu. 4/10/18*

Repeat Violation: No	Date(s) of Previous Violation(s):		
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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) <i>Cheryl L Sopkovich LPN</i>	Date <i>4.8.18</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 4/10/18  
(Date)

Plan of correction implementation status as of 4/10/18  
(Date)

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

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

Violation Report: 40578 - 11/09/2017 - Park, Belh

PCH Name: PERSONAL CARE AT EVERGREEN

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.227(g) - Individuals who participate in the development of the support plan shall sign and date the support plan.

2a. DESCRIPTION OF VIOLATION

Resident #1's support plan, dated 8/16/2017, was not signed by the resident and did not indicate that the resident was unable or unwilling to sign.

Resident #4's support plan, dated 5/4/2017, was not signed by the resident and did not indicate that the resident was unable or unwilling to sign.

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.

Residents #1 + 4 signed support plans on 11-15-2017  
Administrator/designee will review current resident support plans for resident signatures.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
(Required on EVERY Page) *Cheryl L. Sopotnick LPN*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) Cheryl L. Sopotnick LPN Date 4-2-2018

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(Initials)