



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JUN 21 2018

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's Bureau of Human Services Licensing's annual licensing inspection on March 27, 2018, March 28, 2018, and May 2, 2018 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.

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,

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

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

PCH Name: EVERGREEN ESTATES RETIREMENT COMMUNITY		License Number: 33193
Address: 1300 E KING ST, LANCASTER, PA 17602		County: Lancaster
Administrator: Charity Cruz		Region: CENTRAL
Legal Entity Name: EVERGREEN ESTATE HOLDINGS LLC		
Legal Entity Address: 1230 ROSECRANS AVE, MANHATTAN BEACH, CA 90266		
Certificate(s) of Occupancy		
C-2 LP 05/07/2002 L&I	L-1 02/15/2008 Lancaster Twp.	
Staffing Hours		
Resident Support: 0	Total Daily Staff: 98	Waking Staff: 74
Type of Inspection: Interim - POC	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Interim, Incident		
On-Site Inspection Dates and Department Representatives On-Site 05/02/2018: Hoover, Douglas; Showers, Michael		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 125 Number of Residents Served: 93 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: 2 Number of Hospice Residents in past year: 5		Number of Residents who: Receive Supplemental Security Income: 0 Are 80 Years of Age or Older: 93 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 5 Have a Physical Disability: 3

Violation Report: 33193 - 05/02/2018 - Hoover, Douglas
PCH Name: EVERGREEN ESTATES RETIREMENT COMMUNITY

1. REGULATION 55 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 4/30/18, Resident #4 did not receive the prescribed mid-day blood sugar test. The home did not notify the Department of this medication error.

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) Resident # 4 on 4/30/18 was out of facility with Adult Visitor, neither did blood sugar while out of facility.
- 2) Evergreen Estates contacted Resident #4 Primary Care Physician Obtained order/directives for when Resident out of facility pertaining to blood sugars and insulin (see attached order/directives 5/11/18)
- 3) LPN's / med techs educated starting 5/3/18 see attached signed form all current LPN's & med techs as well as new hires Read & sign educational form.
- 4) LPN's / med techs will report missed medication's / treatments to include doses / treatments missed when Resident(s) are out of facility, on Required Dept of Human Services form within regulatory time frame.

Repeat Violation: Yes Date(s) of Previous Violation(s): 08/20/2017

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Christy D. Cruz* Date *5/24/18*

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

The above plan of correction is approved as of 5/30/18 (Date)

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

Plan of correction implementation status as of 5/30/18 (Date)

Fully Implemented

Partially Implemented - Adequate Progress

Partially Implemented - Inadequate Progress

Not Implemented

Violation Report: 33193 - 05/02/2018 - Hoover, Douglas
PCH Name: EVERGREEN ESTATES RETIREMENT COMMUNITY

1. REGULATION 55 Pa.Code §2800
2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION

On 4/22/18, at approximately 7:00 pm, Direct Care Staff Member A used Resident #1's glucometer to measure the blood sugar of Resident #2.

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) Primary care physicians for both Res #2 & #2 notified of incident. no further orders as machine used, NOT some needle
② see attached orders
- 2) Incident was discovered during Evergreen Estate weekly audit and reported to Dept of Human Services on required form on weekly glucometer audits center, on 4/30/18. final 4/27/18 initial report.
- 3) Employee A - making error educated on 4/16/18 ② see attached and on 5/3/18 see attached. Employee A received disciplinary action copy of form given to inspectors on 5/21/18, took copy with them to state office.
- 4) all current LPN's & med techs educated 4/18 & 5/18 ② see attached new LPN & med techs will also be receiving copy of attached educational form to review sign.
- 5) Any further incidents by med techs / LPN's they will be reeducated, progressive discipline as warranted up to and including possible demotion & removal from passing medications.
- 6) wk of 5/14/18. Added Resident photos to each Resident's glucometer supply box ② see attached sample

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

[Signature] Executive Director

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

Charity D CRID

Date 5/24/18

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The above plan of correction is approved as of

5/30/18
(Date)

Plan of correction implementation status as of 5/30/18
(Date)

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

The above plan of correction was approved by

[Signature]
(Initials)

Violation Report: 33193 - 05/02/2018 - Hoover, Douglas
PCH Name: EVERGREEN ESTATES RETIREMENT COMMUNITY

1. REGULATION 55 Pa.Code §2800

2800.185(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

The home did not implement procedures for the safe use of glucometers as evidenced by the following:

The home started performing blood sugar checks for Resident #4 on 4/22/18 after the home determined that the resident was not accurately completing his/her own blood sugar checks. On 4/30/18, the resident was scheduled to be out of the home during the prescribed time for the mid-day check. The home provided Resident #4 with the glucometer prior to leaving the facility so that the resident could self-administer the blood sugar check. The resident did not perform this mid-day check.

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) Some Resident notations on page # 2
- 2) Resident #4 on 4/30/18 was out of facility with adult visitor neither did blood sugar write out of facility
- 3) Resident #4 primary care physician contacted order obtained see Attachment on pg # 2
- 4) Lpn's/med techs will follow primary care physician order.

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)
Cherity A Criv Executive Director Date 5/24/18

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

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

Plan of correction implementation status as of 5/30/18 (Date)

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

Violation Report: 33193 - 05/02/2018 - Hoover, Douglas
PCH Name: EVERGREEN ESTATES RETIREMENT COMMUNITY

1. REGULATION 55 Pa.Code §2800

2800.187(c) - If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

2a. DESCRIPTION OF VIOLATION

On 4/25/18 and 4/30/18, Resident #1 refused the administration of the prescribed 4 units of insulin at 3:28 pm and 10:24 am. The home did not notify the physician of the insulin refusal.

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) Resident # 2 Primary care physician notified 5/2/18. Order written, orders added by pharmacy to electronic medication / treatment record (see attached orders)
- 2) LPN's / med techs will notify primary care physician(s) following that particular resident's primary care physician's orders medication and/or treatment Refusals.
(see attached example LPN/med tech educational form Attachment to pg 3 of 5 covering Protocol Glucometer Diabetic Charting)

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
Charity D CRUZ		5/24/18

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

The above plan of correction is approved as of 5/30/18
(Date)

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

Plan of correction implementation status as of 5/30/18
(Date)

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

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

PCH Name: EVERGREEN ESTATES RETIREMENT COMMUNITY		License Number: 33193
Address: 1300 EAST KING STREET, LANCASTER, PA 17602		County: Lancaster
Administrator: Charity Cruz		Region: CENTRAL
Legal Entity Name: EVERGREEN ESTATES HOLDINGS LLC		
Legal Entity Address: 1230 ROSECRANS AVE SUITE 405, MANHATTAN BEACH, CA 90266		
Certificate(s) of Occupancy		
C-2 LP	I-1	
05/07/2002	02/15/2008	
Labor and Industry	Lancaster Township	
Staffing Hours		
Resident Support: 0	Total Daily Staff: 96	Waking Staff: 72
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Renewal, Incident		
On-Site Inspections Dates and Department Representatives On-Site		
03/27/2018: Heemer, Laura; Springs, Israel		
03/28/2018: Heemer, Laura; Springs, Israel		
Off-Site Inspection Dates and Inspectors, if Applicable		
03/26/2018: Heemer, Laura		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 125 Number of Residents Served: 93 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: 5 Number of Hospice Residents in past year: 5		Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 93 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 3 Have a Physical Disability: 0

Violation Report: 33193 - 03/26/2018 - Springs, Israel
PCH Name: EVERGREEN ESTATES RETIREMENT COMMUNITY

1. REGULATION 55 Pa.Code §2600
2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION

On 3/28/2018 at approximately 3:35 pm, the glucometer of Resident 1 was used to measure the blood sugar of Resident 2 and the glucometer of Resident 2 was used to measure the blood sugar of Resident 1. The staff person performing the blood sugar testing switched the residents' glucometers.

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) On 3/28/18 and day of Annual inspection. Colored labels were added to Resident #1 & #2, glucometers and the basket the individual Residents machine (glucometer) is kept in, in the medication cart. This is in addition to the Residents full name labels that were present on each glucometer prior to and during our annual inspection.
 - 2) LPN's & med techs educated on the above; in addition to double checking glucometer prior to use; that it is the correct machine for the appropriate Resident.
- ⊕ see attached signed educational form 4/3/18.

(Continued on Page 2A)

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

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

The above plan of correction is approved as of 4/13/18 (Date)

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

Plan of correction Implementation status as of 5/30/18 (Date)

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

2600.85a

- Resident #1's and Resident #2's physician will be notified of the shared glucometer use and all recommendations made by the physician (i.e. testing for blood borne pathogen) will be followed. Documentation of the notification to the physician, the recommendations of the physician, and the home's follow-up based on the recommendations shall be maintained by the home for Department review. The notification to the physicians shall be completed within 10 days from the date of this plan.

- The Administrator, and/or another designated staff person, shall audit the actual readings on a resident's glucometer as compared with the documented readings on the resident's Medication Administration Record. This shall be done on a weekly basis for the residents who receive blood glucose testing and shall consist of a review of all readings for the previous week. The weekly audits shall occur for a period of three weeks commencing on the receipt of this plan. Documentation of the audits shall be maintained for Department review.

BAS 4/13/18

Violation Report: 33193 - 03/26/2018 - Springs, Israel
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 3, completed on 6/28/2017, assessed the resident as having minimal needs for agitation and irritability. The home has documented on-going issues regarding Resident 3's physically aggressive behaviors including an involuntary psychiatric hospitalization on 9/1/2017. A reassessment that addresses these behaviors has not been completed for Resident 3.

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) Resident # 3 - new Resident Assessment Support Plan Completed @ see attached
- 2) Annual Documentation of medical Evaluation Completed by PCP on 4/11/18
- (*) # 2 - # 2 - Annual forms completed early actually due 6/2018.
- 3) Director of nursing and nurses trained to complete DWS required RASP'S will update according to The Dept of Human Services; to ensure any changes in Resident condition / care / or medical treatment / diagnosis are recorded on RASP form at the time of occurrence or change.

(Continued on Page 3A)

Repeat Violation: Yes Date(s) of Previous Violation(s): 6/20/2017

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

Printed Name and Title of Legal Entity Representative Date
(Required on EVERY Page) *Christy A. Cruz Executive Director* 4/11/18

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

The above plan of correction is approved as of 4/13/18
(Date)

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

Plan of correction implementation status as of 5/30/18
(Date)

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

2600.225c

The home will complete an audit all resident assessments and support plans (RASPs) to ensure that an accurate assessment of the current needs and abilities of each resident, and a description of how the needs of each resident will addressed by the home, has been documented. The administrator shall assure that the audit and completion of any new RASPs is completed within 30 days from the date of this plan.

BAS 4/13/18