



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

SEP 18 2018

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's Bureau of Human Services Licensing annual inspection on July 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](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: EVENING STAR PERSONAL CARE HOME		License Number: 44715
Address: 200 CALDWELL AVENUE, WILMERDING, PA 15148		County: Allegheny
Administrator: Anthony Kiarie		Region: WEST
Legal Entity Name: EVENING STAR LLC		
Legal Entity Address: 200 CALDWELL AVENUE, WILMERDING, PA 15148		<b>RECEIVED</b>
Certificate(s) of Occupancy C-2 LP 06/08/1990 Labor & Industry		AUG 14 2018 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: N/A	Total Daily Staff: 16	Working Staff: 12
Type of Inspection: Full	BHA Docket Number: N/A	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 07/02/2018: Marini, Michael; Mazza, Larry; Duncan, Amy		
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: 19	Number of Residents who:	
Number of Residents Served: 14	Receive Supplemental Security Income: 2	
Secured Dementia Care Unit in Home: No	Are 60 Years of Age or Older: 14	
Area:	Have Mental Illness: 1	
Secured Dementia Unit Capacity, if Applicable:	Have an Intellectual Disability: 0	
Number of Residents Served in Secured Dementia Care Unit, if applicable:	Have a Mobility Need: 2	
Number of Current Hospice Residents: 0	Have a Physical Disability: 0	
Number of Hospice Residents in past year: 2		

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Human Services Licensing

Page 2 of 11

Violation Report: 44715 - 07/02/2018 - Mann, Michael  
PCH Name: EVENING STAR PERSONAL CARE HOME

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

2a. DESCRIPTION OF VIOLATION  
The Influenza Awareness Act, enacted 11/21/16, requires influenza information to be posted in a public place in the facility year-round. There was no information posted in the home in accordance with The Influenza Awareness Act.

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.

The administrator printed the Flu Poster on 8/10/18 and posted it on a public place.


The administrator will check poster monthly to ensure it's intact and in place.

The administrator developed a a monthly tracking sheet

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

8/13/18.

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The above plan of correction is approved as of

9/12/18  
(Date)

Plan of correction implementation status as of

9/12/18  
(Date)

The above plan of correction was approved by

  
(Initials)

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

AUG 14 2018

WEST REGION FIELD OFFICE  
Human Services Licensing

Page 3 of 11

Violation Report: 44715 - 07/02/2018 - Marini, Michael  
PCH Name: EVENING STAR PERSONAL CARE HOME

1. REGULATION 55 Pa. Code §2600  
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  
Resident #1's resident-home contract, dated 1/11/11, does not include the current amount charged for room and board.

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.

on 7/10/18

Resident # 1 pays \$2600, a form was signed to affirm the fees. See attached form & a cheque.

Administrator went through all resident charts, ensured the amount charged was documented.

Administrator developed a form to track/audit contract to ensure the amount charged is not omitted.

After an admission, the administrator will audit the charge after 1 week to ensure amount charged on the contract is not omitted.

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 8/13/18.

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The above plan of correction is approved as of 9/12/18  
(Date)

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(Initials)

Plan of correction implementation status as of 9/12/18  
(Date)  
 Fully Implemented  
 Partially Implemented - Adequate Progress  
 Partially Implemented - Inadequate Progress  
 Not Implemented

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WEST REGION FIELD OFFICE Page 4 of 11  
Human Services Licensing

Violation Report: 44715 - 07/02/2018 - Marina, Michael  
PCH Name: EVENING STAR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600  
2600.100(a) - The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION  
The concrete of 5th step from the bottom of the front steps was crumbling and missing, approximately 16" long X 3" deep, posing a hazard.

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.

On 7/5/18 the crumbling and missing 5th stair was repaired, now intact and free from hazard. See attached photo.

Administrator made round around the exterior building to ensure it's in good repair and free of hazards.

Staff educated to report to administrator if exterior building need repairs or anything that poses hazard.

Administrator will do monthly checks to ensure exterior of building is in good repair & free of hazards.

Administrator developed a monthly track sheet.

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 KLARIE

Date

8/13/18

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9/12/18  
(Date)

Plan of correction implementation status as of

9/12/18  
(Date)

- Fully Implemented *R*
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- Not Implemented

The above plan of correction was approved by

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Human Services Licensing

Page 5 of 11

Violation Report: 44715 - 07/02/2018 - Marini, Michael  
PCH Name: EVENING STAR PERSONAL CARE HOME


1. REGULATION 55 Pa.Code §2600  
2600.101(j)(2) - Each resident shall have the following in the bedroom: A chair for each resident that meets the resident's needs.

2a. DESCRIPTION OF VIOLATION  
Only 1 chair is present in resident #2's bedroom; however, 2 residents reside in this bedroom.

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.

On 7/2/18 an additional chair was placed such that resident 1 & 2 each has a chair.  
Administrator made rounds to ensure all residents had chairs.  
Staff educated to report to administrator if resident/residents is missing a chair/chairs.  
Administrator will do monthly checks to ensure all residents have chairs.  
Administrator developed a monthly track sheet.

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. MARINI - PCHA      Date 8/13/18

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The above plan of correction is approved as of 9/12/18  
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(Initials)  
  
Plan of correction implementation status as of 9/12/18  
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 Partially Implemented - Inadequate Progress  
 Not Implemented

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Page 6/11

WEST REGION FIELD OFFICE  
Human Services Licensing

Page 6 of 11

Violation Report: 44715 - 07/02/2018 - Marini, Michael  
PCH Name: EVENING STAR PERSONAL CARE HOME

1. REGULATION 55 Pa. Code §2600

2600.101(j)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.

2a. DESCRIPTION OF VIOLATION

Resident #3 does not have an operable source of lighting that can be turned on/off from bedside.

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.

On 7/3/18 an operable lamp was placed at the bed side stand of resident # 1. See attached order sheet.

Administrator made rounds to ensure all residents had an operable lamp on the bed side stand.

Staff educated to report to administrator if resident/residents does not have an operable light/ lights at the bedside stand.

Administrator will do monthly checks to ensure all residents have operable lamps.

Administrator developed a monthly track sheet.

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. MARINI PCHA

Date

8/13/18

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(Date)

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Human Services Licensing

Violation Report: 44715 - 07/02/2018 - Marini, Michael  
PCH Name: EVENING STAR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2500

2600, 123(d) - If the home serves one or more residents with mobility needs above or below grade level of the home, there shall be a fire-safe area, as specified in writing within the past year by a fire safety expert, on the same floor as each resident with mobility needs.

2a. DESCRIPTION OF VIOLATION

Resident #2 is a resident with mobility needs and resides on the 2nd floor of the home, which is not grade level. The home's 2nd floor does not have a fire safe area, as specified in writing within the past year by a fire safety expert.

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 is immobile and on 2nd floor, unfortunately, there is no open bed on the first floor.

Resident was given 30 day eviction notice, see attached documents.

Administrator assessed all residents on the 2nd floor to ensure there was no one immobile.

If 2nd floor residents shows decline and has mobility needs, administrator will update physician for DME update, they will be moved to the first floor, if there is no open bed on the first floor, they will be given a 30 day eviction notice.

Administrator educated staff to monitor residents, if they notice a decline on status, to notify administrator for a re-evaluation.

As discussed with DPW supervisor, resident # 2 could not be accepted in other PCH and need to be in a dementia locked unit. Family, Area Of Aging, PCH & doctor are working on documents to get her admitted in locked dementia unit. See attached documents.

See Page 7A of 11

Repeat Violation: No

Date(s) of Previous Violation(s):

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Printed Name and Title of Legal Entity Representative  
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ANTHONY M KIARIE - PCHA

Date

8/13/18

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Violation Report: 44715 - 07/02/2018 - Marini, Michael PCH Name: EVENING STAR PERSONAL CARE HOME	WEST REGION FIELD OFFICE Human Services Licensing
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**1. REGULATION 55 Pa.Code §2600**

2600.123(d) - If the home serves one or more residents with mobility needs above or below grade level of the home, there shall be a fire-safe area, as specified in writing within the past year by a fire safety expert, on the same floor as each resident with mobility needs.

**2a. DESCRIPTION OF VIOLATION**

Resident #2 is a resident with mobility needs and resides on the 2nd floor of the home, which is not grade level. The home's 2nd floor does not have a fire safe area, as specified in writing within the past year by a fire safety expert.

**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.*

By 10/1/18: The home will serve no residents with mobility needs on the 2nd floor.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
ANTHONY M KIARIE-PCHA	9/10/18

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The above plan of correction is approved as of _____ (Date)	Plan of correction implementation status as of _____ (Date)
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Page 8 of 11  
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Violation Report: 44715 - 07/02/2018 - Marini, Michael  
PCH Name: EVENING STAR PERSONAL CARE HOME

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.

2. DESCRIPTION OF VIOLATION

Resident #Z's most recent medical evaluation was completed on 5/31/18; however, the previous medical evaluation was completed on 4/11/17.

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.

Another DME was completed on 8-6-18, see attached DME

Administrator went through all charts to ensure DME are current and not passed due.

Administrator developed a tracking sheet for DME due dates.

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 KLARIE

Date

8/13/18

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(Date)

Plan of correction implementation status as of

9/12/18  
(Date)

Fully Implemented

Partially Implemented - Adequate Progress *L*

Partially Implemented - Inadequate Progress

Not Implemented

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Violation Report: 44715 - 07/02/2018 - Marini, Michael  
PCH Name: EVENING STAR PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa. Code §2600

2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.

2a. DESCRIPTION OF VIOLATION

Resident #2 is prescribed Vitamin D2-1.25mg-Tako 1 capsule by mouth every 2 weeks on Monday; however, the resident's July 2018 medication administration record does not include the initials of the staff person who administered the dose on 7/1/18.

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 Vitamin D2 was initialed on 7/2/18 and an addendum was made to indicate that. See attachment.

The administrator went through all the resident's MAR to ensure meds given had initials.

Educated staff after a complete med pass, to review the entire MAR to ensure and verify all meds are initialed.

Administrator will also check the MAR every morning to ensure all Meds are initialed.

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. KLARIE

Date

8/13/18

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Plan of correction implementation status as of

9/12/18  
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WEST REGION FIELD OFFICE  
Human Services Licensing

Violation Report: 44715 - 07/02/2018 - Mann, Michael  
PCH Name: EVENING STAR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.226(a) - The resident shall be assessed for mobility needs as part of the resident's assessment.

2a. DESCRIPTION OF VIOLATION

Resident #1's assessment, dated 3/5/18, indicates the resident is mobile; however, the resident's support plan, dated 3/5/18, indicates the resident requires physical assistance to get up/down from a chair.

Resident #2's assessment, dated 4/5/18, indicates the resident is mobile; however, the resident requires verbal assistance/cueing to evacuate in an emergency.

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.

Physician was contacted on residents mobility needs. Physician made rounds on 8-6-18 and DMEs were updated to indicated resident #1 & 2 were immobile. see attached DMEs.

Administrator went through all charts to ensure DMEs mobility needs matches the support plan.

Administrator will ensure DME mobility needs matches the support plan. If mobility needs changes, administrator will contact Physician for DME update then update the support plan to match those needs. *The administrator shall ensure all residents have an adequate assessment of mobility needs and may consult with physician if desired.*  
Educated staff if resident mobility/status changes, one must notify the administrator as one will need DME updated and also the support plan. Immobile resident includes physical and mental needs. If one has to give verbal & physical directions, then resident is considered immobile.

*more than 2*

*9/12/18*

*9/12/18*

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  
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ANTHONY M KIARIE - PCHA

Date

8/13/18

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WEST REGION FIELD OFFICE Page 11 of 11  
Human Services Licensing

Violation Report: 44715 - 07/02/2018 - Marini, Michael  
PCH Name: EVENING STAR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600  
2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

2a. DESCRIPTION OF VIOLATION  
Resident #1's support plan, dated 3/5/18, indicates the resident is prescribed thickened liquids; however, does not include the consistency, which is nectar.

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.

Support plan was updated on 7/3/18 to specify resident # 1 is on nectar thick liquids. See attachment of support plan

DCS was re-educated resident is on nectar thick liquids forms

Administrator went through all the charts and updated support plan to indicate special dietary needs.

Administrator developed a sheet to keep track on resident with dietary needs. DCS will be educated and will sign to acknowledge understanding of those needs. See attachment sheet

Sheet will be updated if facility admits resident or residents with special dietary needs or current residents status changes in dietary needs.

Immediately: A designated staff person shall develop and implement a system to ensure all resident support plans are immediately updated as care needs change. 9/12/18

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  
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ANTHONY M KIRKIE PCHA

Date 8/13/18

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*[Initials]*  
(Initials)

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