



MAILING DATE: May 17, 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 inspection on March 8, 2019, of the above facility, the citations 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.

Sincerely,

A handwritten signature in black ink, appearing to read "L. Mazza", is written over a light blue horizontal line.

Larry Mazza
Human Services Licensing Supervisor

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 Labor & Industry		MAY 07 2019 Western Region
Staffing Hours		
Resident Support: 0	Total Daily Staff: 52	Waking Staff: 39
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Complaint		
On-Site Inspections Dates and Department Representatives On-Site 03/08/2019: 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: 48 Number of Residents Served: 36 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: 10 Number of Hospice Residents in past year: 15	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 36 Have Mental Illness: 1 Have an Intellectual Disability: 0 Have a Mobility Need: 16 Have a Physical Disability: 0	

Violation Report: 40578 - 03/08/2019 - Duncan, Amy
 PCH Name: PERSONAL CARE AT EVERGREEN

Western Region

1. REGULATION 55 Pa.Code §2600

2600.16(b) - The home shall develop and implement written policies and procedures on the prevention, reporting, notification, investigation and management of reportable incidents and conditions.

2a. DESCRIPTION OF VIOLATION

The home's "incidents and falls" policy, dated 10/5/09, indicates, "In the event of a resident incident or fall with no trained medical staff on duty, and the resident has evidence of injury requiring medical attention, such as complaint of pain, then the resident will be sent out for evaluation". On 2/9/19 at approximately 4:20 pm, resident #1 fell in her room while being transferred from her recliner with assistance from staff person A. The resident reported to staff person A that she was in pain immediately following the fall; however, was not sent to the hospital until 2/10/19 at approximately 3:47 pm. Staff person A is not a trained medical staff person.

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 A had been interviewed on falls, reporting + notification. Staff person A's employment has been terminated for not following these procedures (see attached)
 - all staff have been re-instructed on reporting incidents and who they need to report to.
- All staff were reeducated on incident reporting and the home's fall policy on 4/30/19, 5/1/19 and 5/2/19. *JM*
 5/9/19

Immediately: The home shall review the home's policies and procedures on the prevention, reporting, notification, investigation and management of reportable incidents and conditions during each quality management review. Documentation of the review shall be kept.

JM
 5/9/19

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 *5-1-19*

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

The above plan of correction is approved as of <u>5/9/19</u> (Date) The above plan of correction was approved by <i>JM</i> (Initials)	Plan of correction implementation status as of <u>5/9/19</u> (Date) <ul style="list-style-type: none"> <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
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Violation Report: 40578 - 03/08/2019 - Duncan, Amy
PCH Name: PERSONAL CARE AT EVERGREEN

MAY 07 2019

1. REGULATION 55 Pa.Code §2600

Western Region

2600.141(a)(1) - A resident shall have a medical evaluation by a physician, physician's assistant, or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

2a. DESCRIPTION OF VIOLATION

The most recent medical evaluation for resident #1, dated 10/25/18, does not indicate the resident's weight. This section of the form is blank.

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

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Resident #1 no longer resides in the home. *IA* 5/9/19

- All medical evaluations have been reviewed by the administrator to ensure that all sections have been completed.
- all new medical evaluations will be reviewed by administrator/designee to ensure that all sections have been completed.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Cheryl L Sopotkovich IA

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

Cheryl L Sopotkovich IA

Date 5-1-19

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

The above plan of correction is approved as of 5/9/19
(Date)

Plan of correction implementation status as of 5/9/19
(Date)

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

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

Violation Report: 40578 - 03/08/2019 - Duncan, Amy

PCH Name: PERSONAL CARE AT EVERGREEN

Western Region

1. REGULATION 55 Pa.Code §2600

2600.142(a) - The home shall assist the resident to secure medical care if a resident's health status declines. The home shall document the resident's need for the medical care, including updating the resident's assessment and support plan.

2a. DESCRIPTION OF VIOLATION

On 2/9/19 at approximately 4:20 pm, resident #1 fell in her room while being transferred from her recliner with assistance from staff person A. The resident reported to staff person A that she was in pain immediately following the fall; however, was not sent to the hospital until 2/10/19 at approximately 3:47 pm. Resident #1 was admitted to the hospital with a diagnosis of "reight femoral neck nondisplaced fracture".

The home's "incidents and falls" policy, dated 10/5/09, indicates, "In the event of a resident incident or fall with no trained medical staff on duty, and the resident has evidence of injury requiring medical attention, such as complaint of pain, then the resident will be sent out for evaluation". Staff person A is not a trained medical staff person.

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 staff will be re-educated on incidents and falls on 4-29-19, 5-1-19, 5-2-19. The procedure (steps) in the event of a fall when the nurse is in the facility and when the nurse is not in the facility.

Immediately: The home shall develop and implement policies and procedures to ensure prompt medical care is provided to all residents who may have been injured. Documentation of the policies and procedures shall be kept. All direct care staff persons shall be educated on the new policies and procedures.

LM
5/9/19

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 5-1-19

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

The above plan of correction is approved as of 5/9/19 (Date)

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

Plan of correction implementation status as of 5/9/19 (Date)

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