



pennsylvania
DEPARTMENT OF HUMAN SERVICES

APR 16 2019

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's Bureau of Human Services Licensing annual inspection on November 27, 2018, of the above facility, the violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report 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,

A handwritten signature in black ink, appearing to read "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
Violation Report

**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		RECEIVED
Certificate(s) of Occupancy C-2 LP 07/12/1999 Dept L & I		FEB 14 2019 Western Region
Staffing Hours		
Resident Support: 0	Total Daily Staff: 50	Waking Staff: 38
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 11/27/2018: Barry, Courtney; Pfaff, Vicki		
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: 48 ✓ Number of Residents Served: 38 ✓ 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: 14 ✓		Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 38 Have Mental Illness: 2 Have an Intellectual Disability: 0 Have a Mobility Need: 12 Have a Physical Disability: 0

Violation Report: 40578 - 11/27/2018 - Barry, Courtney
 PCH Name: PERSONAL CARE AT EVERGREEN

Western Region

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 persons A and B did not receive annual training on care for residents with mental illness or mental retardation during the 2017 training year. The home served residents with these diagnoses in 2017 and currently serves 2 residents with mental illness.

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 files have been reviewed. Staff not having appropriate training have been trained on required topics (see attached #1)

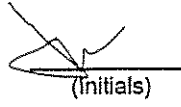
Administrator/designee will monitor training records to ensure staff are educated on all required trainings including 2600.65(F)

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 RN

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Cheryl L Sopkovich RN Date 2-12-2019

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

The above plan of correction is approved as of <u>3/19/19</u> (Date)	Plan of correction implementation status as of <u>3/19/19</u> (Date)
The above plan of correction was approved by  (initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 40578 - 11/27/2018 - Barry, Courtney
PCH Name: PERSONAL CARE AT EVERGREEN

Western Region

1. REGULATION 55 Pa.Code §2600

2600.82(c) - Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

2a. DESCRIPTION OF VIOLATION

A bottle of crème developer was unlocked, accessible, and unattended in the cabinet in the beauty shop room, with a manufacturer's label indicating in case of ingestion, get professional medical help.

A 4oz bottle of crème developer was unlocked, accessible, and unattended in the cabinet in the beauty shop room, with a manufacturer's label indicating do not swallow, if poisoning occurs, contact doctor or poisons information center.

Not all resident of the home, including resident #1, have been assessed capable of recognizing and using poisons safely.

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.

A digital lock has been purchased and installed (see attached # 2) on beauty shop door.

Beauty shop door to be kept closed & locked at all-times except when beautician is present in room. A staff person on each shift will check lock on door at beginning and end of shift to ensure it is locked.

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

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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Cheryl L Sopkovich RN Date 2-12-2019

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Violation Report: 40578 - 11/27/2018 - Barry, Courtney
PCH Name: PERSONAL CARE AT EVERGREEN

Western Region

1. REGULATION 55 Pa.Code §2600

2600.85(d) - Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

2a. DESCRIPTION OF VIOLATION

Approximately 10:20 a.m., there was a 1/2 full, uncovered garbage can in the kitchen. No staff was present and garbage can was not in use.

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.

New trash can lid has been purchased and remains on trash can.

Chef/cooks educated/aware that lid must be kept on trash can.

Administrator/designee will periodically throughout the day will check lid placement on trash can.

Repeat Violation: No

Date(s) of Previous Violation(s):

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)

Cheryl L Sopkovich RN

Date

2-12-19

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Violation Report: 40578 - 11/27/2018 - Barry, Courtney
PCH Name: PERSONAL CARE AT EVERGREEN

Western Region

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 medication room did not include tweezers nor antiseptic.

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.

New first aid kit purchased (tweezers + antiseptic cream included) see attached #4.

First aid kit checklist instituted.
Medication aide on 3-11 shift will audit kit and place checklist in administrator's office. If anything is needed in kit, administrator will immediately purchase items/items.

Repeat Violation: No

Date(s) of Previous Violation(s):

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(Required on EVERY Page)

Cheryl L Sopkovich LPN

Printed Name and Title of Legal Entity Representative
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Cheryl L Sopkovich LPN

Date

2.12.19

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Violation Report: 40578 - 11/27/2018 - Barry, Courtney
 PCH Name: PERSONAL CARE AT EVERGREEN

Western Region

1. REGULATION 55 Pa.Code §2600
 2600.96(c) - The first aid kit must be in a location that is easily accessible to staff persons.

2a. DESCRIPTION OF VIOLATION

The first aid kit is in the locked medication room and is not immediately accessible to all direct care staff, ancillary staff who provide first aid, and volunteers who provide first aid.

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.

First aide kit placed in laundry rooms, as it is accessible to all staff (#5)

Medication aides will inspect the laundry rooms each shift to ensure the first aid kit is in the proper place.

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>2-12-19</i>
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Violation Report: 40578 - 11/27/2018 - Barry, Courtney
 PCH Name: PERSONAL CARE AT EVERGREEN Western Region

1. REGULATION 55 Pa.Code §2600
 2600.103(d) - Food shall be stored off the floor.

2a. DESCRIPTION OF VIOLATION
 At approximately 10:00 am, 3 boxes of water, containing 6 gallons each, was stored on the floor in the storage room of the main kitchen.

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.

Distilled water was removed from storage closet (#6) to pallet in kitchen (#7)

Chef will check all food storage areas at least weekly to ensure all food/water is stored off of the floor.

* ^{Corrected} day of survey

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* Date *2-12-19*

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Violation Report: 40578 - 11/27/2018 - Barry, Courtney
PCH Name: PERSONAL CARE AT EVERGREEN

Western Region

1. REGULATION 55 Pa.Code §2600

2600.123(b) - Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

2a. DESCRIPTION OF VIOLATION

The home's emergency procedures were not posted in a conspicuous and public place in the home. The emergency procedures were inside the Administrators office.

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.

Copy of the facility Emergency procedures placed in black binder on stand by elevator in facility lobby. (# 8) and will be updated as needed.

** Corrected day of survey*

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

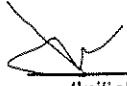
Date

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(Initials)

FEB 14 2019

Violation Report: 40578 - 11/27/2018 - Barry, Courtney
PCH Name: PERSONAL CARE AT EVERGREEN

Western Region

1. REGULATION 55 Pa.Code §2600

2600.132(b) - A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

2a. DESCRIPTION OF VIOLATION

The 2017 annual fire safety inspection and drill observed by a fire safety expert was conducted on 7/6/17. The 2018 annual fire safety inspection and drill observed by a fire safety expert was not conducted until 10/3/18.

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.

Annual fire drill will be conducted by the City of Washington Fire Dept prior to 10/3/2019. Administrator will contact fire dept. to schedule fire in September 2019 for Oct 2019. Contact person is fire fighter Duane Danley.

Repeat Violation: No

Date(s) of Previous Violation(s):

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Cheryl L Sopkovich

Printed Name and Title of Legal Entity Representative
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Cheryl L Sopkovich

Date *2-12-19*

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(Initials)

FEB 14 2019

Violation Report: 40578 - 11/27/2018 - Barry, Courtney
PCH Name: PERSONAL CARE AT EVERGREEN

Western Region

1. REGULATION 55 Pa.Code §2600

2600.133(a)(1) - If the home serves nine or more residents, signs bearing the word "EXIT" in plain legible letters shall be placed at all exits.

2a. DESCRIPTION OF VIOLATION

A sign indicating "Stop Danger Keep Out" was posted on both the left and right emergency exit doors on the upper levels leading to the stairwells.

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.

Stop - Danger Keep Out signs were removed (#9, 10)
Weekly checks will be made by the administrator/ designee to ensure no further signs of that nature are applied to the exit doors.
Staff were verbally inservice on why that type of signing cannot be on the exit doors.

* removed day of survey.

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

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) Cheryl L Sopkovich LPN Date 2-12-19

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Violation Report: 40578 - 11/27/2018 - Barry, Courtney
PCH Name: PERSONAL CARE AT EVERGREEN

Western Region

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 #2 is ordered Zolpidem 5mg, take 1 tablet up to 4 times per week at bedtime; however, the medication was not available in the home.

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.

Pharmacy was notified/medication delivered same day. (11-27-19)

Pharmacy will conduct quarterly cart audits medication aides to frequently check their medication carts for availability of medications and order as needed. Medication aides are to report findings to administrator when medications are low or unavailable.

Staff to be educated by 3/4/2019

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) Cheryl L Sopkovich LPN Date 2-12-19

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Violation Report: 40578 - 11/27/2018 - Barry, Courtney PCH Name: PERSONAL CARE AT EVERGREEN	Western Region
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1. REGULATION 55 Pa.Code §2600
 2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

2a. DESCRIPTION OF VIOLATION
 Resident #3 was admitted on 11/24/17; however, the pre-admission screening form was not completed until 11/26/17.

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.

Administrator / designee will do a double check system on all new pre-admission screenings to ensure dates are correct.

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>2.12.19</i>
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