pennsylvania
DEPARTMENT OF HUMAN SERVICES

Ms. Tanya C. Leshko
Senior Attorney
Buchanan, Ingerson, Rooney PC
409 North Second Street, Suite #500
Harrisburg, Pennsylvania 17101

JAN 3 1 2020

RE: Evergreen Estates Retirement Community
1300 East King Street
Lancaster, Pennsylvania 17602

Dear Ms. Leshko:

This is to acknowledge receipt of your request to appeal the Department's decision to Revoke the regular license and issue a First Provisional license for Evergreen Estates Retirement Community. Your request has been forwarded to the Department of Human Services, Bureau of Hearings and Appeals. You will be contacted regarding the date and time of the hearing.

Sincerely,

Jeanne Parisi
Director

cc: Mary Lavery (Central), Office of General Counsel

EVERGREEN ESTATES HOLDINGS, LLC
2301 Rosecrans Avenue, Ste. 4170
El Segundo, California 90245

January 17, 2020

VIA FEDERAL EXPRESS
(Tracking Number 7775 2498 5510)

Bureau of Hearings and Appeals
Pennsylvania Department of Human Services
Bureau of Human Services Licensing
Room 631, Health and Welfare Building
625 Forster Street
Harrisburg, Pennsylvania 17120
Attn: Shivani Patel, Enforcement Manager

Re: Evergreen Estates Retirement Community ("**Evergreen**")
1300 East King Street
Lancaster, Pennsylvania 17602
Certificate #: 331931

Dear Ms. Patel:

In accordance with 1 PA Code Part II, Chapters 31-35, this letter shall serve as Evergreen's request for a hearing on appeal in connection with the January 13, 2020 letter from Kevin Hancock, Deputy Secretary, Office of Long-term Living revoking Evergreen's license dated March 1, 2020 through March 1, 2021 and issuing a Provisional License.

Please advise of any specific rules promulgated by the Pennsylvania Department of Human Services, Bureau of Human Services Licensing in connection with this appeal.

Very truly yours,

Kevin P. Kaseff
Manager

Buchanan Ingersoll & Rooney PC

Tanya C. Leshko
717 237 4868
tanya.leshko@bipc.com

409 North Second Street
Suite 500
Harrisburg, PA 17101-1357
T 717 237 4800
F 717 233 0852

January 23, 2020

VIA HAND DELIVERY

Human Services Licensing

JAN 23 2020

Shivani Patel, Enforcement Manager
Pennsylvania Department of Human Services
Bureau of Human Services Licensing
Room 631, Health and Welfare Building
625 Forster Street
Harrisburg, Pennsylvania 17120

Re: Appeal of Decision to Revoke Certificate of Compliance and Issue First Provisional License to Evergreen Estates Retirement Community
Certificate # 331931: Revocation of Regular Certificate of Compliance dated March 1, 2019 through March 1, 2020, and issuance of First Provisional license dated January 13, 2020 through July13, 2020; Revocation of license dated March 1, 2020 through March 1, 2021

Dear Ms. Patel:

This firm represents Evergreen Estates Holdings LLC (Evergreen), which owns and operates Evergreen Estates Retirement Community. By letter dated January 13, 2010 (the Notice), Deputy Secretary Kevin Hancock for the Department of Human Services (Department or DHS), Office of Long-term Living (OLTL) notified Evergreen that its certificate of compliance (331930) dated March 1, 2019 through March 1, 2020 for Evergreen Estates Retirement Community, a Personal Care Home (PCH) located at 1300 East King Street, Lancaster, PA 17602, was revoked and a First Provisional license issued for the six (6) month period beginning January 13, 2020 and ending July 13, 2020. Additionally per the Notice, the license dated March 1, 2020 through March 1, 2021 was revoked and will not be reinstated upon the expiration of the First Provisional license. A copy of the Notice enclosing the provisional license and the accompanying Licensing Inspection Summary (LIS) is attached at Tab A.

The Notice provides Evergreen the opportunity to appeal the decision of OLTL "through hearing before the Department's Bureau of Hearings and Appeals, in accordance with 1 Pa. Code Part II, Chapters 31-35." Per the Notice, a written request for an appeal must be directed to your attention and received within 10 days of the date on Deputy Secretary Hancock's letter, at the address contained therein and above. Accordingly, because we disagree with the basis of the decision to revoke the certificate of compliance and issue a provisional license to Evergreen, Evergreen hereby timely appeals the Notice and requests a hearing pursuant to 1 Pa. Code, Part II.

Please consider this appeal and request for a hearing to supplement or supersede Evergreen's previous correspondence of January 17, 2020.

DHS's Stated Basis for Revocation of Certificate of Compliance and Issuance of Provisional License

The Notice states that "[a]s a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing (Department) licensing inspections on October 28, 2019 and November 12, 2019 of the above facility, the violations specified on the enclosed Licensing Inspection Summary (LIS) were found... Based on violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), the Department hereby REVOKES your certificate of compliance (331930) . . . . and issues you a FIRST PROVISIONAL license to operate the above facility . . . A FIRST PROVISIONAL license is being issued based on your acceptable plan to correct the violations as specified on the LIS . . . This decision is made pursuant to 62 P.S. § 1026(b)(1), (4) and 55 Pa. Code § 20.71(a)(2); (3); (5); (6) (relating to conditions for denial, nonrenewal or revocation)."

Evergreen's Reasons for Disagreeing with the Revocation of Its Certificate of Compliance

1. **Evergreen provided, and DHS accepted, a fully compliant POC which corrected all of the violations identified by DHS on December 9, 2019.**

The Bureau of Human Services Licensing (BHSL) conducted an onsite investigation at the PCH on October 28, 2019, continuing on November 12, 2019. As a result of this investigation, Evergreen received a written Violation Report on November 18, 2019. The Department required Evergreen to submit an acceptable Plan of Correction (POC), and provide supporting documentation to verify compliance. On November 25, 2019, Evergreen submitted a timely POC to DHS. The POC was rejected, revised by Evergreen, and accepted by BHSL in writing on December 9, 2019. *See*, letter dated December 9, 2019 from B. Swanger directed to Kevin P. Kaseff, at Tab B (POC attached). The POC fully responded to and corrected all alleged violations, and in the course of developing the POC Evergreen provided documentation to BHSL demonstrating its full and ongoing compliance with the corrective actions and with all applicable statutes and regulations. Evergreen believes, therefore, that the Department should reinspect the PCH and confirm that it is and has been in compliance with all applicable regulations at 55 Pa. Code Ch. 2600, and issue a full license to the facility.

2. **DHS abused its discretion by changing the approved POC although there were no additional violations and the PCH was in compliance with the POC.**

An entire month after it accepted the POC as final, on January 9, 2020, the Department instituted a revision to the POC. *See,* Tab C, emails dated January 9 and 10, 2020, from B. Swanger to C. Cruz. The revision was not related to the violations noted in the report issued to Evergreen as a result of the October and November inspections, as those were fully corrected as of December 9, 2019. Nor were any additional violations raised either verbally or in writing by DHS. Rather, the Department's initiation of revisions to the POC appears to have been prompted by the Executive Director of the PCH engaging in discussions with the Department regarding the

inspection and anticipated approval of the Secured Dementia Care Unit which Evergreen had applied to operate at the PCH.

The regulations governing the commencement and operation of a Secured Dementia Care Unit are found at 55 Pa. Code § 2600.231-2600.239. Section 2600.239(b) states that "The Department will inspect and approve the secured care dementia unit prior to operation or change. The requirements of this chapter shall be met prior to operation." 55 Pa. Code § 2600.239(b). On December 3, 2019, the Department conducted its scheduled final inspection of the planned Secured Dementia Care Unit, and on December 6, 2019 confirmed that there were no additional requirements outstanding or issues with the inspection. Following the acceptance of the POC on December 9, 2019, the PCH was operating in full compliance with the regulatory chapter in question, and successfully complying with the ongoing requirements of the POC. The January 13, 2020 Notice itself acknowledges that the Provisional license is issued based on "your acceptable plan to correct the violations as specified on the LIS . . ." The "acceptable plan" was, however, fully in place on December 9, at which time the regulatory requirements for approval of the Secured Dementia Care Unit were met. One month later, not based on any alleged additional violations or failure to comply with the POC, the POC was summarily altered by DHS to require that each resident's Resident Assessment and Support Plan (RASP) be reviewed and each resident be assessed against his or her RASP to determine whether the RASP continues to accurately reflect each resident's need for supervision and elopement risk. Four days after the Department required this change to the POC, the Notice was sent to Evergreen.

The Department's actions, which seem calculated to deny the PCH authority to operate the Secured Care Dementia Unit, serve no end except to compromise the ability of the PCH to provide the best and safest services to its residents. The revised POC requires Evergreen to reassess the supervision needs and risk of elopement for all of its residents. If the residents require increased supervision or an appropriate placement in order to address exit-seeking behaviors, having access to a Secured Care Dementia Unit is potentially the best solution for their care, since it is intended in part to address exactly such behaviors. Permitting Evergreen to provide Secured Memory Care at the PCH would thus spare residents who may require (or want) that additional level of care but cannot currently receive it at the PCH the need to move to another care setting entirely, which is often very stressful for individuals with memory issues. Based on the Department's actions, however, Evergreen is unnecessarily prevented from offering those services.

3. The identified violations are an insufficient basis for the revocation of the certificate of compliance and issuance of a provisional license.

The Department alleges that three incidents of "abuse" occurred. In fact, the incidents do not constitute "abuse" as that is defined in the applicable regulations at 55 Pa. Code § 2600.4. Abuse as there defined includes the "infliction of injury, unreasonable confinement, intimidation or punishment with resulting physical harm, pain or mental anguish." It also includes the "willful deprivation . . . of goods or services which are necessary to maintain physical or mental health[,]" abuse as defined in 23 Pa.C.S. Ch. 61, "exploitation . . . which results in monetary, or personal loss to the resident . . . [n]eglect of the resident, which results in physical harm, pain or mental anguish . . . [or] [a]bandonment or desertion by the personal care home or its staff persons." *Id.*

The Violation Report references no act or omission by Evergreen that was willful or deliberate so as to inflict injury with resulting physical harm, pain or anguish, "willfully deprive," exploit, neglect or abandon any individual. Rather, these incidents not deliberate or negligent on Evergreen's part, but isolated, recognized and promptly remedied going forward by Evergreen. Before the DHS investigation occurred, the PCH had in place appropriate policies and procedures to prevent incidents such as the ones cited, and conducted appropriate and ongoing training to ensure staff compliance. Evergreen self-reported an incident wherein an employee who was reported to be yelling at and grabbing a resident (Resident #3) was removed from the PCH and quickly terminated once a factfinding confirmed the reported events. As specified in its POC, Evergreen has been fully compliant with additional steps to prevent reoccurrence of such events for all individuals residing in the PCH, including employee training, review of residents' rights at their monthly meetings, and ongoing confidential interviews with residents. A previous incident involving the terminated employee and Resident #1 was not timely reported to management; this failure, however, was not in accordance with existing policies and procedures, nor with the up-to-date training received by employees.

Because the dates of the events involving Residents Nos. 1 and 3 as discussed in the Violation Report are unclear, the Notice sets forth an incomplete picture of events that incorrectly forms the basis of the Department's conclusions, while failing to take into account remedial actions taken by Evergreen, as well as ongoing, active, and up-to-date efforts to ensure understanding of and compliance with applicable laws and regulations on the part of everyone associated with the PCH.

Neither does the occurrence of an elopement constitute "abuse." While unfortunate, such an event does not indicate noncompliance, negligence or willfulness on the part of Evergreen, nor deprivation inflicted upon a resident. The facts upon which the allegation is based are disputed. What is more, the Department accepted the POC (for all five purported violations) on December 9, 2019, yet inexplicably failed to communicate with or notify Evergreen regarding the possibility of a license revocation until the January 13, 2020 letter advising it of provisional licensure status. In that respect, Evergreen has been denied the opportunity to have any meaningful feedback on the findings, its own significant and documented efforts to correct any perceived deficiencies, and its ongoing efforts to ensure that it can provide a full range of services to residents who may be better served by a Secure Dementia Care Unit. It has, therefore, needlessly and incorrectly been placed on provisional license status.

Two other violations found by the Department similarly relate to the circumstances involving Resident #1, since the late report of the incident to management resulted in the failure to make other timely reports. The remaining two violations are either disputed or are denied to rise to the level of warranting license revocation and issuance of a provisional.

In short, Evergreen did everything possible to ensure ongoing compliance with applicable laws and regulations through its own robust policies and procedures and educational programs. It corrected all violations related to care provided, timely submitted a POC, and concurrently provided documentation demonstrating the corrective measures taken. Evergreen met the Department's requirements and hoped to continue to work collaboratively with the Department to maintain full licensure. The Department, instead, inappropriately issued a provisional license to Evergreen despite the fact that it established compliance with all applicable requirements.

4. **The POC was implemented, and compliance with the POC and applicable laws and regulations has been maintained.**

The violations set forth in the Violation Report attached to the January 13, 2020 Notice do not constitute a valid basis for the revocation of Evergreen's certificate of compliance and issuance of a Provisional license. Evergreen has taken all actions reasonably possible to ensure compliance in response to the findings made by the Department. While the implementation of the POC is a continuing process in that certain actions are ongoing through March, each and every action that could be taken has been taken in accordance with the stated and accepted POC. Full compliance with Chapter 6400 requirements has been maintained. Everything that could be done to correct the identified violations and prevent future reoccurrence, has been done.

Under these circumstances, Evergreen submits that the Department's issuance of a provisional license was precipitous, untimely and unwarranted.

Request for Relief on Appeal

It is respectfully requested that the Department reinspect the PCH located at 1300 East King Street, Lancaster, PA, confirm its full compliance with applicable regulations and the POC, and issue a full certificate of compliance to the facility specifically including the Secured Dementia Care Unit.

Respectfully submitted,

Tanya C. Leshko

Enclosures: Notice of Appearance for Tanya C. Leshko and Jayson Wolfgang
cc: Certificate of Service

pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to **EVERGREEN ESTATES HOLDINGS LLC**
LEGAL ENTITY

To operate **EVERGREEN ESTATES RETIREMENT COMMUNITY**
NAME OF FACILITY OR AGENCY

Located at **1300 EAST KING STREET, LANCASTER, PA 17602**
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE — ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE — ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE — ADDRESS OF SATELLITE SITE

To provide **Personal Care Homes**
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed **125**
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.
(MAXIMUM CAPACITY)

Restrictions:

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from **January 13, 2020** until **July 13, 2020**,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **331931**

Robert E. Robinson
ISSUING OFFICER

DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.

HS 628p – 7/19

pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: January 13, 2020

Mr. Kevin P. Kasseff
Manager
Evergreen Estates Holdings, LLC
2301 Rosencrans Avenue, Ste. #4170
El Segundo, California 90245

RE: Evergreen Estates Retirement Community
1300 East King Street
Lancaster, Pennsylvania 17602
Certificate #: 331931

Dear Mr. Kasseff:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) licensing inspections on October 28, 2019 and November 12, 2019 of the above facility, the violations specified on the enclosed Licensing Inspection Summary (LIS) were found.

Based on violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), the Department hereby REVOKES your certificate of compliance (331930) dated March 1, 2019 through March 1, 2020 and issues you a FIRST PROVISIONAL license to operate the above facility. Additionally, your license dated March 1, 2020 through March 1, 2021 is REVOKED. A FIRST PROVISIONAL license is being issued based on your acceptable plan to correct the violations as specified on the LIS. The license dated March 1, 2020 through March 1, 2021 is NOT reinstated upon expiration of this FIRST PROVISIONAL license. This decision is made pursuant to 62 P.S. § 1026 (b)(1) ;(4) and 55 Pa. Code § 20.71(a)(2) ;(3) ;(5) ;(6) (relating to conditions for denial, nonrenewal or revocation). Your FIRST PROVISIONAL license is enclosed and is valid from January 13, 2020 to July 13, 2020.

All violations specified on the LIS must be corrected by the dates specified on the report and continued compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), must be maintained. Failure to implement the plan of correction or failure to maintain compliance may result in a revocation of the license.

If you disagree with the decision to issue a PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa. Code Part II, Chapters 31-35. If you decide to appeal your PROVISIONAL license, a written request for an appeal must be received within 10 days of the date of this letter by:

Shivani Patel, Enforcement Manager
Pennsylvania Department of Human Services
Bureau of Human Services Licensing
Room 631, Health and Welfare Building
625 Forster Street
Harrisburg, Pennsylvania 17120
PH: 717-214-1304

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,

Kevin Hancock
Deputy Secretary
Office of Long-term Living

Enclosure
License
Licensing Inspection Summary

Violation Report

Facility Information

Name: *EVERGREEN ESTATES RETIREMENT COMMUNITY* **License Number:** *33193*
Address: *1300 EAST KING STREET,, LANCASTER, PA 17602*
County: *LANCASTER* **Region:** *CENTRAL*

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:** **Issued By:**

Staffing Hours

Resident Support Staff: *81* **Total Daily Staff:** *163* **Waking Staff:** *122*

Inspection

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

Inspection Dates and Department Representative

10/28/2019 - On-Site: Michael Showers, Hope O'Pake

11/12/2019 - On-Site: Michael Showers, Jason McCloskey

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *125* **Residents Served:** *81*

Secured Dementia Care Unit

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

Hospice

Current Residents: *2*

Number of Residents Who:

Receive Supplemental Security Income: *0*
Diagnosed with Mental Illness: *0*
Have Mobility Need: *1*
Are 60 Years of Age or Older: *80*
Diagnosed with Intellectual Disability: *0*
Have Physical Disability: *3*

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

Staff Person B and Staff Person D witnessed Staff Person A yelling at Resident 1 and using excessive physical force to pry the resident's hand off the railing in the hallway and move the resident's legs against her will. Information regarding this incident was not provided to the administration of the home in a timely manner and thus not reported to the local Area Agency on Aging in accordance with the time frames designated in the Older Adult Protective Services Act

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.)

See attachment for Page 2A

Legal Entity Representative

Signature

Charity D. Cruz Executive Director
Printed Name and Title

11/25/19
Date

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

The above plan of correction is approved as of 1/9/2020 (Date)

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

Plan of correction implementation status as of _____ (Date)

☐ Implemented

☐ Not Implemented

Attachments for page 2:

A. Resident 1- no recall of incident, no injuries noted, normal routine for resident. Employee A as noted on page 5 & 6 was terminated from employment 10/19/19, prior to this late report on Resident # 1.

B. Staff member B and staff member D attended annual mandatory training 8/21/19 during this training review of resident abuse and abuse reporting was reviewed. (See attached signed copies of training forms.)

C. 11/18/19- Staff member B and staff member D were re-educated to the proper procedures on reporting abuse, accusations of abuse and /or other concerns related to concerns of resident treatment. (See attached signed educational forms.)

D. 11/15/19- ongoing- re-educated current staff members on proper protocol and time frame for reporting abuse, and/ or accusations of abuse or other concerns related to concerns of resident treatment. (See attached educational forms.)

E. 11/15/19- ongoing- All staff will follow proper reporting procedures for abuse, failure to follow proper procedures as outlined in the attached will result in progressive discipline, up to an including termination of employment.

F. 3/17/15- Ongoing- All incident reports are reviewed at the time reported, as well as tracked and trended. Reportable Incidents are included and reviewed in our Quality Management process, which is held quarterly. Quality Management under the regulations must be annually; Evergreen completes our quarterly to include Reportable Incidents, Violations & Plan of correction (if any), complaints, staff training and Resident monthly meetings. State inspectors review this process, policy and reports at least annually during our unannounced state inspections.

G. 5/18/2015- Ongoing- Monthly Resident Council meetings are conducted, during which time updates and reminders are given, as well as Open to residents to ask questions, ideas and /or concerns. Minutes of the meeting are completed and handed out to all residents, as well as Managers & Directors.

H. 12/11/19-ongoing- Next Resident Council meeting will be held, will review Resident Rights, and Abuse. Copies of Resident rights will be handed out with the minutes and at the meeting for any resident that would like a copy at that time. In addition will review twice more during 2020 during a regularly scheduled monthly resident council meeting.

I. 12/5/19- Next monthly nursing team meeting, Nurse Manager will review again the process for reporting abuse, please see letter C. of this plan and attachment regarding the re-education form.

J. 4/2015- Ongoing- Executive Director meeting regularly during the week, daily stand up meeting with managers and directors, at which time we share updates, and any concern. Schedule does change with holidays and vacation, however there is always a manager or director on call 24/7 should a situation rise at the community that needs immediate attention. Refer to K.

K. 5/29/15- ongoing- Manager / Director On call 24/7, should shift supervisors have any of the following issues will call the on call phone and the Manager/ Director on call will advise and / or follow up, and/or call the Executive Director if necessary. See attached posting that is in the Nurse's station, as the Charge Nurse or Lead Med tech is in charge when other Management or Directors are not in the building. Number one on that list is – Alleged or suspected abuse or neglect of a resident.

12/6/19
Executive Director

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

Staff Person B and Staff Person D witnessed Staff Person A yelling at Resident 1 and using excessive physical force to pry the resident's hand off the railing in the hallway and move the resident's legs against her will. Information regarding this incident was not provided to the administration of the home in a timely manner and thus not reported to the Department within 24 hours of the incident.

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) See attached pages 3A and 3B

Legal Entity Representative

Signature

Charity P. Cruz Executive Director
Printed Name and Title

11/25/19
Date

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

The above plan of correction is approved as of 1/9/2020 (Date)

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

Plan of correction implementation status as of _____ (Date)

☐ Implemented

☐ Not Implemented

Attachments for page 2:

A. Resident 1- no recall of incident, no injuries noted, normal routine for resident. Employee A as noted on page 5 & 6 was terminated from employment 10/19/19, prior to this late report on Resident # 1.
B. Staff member B and staff member D attended annual mandatory training 8/21/19 during this training review of resident abuse and abuse reporting was reviewed. (See attached signed copies of training forms.)
C. 11/18/19- Staff member B and staff member D were re-educated to the proper procedures on reporting abuse, accusations of abuse and /or other concerns related to concerns of resident treatment. (See attached signed educational forms.)
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E. 11/15/19- ongoing- All staff will follow proper reporting procedures for abuse, failure to follow proper procedures as outlined in the attached will result in progressive discipline, up to an including termination of employment.
F. 3/17/15- Ongoing- All incident reports are reviewed at the time reported, as well as tracked and trended. Reportable Incidents are included and reviewed in our Quality Management process, which is held quarterly. Quality Management under the regulations must be annually; Evergreen completes our quarterly to include Reportable Incidents, Violations & Plan of correction (if any), complaints, staff training and Resident monthly meetings. State inspectors review this process, policy and reports at least annually during our unannounced state inspections.
G. 5/18/2015- Ongoing- Monthly Resident Council meetings are conducted, during which time updates and reminders are given, as well as Open to residents to ask questions, ideas and /or concerns. Minutes of the meeting are completed and handed out to all residents, as well as Managers & Directors.
H. 12/11/19-ongoing- Next Resident Council meeting will be held, will review Resident Rights, and Abuse. Copies of Resident rights will be handed out with the minutes and at the meeting for any resident that would like a copy at that time. In addition will review twice more during 2020 during a regularly scheduled monthly resident council meeting.
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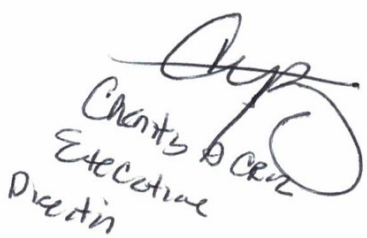
K. 5/29/15- ongoing- Manager / Director On call 24/7, should shift supervisors have any of the following issues will call the on call phone and the Manager/ Director on call will advise and / or follow up, and/or call the Executive Director if necessary. See attached posting that is in the Nurse's station, as the Charge Nurse or Lead Med tech is in charge when other Management or Directors are not in the building. Number one on that list is – Alleged or suspected abuse or neglect of a resident.



Attachment for page 3:

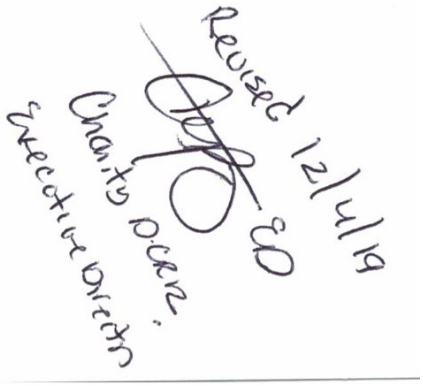
11/15/19- ongoing- staff will report abuse, abuse accusations and or any concerns regarding treatment of a resident. (See page 2 attachments re-education and training.)

11/15/19- ongoing- Abuse reports will be completed within the regulatory requirements for Office of Aging, and the Department of Human Services.

Please refer to page # 2 for notations for letters- A-K in addition to the attachments for page # 2.

12/16/19-3/3/20- Management will conduct confidential interviews of residents, at least 3 per week, and at least 3 staff per week over the next quarter to ensure compliance with resident rights, and to identify any concerns or possible concerns before they might arise. Copies and results of the interviews will be kept confidential and will be submitted to the Department of Human Services at the end of the quarter. Starting the week after we address with the residents during the monthly resident council meeting, as noted on page # 2, which will be held 12/11/19, resident rights and abuse will be one of the topics for discussion at that meeting, in addition in 2020 we will review this again during two regularly scheduled monthly resident council meetings, which will be soon after the 3/3/20 completion date.

*See attached copies of employee and resident surveys.



23a - Activities of Daily Living Assistance

Regulations

2600.
23.a. A home shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.

Description of Violation

Resident 2's Resident Assessment Support Plan (RASP), dated 8/21/2019, directs staff to call 911 immediately and send the resident to the hospital for evaluation when the resident threatens self harm. On 10/9/2019 at approximately 4:30pm, Resident 2 told staff that she was going to kill herself by slicing her stomach, nose and wrist. At approximately 5:10pm, staff responded to Resident 2's call bell for assistance, whereupon the resident stated that she had attempted to cut herself with a knife. Only at this time was 911 called and the resident sent to the hospital for evaluation.

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.)

(X) See attached on Page 4A

Legal Entity Representative

Signature ED

Printed Name and Title Charity D Cruz Executive Director

Date 11/25/19

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The above plan of correction is approved as of 1/9/2020 (Date)

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

Plan of correction implementation status as of (Date)

☐ Implemented

☐ Not Implemented

10/9/19- Resident 2 sent out to Emergency room, for evaluation after she threatened to cut herself. Resident 2 has a significant history of anxiety and mental health issues since she was a young adult. She is frequently sent out 911 due to these issues. On this date she was sent out and was not admitted to the hospital she returned a few hours later to the community. Staff followed care plan and protocol for monitoring resident. Behavioral health sees resident on a regular basis and a psych nurse also sees resident on a regular basis.

10/10/19- Nurse Manager updated Occupational Therapist as she was the person that provided the weighted utensils for the resident to the above.

11/15/19-ongoing- Staff educated that if / when resident threatens to hurt herself and / or others to remain with the resident or her private duty remain with her if there at the time of incident, and call 911 right away, and remain with her until they arrive.

(See attached educational form)

11/18/19- Resident 2 was sent out again 911 right away, after she told her private duty she wants to gouge her eyes out (meaning herself), Resident 2 was angry with her eye doctor after seeing him and made this comment when returned to the community. Resident did not act on it, however, was sent out 911 and was not admitted and returned to the community a few hours later, staff continue to follow care plan and monitor resident. Resident was angry at staff for sending her out; we reviewed with Resident 2 we must send her out each time she threatens to hurt herself or others.

12/5/19- Nurse Manger will review protocol again with care staff during the monthly nursing meeting. Any resident that threatens to harm themselves or others, staff are to stay with them and call 911 right away and send them out to hospital for an evaluation.

11/25/19

ED

Charity D CRTZ

Executive Director

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 10/19/2019 at approximately 9:00pm, Resident 4 left the personal care home through a side exit door of the home in the proximity of his bedroom. The use of this exit door triggered an alert to the home's security company who contacted the staff of the home. Staff of the home checked the area near the door inside the home, but did not check the vicinity outside of the door. At approximately 10pm, while performing room checks, staff found that Resident 4 was not in his room and started a search for the resident. The resident was found face down on the ground outside the home near the front entrance at approximately 10:20pm. The resident was deceased, the death certificate stating that the cause of death being from a pulmonary embolism. Resident 4 had a diagnosis of dementia and the current Resident Assessment and Support Plan for Resident 4, finalized 12/3/2018, identified that the resident had moderate supervision and moderate mobility needs and required reminders and queuing in locating certain areas throughout the facility and required supervision outside of the facility when in unfamiliar surroundings. This RASP also assessed the resident as having a moderate problem with his orientation to time, place and person and a moderate problem with his judgement. It documented that he would have periods of confusion, his judgement was impaired, he tended to make quick irrational choices, and directed staff to re-direct the resident before a situation would escalate. The resident displayed elopement behaviors on 9/30/2019 and 10/1/2019, whereupon he was observed and able to be redirected back into the home by staff. On 10/19/2019, the home failed to provide the services necessary to address these identified behaviors of Resident 4.

- On 10/19/2019, Staff Person A forcibly grabbed Resident 3 by the arm and was yelling at her to get out of bed and get dressed against Resident 3's wishes. This treatment caused the resident to feel emotionally upset and ashamed as evidenced by her statements to Staff Person C and Staff Person E after the incident.

- Staff Person B and Staff Person D witnessed Staff Person A yelling at Resident 1 and using excessive physical force to pry the resident's hand off the railing in the hallway and move the resident's legs against her will.

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.)

(X) See attached page BN Pages 6A through 6E ~~Cyp~~ EO 11/25/19

42b - Abuse *(continued)*

Legal Entity Representative

Signature: [signature] ED

Printed Name and Title: Christy Acree Executive Director

Date: 11/25/19

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Plan of correction implementation status as of _____ (Date)

☐ Implemented

☐ Not Implemented

Attachment for page 5- Resident # 4-

10/19/19- Resident # 4- Staff reported seeing resident at the following times, approximately 7pm for medications ; approximately 8pm another staff person recalled seeing resident #4 in the community room near the couch, his caregiver provided pm care for Resident # 4 and stated that was somewhere between 8:15 and 8:30 started that care, resident was changed, cleaned up and used the bathroom, this same caregiver stated she last saw him in his room in his chair, and she turned on the TV for him. The inspectors that were on site on 10/28/19 & 11/12/19 were provided with all the staff statements in addition to when the incident occurred, when the required reportable incident and supporting information was also sent to the Department of Human Services within the time frame ; by Evergreen.

10/19/19- Select Security the 24 hour 7 days a week monitoring system for Evergreen, called in to the community to report a door breach/ alarm at approximately 9:07pm. Staff according to their written statements and interviews /updates given to Evergreen managers, and also to and by the state representatives on site 10/28/19 & 11/12/19 reported they did check the door, around the door and did not see anyone in the area or outside. At approximately 10pm staff on third shift started 2 hour rounds and checks , at which time discovered resident 4 was not in his room, in the staff reports they alerted the staff members working, they have walkie talkies and are able to communicate to each other through them as well as any resident call bells being received through this same system (resident # 4 was reported to have been wearing his pendant, however he did not press it during the time frame, we pulled the call bell reports for that evening and gave copies to the inspectors on 11/12/19 at their request the report showed there was no record of resident # 4 pressing the alert button) staff searched inside the building , did not find resident, after not finding him inside, staff searched outside, " looping " around the building finding the resident at approximately 10:20pm. At which time they call 911, nurse assessed resident, provided CPR until EMS and police arrived. As reported by coroner resident passed away from a Pulmonary Embolism.

9/19- Construction began in Pine hall at Evergreen after approval to begin renovations to convert the area into a Secured Memory Care Unit, this Secured Unit will provide care for residents that require or could benefit from a Secured Memory Care Unit, resident with cognitive impairment, residents that exit seek, wander, or have other behaviors related to cognitive impairment. The construction was completed and the approval by the township and the Department of Human Services for all the paperwork was approved on 11/5/19.

11/5/19- Approval on the final township inspections and the paperwork submitted to the Department of Human Resources received, in that communication we were informed that a state representative will call us to set up the final onsite physical inspection and approval to Secure the Unit for Memory Care.

11/13/19- Ed from the Department of Human Services contact me and set up 12/3/19 as the final inspection. Once that is completed and approved, and our license change, we will be able to provide Secured Memory Care to residents who require that care and monitoring.

11/15/19- ongoing- Staff educated when door compromised, alarm sounds (exit door in the proposed Memory Care Unit) or when select security calls regarding a door breach, that staff not only look around the area inside and outside the door , to also go outside to look around the surrounding area to ensure no one is outside. (See attached educational form.)

2/4/19
ED
Executive Director

Attachment BA Page 5. Resident #4 Continued.

11/15/19- ongoing- See attached created form, supervisors educated to complete when there is a door breach and / or alarm, these forms are kept on top of the medication carts. In the event that a door alarm is not able to be verified as to the cause of the breech (IE: Staff taking out trash, landscapers open the door etc.) The supervisor on duty will instruct the staff to immediately check on all residents to ensure they are all accounted for, and record on the attached form. If a resident is missing, staff will proceed to follow the procedures outlined in the Elopement/ Missing resident policy. (On 11/12/19 a copy of this policy was given to Jason state inspector at his request.)

12/5/19- Nurse Manager will review again during the monthly nursing and care staff meeting, attachments in addition to reminding staff any concerns about resident safety , any resident that exit seeks they must report to manager , to monitor resident safety & care needs , transfer resident to Secured Memory Care if appropriate . (Evergreen expected to have final approval for the unit, sometime next month.)

5/29/15- Ongoing- Director/ Manger on call 24/7, shift supervisor, Charge Nurse or Lead Med tech have access to on call phone number and list of situations to call, the on call supervisor.

12/4/19-During daily stand up meeting with Directors/ Managers, Executive Director reviewed and provided each with copies of the door alarm/ breech form and list of situations that staff are to call the on call Director / Supervisor.

*As discussed, the Nurse Manager, in conjunction with the charge nurses, will complete an audit of all residents of the home to identify the current supervision needs and risk of elopement for each resident as compared with the most recent Resident Assessment and Support Plan (RASP). The home will complete a new RASP for any resident where the current needs are not reflected in the most recent RASP. The home will provide training to its staff on all newly developed RASPs to ensure staff members are up to date on the needs of the residents. In the event that a resident is identified to have exit seeking behaviors, the home will implement an increased level of supervision, or seek an appropriate placement setting, to meet the resident's supervision needs. This action will be completed by 2/14/2020. (BAS 1/9/2020)

11/10/20
ED
County POC
Executive Director

12/4/19
ED
County POC
Executive Director

10/19/19- Resident # 3- Resident reported to staff member C an incident that occurred with her involving staff member A. on 10/19/19. Staff member C reported this to the Manager on duty right away, that was staff member E. Staff member E then called the Nurse Manager, and she called Executive Director. Staff member E started to collect statements, from resident, and staff member A, Nurse Manager arrived quickly to Evergreen, and continued to investigate and collect statements. Employee A was sent home, during the process, after she gave her statement to nurse manager, Employee A remained off the schedule. Upon reviewing and collecting statements, Office of Aging was called , the on call person called us back 10/19/19, we gave the verbal report to Office Of Aging, following the verbal report, we completed the Act 13 Abuse report and faxed that to Office of Aging as per protocol, following that , we made copies of the Act 13 report, and completed the required state form , and faxed those reports, the statements, our findings, hire information, training information, abuse training and a copy of employee A background check and faxed all of those to the Department of Human services 10/19/19 all reports and investigation completed day of report. This writer emailed Human Resources to inform them of the issue and that this warrants termination of employee A. Employee A did not work since we sent her home on 10/19/19 and was terminated from employment .Resident # 3 did not have any injuries from the incident, however was upset by the incident, as noted in the statements, and when she spoke with the state inspector about it on 11/12/19.

Resident # 1- Please refer to notes on pages 2 & 3 of this report, as this is the same resident. Resident # 1 does not recall incident, did not have any injuries noted and was normal self. Staff did not report this incident until after, we had already terminated employee A on 10/19/19, regarding the above incident on Resident # 3. As indicated on pages 2 & 3 and the supporting documents and educational attachments, staff will report abuse, accusations , of any concerns of treatment of a resident , immediately to a supervisor , providing written statements to supervisor that same day, failure to follow proper procedures will result in progressive discipline up to and including termination of employment. *See pages 2 & 3 and attachments for those pages.)

11/25/19

Executive Director

Charity D Cruz

A. Resident 1- no recall of incident, no injuries noted, normal routine for resident.
B. Staff member B and staff member D attended annual mandatory training 8/21/19 during this training review of resident abuse and abuse reporting was reviewed. (See attached signed copies of training forms.)
C. 11/18/19- Staff member B and staff member D were re-educated to the proper procedures on reporting abuse, accusations of abuse and /or other concerns related to concerns of resident treatment. (See attached signed educational forms.)
D. 11/15/19- ongoing- re-educated current staff members on proper protocol and time frame for reporting abuse, and/ or accusations of abuse or other concerns related to concerns of resident treatment. (See attached educational forms.)
E. 11/15/19- ongoing- All staff will follow proper reporting procedures for abuse, failure to follow proper procedures as outlined in the attached will result in progressive discipline, up to an including termination of employment.

ED 11/25/19
Chanity Dean Executive Director

11/15/19- ongoing- staff will report abuse, abuse accusations and or any concerns regarding treatment of a resident. (See page 2 attachments re-education and training.)

11/15/19- ongoing- Abuse reports will be completed within the regulatory requirements for Office of Aging, and the Department of Human Services.

ED 11/25/19

Christy P Cruz
Executive Director

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 11/12/19, a Licensing Representative observed an unlocked and unattended medication cart in the first floor hallway of the home.

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.)

(*) See attached Page 7A

Legal Entity Representative

ED — Signature

Charity Pace Executive Director — Printed Name and Title

11/25/19 — Date

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The above plan of correction is approved as of 1/9/2020 (Date)

Plan of correction implementation status as of (Date)

☐ Implemented

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

☐ Not Implemented

11/12/19- Med tech was passing medications when there was a call from out of the country from a resident's family member, wanting an update on his father, his father was in the hospital. The Med tech stepped away from the cart, to talk to the son the son was upset on the phone, the Med Tech forgot to lock the cart before she walked away. She was nearby, however not at the cart when talking.

11/12/19- Nurse Manager met with Med Tech, attached is education form and written warning for not following protocol. See attached copy

11/15/19- Ongoing- Care staff re-educated when medication carts are not in use or unattended, they must be locked at all times. See attached educational form.

12/5/19- Nurse Manager will review again with care team during the monthly care team meeting, held for all three shifts.

11/15/19- Medication carts will be locked when not in use or unattended as per regulations.

@Hachment 6A
page #7

11/25/19
~~Dept~~ ED
Charity PCR2
Executive Director