



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

APR 25 2019

Mr. Kevin P. Kasseff  
Manager  
Evergreen Estates Holdings LLC  
2301 Rosencrans Avenue, Suite 4170  
El Segundo, California 90245

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 annual inspection on March 19 and 20, 2019 of the above facility, the violation with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report was found.

The citation 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](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: 33193 - 03/19/2019 - OPake, Hope  
 PCH Name: EVERGREEN ESTATES RETIREMENT COMMUNITY

**1. REGULATION 55 Pa.Code §2600**  
 2600.183(b) - Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

**2a. DESCRIPTION OF VIOLATION**  
 On 3-20-19, medications belonging to Residents #1 and #2 were found unlocked in the bedroom of Residents #3 and #4. Medications included a bottle of Anbesol Maximum Strength and Orajel Maximum Strength.

**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) 3/20/19 - over the counter Anbesol + Orajel Removed from Res #3 Room and secured/locked per Regulation 183b.
- 2) 3/20/19 - Residents #1 #2 #3. Verbally Reminded by nurse manager of Evergreen Estates protocol and state regulations regarding medications including over the counter medications, and medications the Residents have orders to self administer, all must be locked. Residents #1 #2 and #3 are friends, reminded under Regulations and Evergreen protocol are NOT permitted to share medications, that includes over the counter medications. on 4/4/19 - nurse manager spoke with Residents #1, #2, #3 and their power of attorney's reiterating violation and regulations.
- 3) 3/20/19 - all Resident Rooms Audited, no unlocked medications or over the counter medications found. Staff continue to audit to ensure ongoing compliance.  
 3/21/19  
 ↓  
 ongoing
- 4) on 4/17/19 Executive Director will review and reiterate proper medication storage, showing of medications, protocols and Regulations with Residents during our monthly Resident Council meeting, meeting minutes will be distributed to all Residents following the meeting.  
 3/20/19
- 5) all medications will be secure/locked and in compliance with ongoing Regulation, 183(b)

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Charity A. Cruz, ED*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <b>Charity A. Cruz, Executive Director</b>	Date <b>4/5/2019</b>
--	----------------------

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

The above plan of correction is approved as of <u>4/12/19</u> (Date)	Plan of correction implementation status as of <u>4/12/19</u> (Date)
The above plan of correction was approved by <u>GE</u> (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