



January 22, 2020

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 June 19, 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, appearing to read "Kevin Hancock".

Kevin Hancock  
Deputy Secretary  
Office of Long Term Living

Enclosure  
Violation Report

**Facility Information**

Name: *EVENING STAR PERSONAL CARE HOME*  
Address: *200 CALDWELL AVENUE, WILMERDING, PA 15148*  
County: *ALLEGHENY*                      Region: *WESTERN*

License Number: *44715*

**Administrator**

Name: *Anthony Kiarie*                      Phone: *4128231654*                      Email: *EVENINGSTARCARE@GMAIL.COM*

**Legal Entity**

Name: *EVENING STAR LLC*  
Address: *200 CALDWELL AVENUE, WILMERDING, PA, 15148*

**Certificate(s) of Occupancy**

Type: *Other*                      Date: *06/06/2016*                      Issued By: *Wilmerding Borough*

**Staffing Hours**

Resident Support Staff: *0*                      Total Daily Staff: *13*                      Waking Staff: *10*

**Inspection**

Type: *Full*                      BHA Docket #:                      Notice: *UNANNOUNCED*  
Reason: *Renewal*

**Inspection Dates and Department Representative**

*06/19/2019 - On-Site: Belinda Graziano, Vicki Pfaff*

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *19*                      Residents Served: *17*

**Secured Dementia Care Unit**

In Home: *No*                      Area:                      Capacity:                      Residents Served

**Hospice**

Current Residents: *0*

**Number of Residents Who:**

Receive Supplemental Security Income: *3*                      Are 60 Years of Age or Older: *17*  
Diagnosed with Mental Illness: *1*                      Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *2*                      Have Physical Disability: *0*

# 17 - Record Confidentiality

## Regulations

2600.

17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

## Description of Violation

At approximately 10:30 a.m., the resident privacy coding document, including the names of multiple residents, to include resident #1, resident #2, and resident #3, was attached to the licensing inspection summary (LIS), dated 7/2/18, inside a white binder placed in a plastic wall bin in the home's sunroom.

## 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.)

Immediately the document containing resident names was removed.

The administrator made rounds in the entire facility to ensure no other documents containing resident names were present.

Staff educated all residents records are confidential and can only be kept locked.

Home will no longer keep residents confidential records accessible to anyone.

## Legal Entity Representative



Signature

ANTHONY M KIARIE DCHA 9/30/19

Printed Name and Title

Date

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

The above plan of correction is approved as of

12/23/19  
(Date)

Plan of correction implementation status as of

12/23/19  
(Date)

Fully Implemented

The above plan of correction was approved by

BS  
(Initials)

Partially Implemented - Adequate Progress

Partially Implemented - Inadequate Progress

Not Implemented

Regulations

2603.

26.b. The quality management plan shall address the periodic review and evaluation of the following:

Description of Violation

The home's quality management review, dated 6/13/18, did not address the reportable incident and condition reporting procedures, complaint procedures, staff person training, licensing violations and plans of correction, and resident or family councils.

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.)

Evening Star PCH shall have monthly meeting to review the quality of management plan and home will have a sign of monitoring sheet to cross check.

The administrator will address areas that need improved.

See attachment.

Legal Entity Representative



Signature

ANTHONY M KIARIE-PCHA

Printed Name and Title

12/23/19

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- Not Implemented

85e - Trash Outside Home

Regulations

2600.

85.e. Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

Description of Violation

At approximately 9:00 a.m., there were four uncovered trash cans in the alley behind the home that were full with trash

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 to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed).

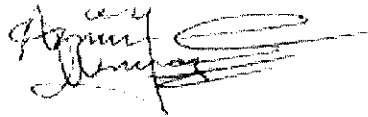
Immediately at the present of the State Surveyor, all lids were placed.

Attached is the photos of the lids.

Staff educated to ensure all lids are placed on the trash cans & the rationale, to prevent insects and rodents.

Staff will monitor lids every shift and notify Administrator if any is missing.

Legal Entity Representative



Signature

ANTHONY M KINZIE

Printed Name and Title

9/23/19

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96a - First Aid Kit

Regulations

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.

Description of Violation

The first aid kit in the hallway by the washer and dryer did not include a thermometer.

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.

Immediately a thermometer was placed.

Attached is the photo of the thermometer.

Administrator checked the First Aid Kit to ensure all contents are available.

Administrator implemented a checklist which will be used to ensure all contents are available before being re-sealed.

Attached is the checklist.

Legal Entity Representative

Signature

Printed Name and Title

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(Initials)

Regulations

2600.

107.b. The home shall have written emergency procedures that include the following:

Description of Violation

The home's written emergency procedures do not include phone numbers for local and state emergency management agencies and local resources for housing and emergency care of residents. In addition, the procedures do not have correct contact names and numbers for staff or current administrator.

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 reviewed and updated the Medical Emergency Procedure to include:- Phone numbers for local and state emergency management agencies and local resources for housing and emergency care for residents.

Correct contact names for staff & administrator was updated.

Plan was submitted to Turtle Creek Emergency team and approved.

Administrator will review Basic Emergency Plan annually or as needed and make current updates as dictated.

See attachment.

Legal Entity Representative



Signature

ANTHONY M KIARIE-PCA

Printed Name and Title

9/20/19

Date

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1300 - Inoperable Smoke Detector

Regulations

260f

130.h. The home's emergency procedures shall indicate the procedures that will be immediately implemented until the smoke detector or fire alarms are operable.

Description of Violation

The home's emergency procedures do not indicate the procedures that will be immediately implemented until the smoke detector or fire alarms are operable.

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 developed and put in place a procedure that will be immediately implemented incase of smoke detectors failure.

Staff educated on procedures and verbalized understanding.

Administrator will review Basic Emergency Plan annually or as needed and make current updates as dictated.

See attachment.

Legal Entity Representative



Signature

ANTHONY M KIARALE  
- PCHA

Printed Name and Title

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### 133.2 - Exit Signs Direction

#### Regulations

2600.

133.2. Exit Signs - The following requirements apply for a home serving nine or more residents: If the exit or way to reach the exit is not immediately visible, access to exits shall be marked with readily visible signs indicating the direction to travel.

#### Description of Violation

The second floor hallway does not have a direct visual line to the nearest exit. There are no signs marking the end of travel to the exits at the end of the hallway and to an outside patio. On 6/19/19, the home served 11 residents.

#### 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.)

Immediately Exit Signs & arrows showing moving directions were placed by administrator.

Administrator walked around building to ensure all exits & moving directions were present.

Annually, the administrator & fire inspector will work together to ensure all safety exits and arrows pointing moving directions are enforcement.

Attached is the photo.

#### Legal Entity Representative



Signature

ANTHONY M KIARIE - PCHA

Printed Name and Title

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06/19/2019

2019