



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail: cspiker@evergreenassisted.com

MAILING DATE: December 13, 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 Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on August 9, 2019, of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

A handwritten signature in black ink, appearing to read "Jason Williams".

Jason Williams
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report

Facility Information

Name: *PERSONAL CARE AT EVERGREEN*

License Number: *40578*

Address: *336 NORTH MAIN STREET,, WASHINGTON, PA 15301*

County: *WASHINGTON*

Region: *WESTERN*

Administrator

Name: *Cheryl Sopkovich*

Phone: *7242224227*

Email: *CSPIKER@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:

Issued By:

Staffing Hours

Resident Support Staff: *0*

Total Daily Staff: *45*

Waking Staff: *34*

Inspection

Type: *Partial*

BHA Docket #:

Notice: *Unannounced*

Reason: *Incident*

Inspection Dates and Department Representative

08/09/2019 - On-Site: Belinda Graziano

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *48*

Residents Served: *35*

Secured Dementia Care Unit

In Home: *No*

Area:

Capacity:

Residents Served:

Hospice

Current Residents: *7*

Number of Residents Who:

Receive Supplemental Security Income: *0*

Are 60 Years of Age or Older: *35*

Diagnosed with Mental Illness: *0*

Diagnosed with Intellectual Disability: *0*

Have Mobility Need: *10*

Have Physical Disability: *7*

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 7/30/19, at approximately 8:30 a.m., the home received an allegation of physical abuse involving staff person A and resident #1. However, the home did not report the allegation of abuse to the local Area Agency on Aging until 7/31/19 at 10:10 a.m.

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 have been made aware of requirements and the need to immediately report any abuse to Adult Protective Service, administrators and family.
- ② Staff members who were involved and failed to report the abuse in the correct time period were counseled.
- ③ All staff were inservice on dates between 7/31/19-8/12/19 to review policy/regulations

Legal Entity Representative

Cheeryl L. Sopkovich
Signature

Cheeryl L. Sopkovich LPN administrator
Printed Name and Title

10/21/2019
Date

Date

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

The above plan of correction is approved as of 12/11/19 (Date) Plan of correction implementation status as of 12/11/19 (Date)

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

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

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 7/30/19, at approximately 8:30 a.m., the home received an allegation of physical abuse involving staff person A and resident #1. However, the home did not report the allegation of abuse to The Department until 7/31/19 at 10:10 a.m.

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 All staff are now aware of the requirements and the immediate need to report any abuse to DHS.
- ② Staff members who were involved and failed to report the abuse in the appropriate time frame were counseled by the administrator.
- ③ All staff were inserviced on dates between 7/31 - 8/12/19 to review policy and regulations

Legal Entity Representative

Cheryl Sopkovich
Signature

Cheryl L Sopkovich LPN
Printed Name and Title

10/20/19
Date

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