



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Mailed: October 4, 2019

Mr. Kevin P. Kasseff
Manager
Evergreen Estates Holdings, LLC
1230 Rosencrans Avenue, Suite 405
Manhattan Beach, California 90266

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 inspection on September 26, 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 violations cited 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 that reads "Brett Swanger".

Brett Swanger
Human Services Licensing Supervisor

Enclosure
Violation Report

Violation Report

Facility Information

Name: EVERGREEN ESTATES RETIREMENT COMMUNITY
Address: 1300 EAST KING STREET, LANCASTER, PA 17602
County: LANCASTER **Region:** CENTRAL

License Number: ~~33193~~
331930

Administrator

Name: Charity Cruz **Phone:** 7173942208 **Email:**

Legal Entity

Name: EVERGREEN ESTATES HOLDINGS LLC
Address: 2301 ROSECRANS AVE, SUITE 4170, EL SEGUNDO, CA, 90245

Certificate(s) of Occupancy

Type: C-2 LP **Date:** 5/7/2002 **Issued By:** Labor and Industry

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 91 **Waking Staff:** 68

Inspection

Type: Partial **BHA Docket #:** **Notice:** Unannounced
Reason: Incident

Inspection Dates and Department Representative

09/26/2019 - On-Site: Jason McCloskey

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 125 **Residents Served:** 87

Secured Dementia Care Unit

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

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 87
Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 4 **Have Physical Disability:** 2

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:

Description of Violation

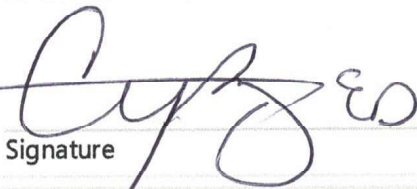
Resident 1 is prescribed Carbamide Perox 6.5% ear drops, however, this medication isn't listed on the resident's medication administration record.

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.)

9/26/19 - nurse mgr. Removed ear drops from medication cart
 9/26/19. Nurse mgr. Reviewed with and spoke with Witeys (House pharmacy) pharmacist at length regarding reasons medication no longer on MAR.
 10/1/19 - nurse mgr. Received new order from resident #7 nurse practitioner (see attached order and length of time for order.
 10/1/19. Nurse mgr requested pharmacy indicate on orders length on order and alert our team on the medication record PRIOR to the order just chopping off the medication record. In order for our nurse to obtain a new order from physician PRIOR to renewal date.
 by 11/1/19 House pharmacy Witeys conducts quarterly medication cart audits. Nurse manager confirmed with pharmacy on 10/2/19. Will be conducted by end of October 2019.

Legal Entity Representative


 Signature

Charity A. Cruz Executive Director 10/4/19
 Printed Name and Title Date

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

The above plan of correction is approved as of 10/4/2019 Plan of correction implementation status as of 10/4/2019
 (Date) (Date)

Fully Implemented

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

Not Implemented

187d - Follow Prescriber's Orders

Regulations

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

Description of Violation

Resident 1 is prescribed eye drops to be given 4 times daily. A medication error occurred on 8/31/19 at 8:45pm, when the resident was administered Carbamide Perox 6.5% ear drops into her eye instead of the prescribed eye drops.

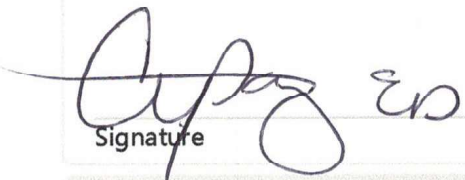
Plan of Correction (POC)

(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.)

- 8/31/19 - Evergreens internal policy immediately discovered and reported medication error when it occurred. Med tech making error notified Resident, Resident POA, and primary care physician.
- 8/31/19 - Staff immediately flushed Resident eyes with cool water following they applied cool compresses. Offered to Resident # 1 if she wanted to go to emergency room for evaluation she declined. All above documented (*)
- 8/31/19 - Required Dept of Human Services Reportable Form completed & filed to Dept of Human Services per Regulatory Requirements.
- 8/31/19 - Evergreen Staff monitored Resident and documented daily. DHS has all documents.
- 9/3/19
- 9/4/19 Administrative Change nurse Reviewed error with med tech (M.M.) who made error. Re-educated proper required medication administration checks. DHS has copy of this document.
- 9/4/19 Ear drops placed in sealable Baggie to add another layer of separation from other types of drops.

Legal Entity Representative

(continued next page)
3A


Signature

Charity A. CRUZ Executive Director
Printed Name and Title

10/4/19
Date

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

The above plan of correction is approved as of 10/4/2019 (Date) Plan of correction implementation status as of 10/4/2019 (Date)

Fully Implemented

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

Not Implemented

187d - Follow Prescriber's Orders

Continued from page (3)

Regulations

2600.

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

Description of Violation

Resident 1 is prescribed eye drops to be given 4 times daily. A medication error occurred on 8/31/19 at 8:45pm, when the resident was administered Carbamide Perox 6.5% ear drops into her eye instead of the prescribed eye drops.

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.)

(Continued)

10/2/19 - "EARS only" hot pink labels applied on outside of ear drop bags.

10/24/19 nurse managers will review proper medication administration procedures during this month's nursing meeting, with nurses and med techs.

(*) = copies of all documents the Dept of Human Services have. They were scanned by Jason McCluskey, DHS when he was here on 9/26/19.

The Reputable form dated 8/31/19 that was faxed to DHS that some date was already on file prior to his visit here 9/26/19.

Legal Entity Representative

 Signature

Charity A. Cruz Executive Director 10/4/19
Printed Name and Title Date