



July 18, 2019

Ms. Shannon Sweeney, LPN  
Administrator  
Personal Care at Evergreen, Inc.  
336 North Main Street  
Washington, Pennsylvania 15301

RE: Personal Care at Evergreen  
25 Glade Avenue  
Waynesburg, Pennsylvania 15370  
Certificate #: 400900

Dear Ms. Sweeney:

As a result of the Department's Bureau of Human Services Licensing annual inspection on April 23, 2019, 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](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 that reads "Carolyn K. Ellison". The signature is written in a cursive style.

Carolyn K. Ellison,  
Deputy Secretary, Office of Administration  
Shared Services for Health and Human Services

Enclosure  
Violation Report

Violation Report

RECEIVED  
JUNE 26 2019  
WEST REGION FIELD OFFICE  
Human Services Licensing

**Facility Information**

Name: *PERSONAL CARE AT EVERGREEN* License Number: *400900*  
 Address: *25 GLADE AVENUE, WAYNESBURG, PA 15370*  
 County: *GREENE* Region: *WESTERN*

**Administrator**

Name: *Shannen Sweeney* Phone: *7246274125* Email: *ssweeney@evergreenassisted.com*

**Legal Entity**

Name: *PERSONAL CARE AT EVERGREEN INC*  
 Address: *336 NORTH MAIN STREET, WASHINGTON PA 15301*

**Certificate(s) of Occupancy**

Type: *C-2 LP* Date: *12/15/2004* Issued By: *L & I*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *46* Waking Staff: *35*

**Inspection**

Type: *Full* BHA Docket #: Notice: *Unannounced*  
 Reason: *Renewal, Complaint*

**Inspection Dates and Department Representative**

*04/23/2019 - On-Site: Debora McConnell, Karen Georgoulis*  
*Debora McConnell*

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: *44* Residents Served: *39*

Secured Dementia Care Unit  
 In Home: *No* Area: Capacity: Residents Served:

Hospice  
 Current Residents: *39*

Number of Residents Who:  
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *39*  
 Diagnosed with Mental Illness: *7* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *7* Have Physical Disability: *0*

15a - Resident Abuse Report

Regulations

2600.

15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

On 4/11/19, during the 11:00pm-7:00am shift, there was an allegation of verbal abuse regarding resident #1. The allegation was staff person A verbally abused resident #1 while providing care. This allegation of abuse was not reported to the local Area Agency on Aging until 4/15/19.

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 Staff members have been made aware of requirements of the need to immediately report abuse to APS and administrator.
- ② Staff members that failed to report abuse in a timely manner received counseling.
- ③ Staff inservice on 7/11/2019 to review policy/regulations.

Legal Entity Representative

*Shannen Sweeney*  
Signature

Shannen Sweeney, Administrator  
Printed Name and Title

6/24/19  
Date

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The above plan of correction is approved as of 7/2/19  
(Date)

Plan of correction implementation status as of 7/2/19  
(Date)

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

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

15b - Supervisor Plan

Regulations

2600.

15.b. If there is an allegation of abuse of a resident involving a home's staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

Description of Violation

On 4/11/19, during the 11:00pm-7:00am shift, there was an allegation of verbal abuse regarding resident #1. The allegation was staff person A verbally abused resident #1 while providing care. The home did not develop and implement a plan of supervision or suspend staff person A until 4/15/19. Staff person A provided unsupervised direct care on 4/13/19 and 4/14/19, during the 11:00pm-7:00am shifts.

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 Staff on duty did not report allegations of abuse to administrator until 4/15/19. When administrator was made aware employee was immediately suspended pending investigation.
- ② Staff members involved were counseled on proper abuse notification.
- ③ Staff inservice to be scheduled on 7/11/2019.

Legal Entity Representative

*Shannen Sweeney*  
Signature

Shannen Sweeney  
Administrator  
Printed Name and Title

6/24/2019  
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16c - Written Incident Report

**Regulations**

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 § 2600.15 (relating to abuse reporting covered by law).

**Description of Violation**

On 4/11/19, during the 11:00pm-7:00am shift, there was an allegation of verbal abuse regarding resident #1. The allegation was staff person A verbally abused resident #1 while providing care. The home did not report this incident to the Department until 4/15/19.

**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 Staff on duty reported abuse allegations to administrator on 4/15/19. Staff did not report to APS or abuse hotline. Staff members educated and counseled on proper abuse notifications.
- ② Administrator reported abuse allegations to DHS at time of staff notification.
- ③ Staff inservice to be set on 7/11/2019.

**Legal Entity Representative**

*Shannen Sweeney*  
Signature


Shannen Sweeney, Administrator  
Printed Name and Title

6/24/19  
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42b - Abuse

Regulations

2600.  
42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On 4/11/19, on the 11:00pm-7:00am shift, resident #1 was asleep in a recliner in the sitting room and appeared to need incontinence care. As multiple staff persons, including staff person A, attempted to assist resident #1 from the chair, resident #1 became uncooperative, not wanting to get up. Staff person A became angry and said to resident #1 "You need to get the fuck up." When the resident did not comply, staff person A said "If you want to sit in pissy fucking pants, that's on you" and "I'm not going to deal with his fucking ass." Resident #1 became upset and told staff person A "Don't talk to me like that."

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 Staff member suspended pending investigation on 4/15/19 when administrator was made aware of suspected abuse.
- ② Staff member was terminated once investigation completed.
- ③ Staff inservice to review proper policy/regulation scheduled on 7/11/2019.

SEE PAGE 5A of 16

Legal Entity Representative

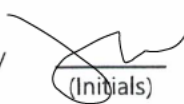
*Shannen Sweeney*  
Signature

Shannen Sweeney Administrator  
6/24/19  
Printed Name and Title Date

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42b - Abuse

Regulations

2600. 42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On 4/11/19, on the 11:00pm-7:00am shift, resident #1 was asleep in a recliner in the sitting room and appeared to need incontinence care. As multiple staff persons, including staff person A, attempted to assist resident #1 from the chair, resident #1 became uncooperative, not wanting to get up. Staff person A became angry and said to resident #1 "You need to get the fuck up." When the resident did not comply, staff person A said "If you want to sit in pissy fucking pants, that's on you" and "I'm not going to deal with his fucking ass." Resident #1 became upset and told staff person A "Don't talk to me like that."

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 7/11/19 - All staff will receive training resident rights and Older Adult Protective Services Act (OAPSA). Documentation will be kept.

The administrator will implement procedures that ensure compliance with §2600.42(b). The procedures will include, at a minimum, monthly administrator or designee interviews with at least 4 residents regarding care and treatment. The administrator or designee will increase supervision of staff during care in a manner that's compliant with §2600.42(b).

During the next quality management plan review and evaluation and ongoing - The home will place an increased emphasis on these plans of correction and take action to improve the quality of its resident rights and OAPSA training for all newly hired staff within 40 scheduled working hours in accordance with §2600.65(b)(1) and §2600.65(b)(3) and annually in accordance with §2600.65(g)(3) and §2600.65(g)(4).

Legal Entity Representative

Signature: *Shannen Sweeney*

Printed Name and Title: Shannen Sweeney, Administrator  
Date: 7/2/2019

66a - Staff Training Plan

Regulations

2600.  
66.a. A staff training plan shall be developed annually.

Description of Violation

The home does not have a staff training plan for 2019.

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 Staff training plan has been completed and attached.
- ② Administrator will devise training plan for the following year in December.

Legal Entity Representative

*Shannen Sweeney*  
Signature

Shannen Sweeney Administrator 6/24/19  
Printed Name and Title Date

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85d - Trash Receptacles

Regulations

2600.  
85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

Description of Violation

At 11:45 am., there was a partially full, uncovered trash can in the shared bathroom of bedrooms #221 and #223.

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 Lid to garbage can was replaced while surveyors on site.
- ② Staff to ~~be~~<sup>error</sup> be educated on regulation that trash receptacles in bathrooms need to be covered.
- ③ Administrator to do weekly rounds to ensure trash cans are covered.
- ④ Administrator to check all bathrooms to ensure all have covered trash cans by 7/11/2019.
- ⑤ Staff inservice to be scheduled on 7/11/2019.

Legal Entity Representative

*Shannen Sweeney*  
Signature

Shannen Sweeney Administrator  
6/24/19  
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91 - Telephone Numbers

Regulations

2600.

91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

Description of Violation

There are no emergency telephone numbers posted on or near the wall phones on the 1st floor left and right wings of the building.

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 Emergency phone numbers were replaced while surveyors were on site
- ② Administrator to do weekly rounds to ensure required postings are in place.
- ③ Staff meeting will be held on 7/11/2019 for education.

Legal Entity Representative


*Shannen Sweeney*  
Signature

Shannen Sweeney Administrator  
6/24/19  
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101j5 - Bedside Table/Shelf

Regulations

2600.  
101.j. Each resident shall have the following in the bedroom:  
5. A bedside table or a shelf.

Description of Violation

There is no bedside table or shelf beside resident #2's bed in room #221.

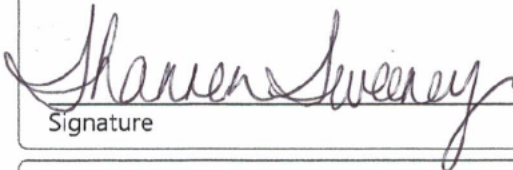
Plan of Correction (POC)

(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 Shelf was placed in room #221.
- ② Administrator to ensure each resident has a shelf or bedside table, to be completed by 7/11/2019.

A designated staff person will monitor bedrooms at least monthly to ensure all required furniture items are present, including a bedside table. - JRW 7/2/19

Legal Entity Representative


  
Signature

Shannen Sweeney, Administrator 6/24/19  
Printed Name and Title Date

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103f - Refrigerator/Freezer Temps

Regulations

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

At 10:45 am., the temperature of the small refrigerator closest to bedroom #106 measured 44 degrees Fahrenheit and at 3:15 pm., the refrigerator temperature measured 44 degrees Fahrenheit.

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 Kitchen staff will check/document refrigerator temperatures daily. Will report any temp > 40° to administrator.
- ② Copy of temperature log to be used is attached
- ③ Administrator to check refrigerator temps weekly.
- ④ To be completed by 7/11/2019.

Legal Entity Representative

*Shannen Sweeney*  
Signature

Shannen Sweeney Administrator  
Printed Name and Title

6/24/19  
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- Not Implemented

183d - Prescription Current

Regulations

2600.  
183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

Resident #1's Oxybutynin 5mg was in the medication cart. However, the medication was discontinued on 4/19/19.

Resident #3's Loratadine 10mg was in the medication cart. However, the medication was discontinued on 1/8/18.

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 As orders are discontinued or changed on the MAR, LPN will communicate changes with med aides so that discontinued medications can be pulled from the cart.
- ② Nightshift medication aides will perform cart reviews weekly to be turned into administrator for review.
- ③ Redline reports to be printed daily and LPN to check carts for medication changes as well.
- ④ To be completed by 7/11/2019.
- ⑤ Staff meeting for education to be held on 7/11/2019.

Legal Entity Representative

*Shannen Sweeney*  
Signature

Shannen Sweeney  
Administrator  
Printed Name and Title

6/24/19  
Date

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184a - Labeling OTC/CAM

Regulations

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

1. The resident's name.
2. The name of the medication.
3. The date the prescription was issued.
4. The prescribed dosage and instructions for administration.
5. The name and title of the prescriber.

Description of Violation

The pharmacy label for resident #1's Furosemide is missing the full instruction for administration. Resident #1 is prescribed twice the dose of Furosemide if the patient gains >2.5 pounds in one day or >5 pounds in one week. However the label is missing >5 pounds in one week portion of the order.

Resident #3 is prescribed Docusate Sodium, two capsules daily as needed. However, the pharmacy label indicates two capsules daily.

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 #1 lasix order changed by MD to a routine order.
- ② Resident #3 Colace card replaced with 2 capsules daily as needed.
- ③ Nightshift med aide to do cart reviews weekly and will be turned into administrator for review.
- ④ Bedline reports to be done daily by LPN to check carts for changes
- ⑤ to be completed by 7/11/2019.
- ⑥ Staff education on 7/11/2019.

Legal Entity Representative

*Shannen Sweeney*  
Signature

Shannen Sweeney Administrator 6/24/19  
Printed Name and Title Date

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187a - Medication Record

**Regulations**

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

1. Resident's name.
2. Drug allergies.
3. Name of medication.
4. Strength.
5. Dosage form.
6. Dose.
7. Route of administration.
8. Frequency of administration.
9. Administration times.
10. Duration of therapy, if applicable.
11. Special precautions, if applicable.
12. Diagnosis or purpose for the medication, including pro re nata (PRN).
13. Date and time of medication administration.
14. Name and initials of the staff person administering the medication.

**Description of Violation**

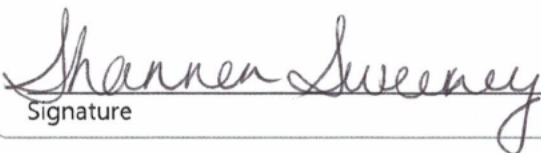
Resident #2 is prescribed Joint-Flex, daily. However, the medication is not indicated on the resident's April 2019 medication record (MAR).

**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 When surveyors were in facility they were given a copy of a MAR. The joint-flex cream was on the TAR. Surveyors were not provided a TAR. This violation would not have occurred if TAR was provided.
- ② By doing med cart reviews LPN and med aides will ensure all meds are available at time of need.
- ③ Administer to monitor reports of med cart reviews
- ④ Staff training to be scheduled on 7/11/2019.

**Legal Entity Representative**

  
Signature

Shannen Sweeney Administrator  
Printed Name and Title

6/24/19  
Date

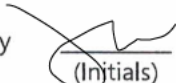
 7/2/19

187a - Medication Record *(continued)*

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187c - Refusal of Medication

Regulations

2600. 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.

Description of Violation

Resident #1 refused multiple medications on multiple dates. The home did not report the following refusals to the prescriber:

- Diltiazem on 4/10/19 at 8:00 am.
- Citalopram on 4/11/19 at 8:00 am.
- Eliquis on 4/12/19 at 8:00 am.

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 Facility will use a missed meds report to make physician aware when residents refuse/miss medications, med aides will fax to MD then turn into Administrator/LPN for review.
- ② Administrator/LPN will monitor for patterns and call physician as needed for communication.
- ③ Staff meeting on 7/11/2019 for education.

Legal Entity Representative

*Shannen Sweeney*  
Signature

Shannen Sweeney Administrator 6/24/19  
Printed Name and Title Date

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187d - Follow Prescriber's Orders

**Regulations**

2600.  
187.d. The home shall follow the directions of the prescriber.

**Description of Violation**

Resident #2 is prescribed Fenofibrate 48mg at bedtime, and Mupirocin 2% Cream, three times daily. These medications were not administered to the resident on the following dates and times because the medication was not available in the home:

- Fenofibrate on 4/1/19 at 8:00 pm.
- Mupirocin on 4/13/19 at 2:00 pm. and at 8:00 pm.

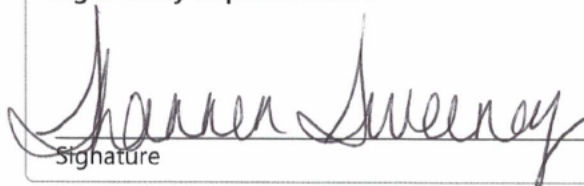
Resident #1 is prescribed Furosemide 20mg, administer twice the dose if the patient gains >2.5 pounds in one day or >5 pounds in one week. The resident gained only one pound from 4/2/19 - 4/3/19 and 4/6/19 - 4/7/19, however the second dosage, total of 40mg, was administered on those dates.

**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 Staff to be re-educated on proper administration of PRN medications.
- ② The order for resident #1 has been clarified and is a routine dose at the present time.
- ③ Staff to use missed med reports to make physician aware of missed meds. LPN to call pharmacy / MD for refills if refills are needed.
- ④ Cart reviews to be done by med aide / LPN to ensure all meds are available
- ⑤ Staff meeting to be held on 7/11/2019.

**Legal Entity Representative**

  
Signature


Shannen Sweeney Administrator  
Printed Name and Title

6/24/19  
Date

**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!**

The above plan of correction is approved as of 7/2/19  
(Date)

Plan of correction implementation status as of 7/2/19  
(Date)

The above plan of correction was approved by   
(Initials)

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