



SENT VIA EMAIL: cspiker@evergreenassisted.com

MAILING DATE: July 20, 2020

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 January 3, 2020 and February 7, 2020, 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 "Janine Wenzig", written in a cursive style.

Janine Wenzig
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 SOPOVICH* 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: *07/12/1999* Issued By: *Labor & Industry*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *49* Waking Staff: *37*

Inspection

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

Inspection Dates and Department Representative

01/03/2020 - On-Site: Lisa Flinner-Alman, Karen Georgoulis
02/07/2020 - On-Site: Lisa Flinner-Alman, Karen Georgoulis

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *48* Residents Served: *37*

Secured Dementia Care Unit

In Home:	Area:	Capacity:	Residents Served:
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Hospice

Current Residents: *9*

Number of Residents Who:

Receive Supplemental Security Income: <i>0</i>	Are 60 Years of Age or Older: <i>37</i>
Diagnosed with Mental Illness: <i>1</i>	Diagnosed with Intellectual Disability: <i>0</i>
Have Mobility Need: <i>12</i>	Have Physical Disability: <i>0</i>

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

On 1/3/2020, there were multiple skin assessment sheets and toileting schedules for residents unlocked, unattended and accessible on top of the 2nd floor medication cart located to the right of the medication room.

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.)

Skin assessments / toileting sheets are now placed in wall safe for resident record confidentiality (1st + 2nd floors) when not in use. All staff were interviewed on the importance of resident confidentiality

Administrator/designee will monitor daily that all resident information is kept locked and in secure location

Legal Entity Representative

Cheryl L Sopkovich RN
Signature

Cheryl L Sopkovich RN
Printed Name and Title

3/25/2020
Date

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The above plan of correction is approved as of _____
(Date)

04/03/20
(Date)

Plan of correction implementation status as of _____
(Date)

04/03/20
(Date)

The above plan of correction was approved by _____

[Handwritten initials]
(Initials)

Implemented
 Not Implemented

65f - Training Topics

Regulations

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

Description of Violation

None of the direct care staff persons received the required training in care for residents with mental illness during the 2019 training year. The home currently serves 1 resident with a diagnosis of mental illness.

Repeat Violation: 11/27/18

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.)

All staff have been inserviced on mental illness for 2020 training year (see attached)

Administrator will audit training topics to make sure all required topics in 2600.65f are met.

Legal Entity Representative

Cheryl L Sopkovich LPN
Signature

Cheryl L Sopkovich LPN 3/25/2020
Printed Name and Title Date

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(Date)

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(Initials)

Implemented
 Not Implemented

66b - Training Plan Content

Regulations

2600.

66.b. The plan must include training aimed at improving the knowledge and skills of the home's direct care staff persons in carrying out their job responsibilities. The staff training plan must include the following:

Description of Violation

The annual staff training plan for 2020 does not include medication self-administration and care for residents with mental illness and mental retardation. The home currently serves one resident with a mental illness diagnosis.

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 annual training plan included medication administration training, the word self was omitted accidentally for 2020. The annual training plan for 2020 was updated on 1-6-2020 to state medication self administration training (see attached) Mental Illness, has been included on the annual staff training plan for 2020 (see attached) Administrator/designee will review annual staff training plan so all required topics are included.

Legal Entity Representative

Signature Cheryl L Sopkowicz

Printed Name and Title Cheryl L Sopkowicz LPN

Date 3-25-2020

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The above plan of correction was approved by (Initials)

Implemented Not Implemented

85a - Sanitary Conditions

Regulations

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On 1/3/2020 at 2:43 p.m., there was there was a used, unlabeled folded pink washcloth on the corner of the sink in the 1st floor kitchenette sink adjacent to room 119.

On 1/3/2020, an unlabeled and used bath pouf was in the walk-in shower in the shared bathroom between room 104 and 106.

On 1/3/2020, two unlabeled and used bath poufs were hanging in the walk-in shower in the shared bathroom between rooms #221 & 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.)

The unlabeled folded pink dishcloth is used to clean dishes, glasses, silverware, etc before putting them into the dishwasher. Staff have been instructed to place dishcloth inside of cabinet door below sink on hook (see attached)

Shower poufs have been disposed of because of not being labeled. Families have been notified that, when/if bringing shower pouf in to label them or allow staff to label them or they may put them in small case with resident name on case/pouf (pouf)

When showering resident direct care staff will monitor and if any shower pouf or pouf container is not labeled with resident name it will be disposed of.

Legal Entity Representative

Signature Cheryl L Sopotnick

Printed Name and Title Cheryl L Sopotnick RN Date 3/28/20

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- X Implemented
Not Implemented

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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

On 1/3/2020, there was a full, uncovered garbage can in the 2nd floor unlocked, staff bathroom.

On 1/3/2020, there was an uncovered trash can in the shared bathroom between bedrooms 104 and 106.

On 2/7/2020, there was an uncovered trash can in the shared bathroom between bedrooms 221 and 223.

Repeat Violation: 11/27/18

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.)

Trash can was emptied immediately and removed from public bathroom. Lid was placed on trash receptacle.

Staff has been inserviced by administrator on sanitary conditions.

Direct care aides will monitor daily that all bathroom trash cans have lids. Administrator will be notified immediately if BR trash can lid is missing so it can be replaced.

Bathrooms that services rooms 104/106 - 221/223 now have new trash cans.

Legal Entity Representative

Cheryl L. Sprockman

Signature

Cheryl L Sprockman

Printed Name and Title

3/25/20

Date

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[Signature]
(Initials)

Implemented

Not Implemented

101j7 - Lighting/Operable Lamp

Regulations

2600.

101j. Each resident shall have the following in the bedroom:

- 7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

On 1/3/2020, the bedside lamp in room 106 was approximately 41" from bed #2 and was unable to be turned off/on at bedside.

On 2/7/2020, the bedside lamp in room 221 between bed #1 and bed #2 was approximately 3' from bed #1 and approximately 5' away from bed #2 and not reachable from either bedside.

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.)

Touch lamp was placed on night stand beside resident's bed in room 106 (see attached)

Residents in room 221 did not want room rearranged touch lights were applied to head boards of their beds (see attached)

Direct care aides will monitor weekly to ensure touch lights are in proper place/missing and if missing report to administrator immediately.

Legal Entity Representative

Cheryl L Sopkovich LPN
Signature

Cheryl L Sopkovich LPN 3/26/2020
Printed Name and Title Date

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(Date) (Date)

- Implemented
- Not Implemented

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

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

On 1/3/2020, the temperature in the mini refrigerator in the 2nd floor kitchenette had two thermometers, one measuring 52 degrees Fahrenheit and the other measuring 50 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.)

Temperatures have been documented as of Dec. 2019 to March 25, 2020 (see attached) No temperatures have been documented above 40°. Christopher Kurlachef will continue to monitor/document temperatures the mini refrigerators on 1st/2nd floors. If any consistent elevation of temperature, the mini refrigerator will be replaced.

Legal Entity Representative

Signature Cheryl L Sopkovich (handwritten)

Printed Name and Title Cheryl L Sopkovich (handwritten)

Date 3-25-2020 (handwritten)

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 Not Implemented

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141a - Medical Evaluation

Regulations

2600.

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

Description of Violation

Resident #1 was admitted on 7/26/19. However, the resident's medical evaluation was not completed until on 9/5/19.

Repeat Violation: 3/8/19

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.)

The administrator/designee will audit all residents charts (records) to ensure an initial DME is/was completed within 60 days prior to admission or within 30 days after admission

Between 3/30/2020 and 3/25/2020, the administrator and administrative assistant reviewed all resident records to make sure all residents had a current DME form completed and in chart.

Legal Entity Representative

Signature Cheryl L Sopkowich

Printed Name and Title Cheryl L Sopkowich

Date 3/25/2020

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Implemented

Not Implemented

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(Initials) [Signature]

183b - Meds and Syringes Locked

Regulations

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.

Description of Violation

On 1/3/2020, a bottle of Memantine HCL prescribed to resident #1 was unlocked, unattended and accessible on the side of the medication cart for bedrooms 218-226, located to the left of room #218.

On 1/3/2020 at approximately 10:49 a.m., there was yellow gel in a small medicine cup labeled with resident #2's name on the corner of the sink unlocked, unattended and accessible in the shared bathroom between rooms 104 and 106. According to staff person A, the administrator, the gel was A & D ointment.

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.)

Medication aides were interviewed on the importance of proper medication storage.

Administrator/designee will monitor carts daily for any medications not stored properly.

Tube of A&D ointment was located in resident #2 beside stand. Notified resident #2's daughter not to bring in any ointments/medications unless prescribed. Notified resident #2's daughter that tube of A&D ointment was discarded.

Legal Entity Representative

Signature Cheryl L Sopkovich RN

Printed Name and Title Cheryl L Sopkovich RN

Date 3/25/20

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Implemented (checked) Not Implemented

225a - Assessment 15 Days

Regulations

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

The assessment, dated 8/5/19, for resident #1 does not include the diagnosis of bipolar disorder, as indicated on the medical evaluation, dated 9/5/19.

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.)

The assessment for resident #1 was updated on 1-6-2020 to include dx of bipolar disorder (see attached)

Administrator/designee reviewed resident records from 1-1-2020 to ensure the assessments have been completed within fifteen days of admission.

Administrator/designee will review all new DME's for accuracy.

Legal Entity Representative

Cheryl L Sopotnick

Signature

Cheryl L Sopotnick RN

Printed Name and Title

3/5/20

Date

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(Date)

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04/03/20
(Date)

Implemented

Not Implemented

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[Signature]
(Initials)

225c - Additional Assessment

Regulations

2600.
225.c. The resident shall have additional assessments as follows:

Description of Violation

The assessment, dated 10/29/19, for resident #3, does not include the diagnosis of dementia, as indicated on the medical evaluation, dated 7/11/19.

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.)

Resident # 3 CTB

Assessments for all other residents were reviewed to ensure they are complete, see page 12 of 13. - JRW 4/22/20

Legal Entity Representative

Cheryl L. Sepkowitz
Signature

Cheryl L Sepkowitz LPN 3/28/20
Printed Name and Title Date

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