



SENT VIA EMAIL: [cspiker@evergreenassisted.com](mailto:cspiker@evergreenassisted.com)

MAILING DATE: May 18, 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 April 7, 2020; April 8, 2020 and April 9, 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 "L. Mazza".

Larry Mazza  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary

5/1/2020

## Violation Report

Western Region Field Office  
Bureau of Human Services Licensing

## Facility Information

Name: *PERSONAL CARE AT EVERGREEN*  
 Address: *336 NORTH MAIN STREET, WASHINGTON, PA 15301*  
 County: *WASHINGTON*                      Region: *WESTERN*

License Number: *40578*

## 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: *39*                      Waking Staff: *29*

## Inspection

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

## Inspection Dates and Department Representative

*04/07/2020 - Off-Site: Lauren Spagna*  
*04/08/2020 - Off-Site: Lauren Spagna*  
*04/09/2020 - Off-Site: Lauren Spagna*

## Resident Demographic Data as of Inspection Dates

## General Information

License Capacity: *48*                      Residents Served: *32*

## Secured Dementia Care Unit

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

## Hospice

Current Residents: *6*

## Number of Residents Who:

Receive Supplemental Security Income: *0*                      Are 60 Years of Age or Older: *32*  
 Diagnosed with Mental Illness: *7*                      Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *7*                      Have Physical Disability: *0*

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:

1. Resident's name.
2. Drug allergies.
3. Name of medication.
4. Strength.
5. Dosage form.
6. Dose.
7. Route of administration.
8. Frequency of administration.
9. Administration times.
10. Duration of therapy, if applicable.
11. Special precautions, if applicable.
12. Diagnosis or purpose for the medication, including pro re nata (PRN).
13. Date and time of medication administration.
14. Name and initials of the staff person administering the medication.

Description of Violation

On 2/3/20, resident #1 was prescribed Haldol concentrate 2mg/ml-Take 0.25ml every hour as needed for agitation. However, this medication is not indicated on the resident's February 2020 medication administration record (MAR). According to the home's progress notes, Haldol was administered to the resident on 2/2/20 and 2/3/20.

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 all orders will be given to administrator when received to be reviewed to ensure they have been placed on correct MAR by Johnson's Pharmacy. Any discrepancy (missing medications from MAR) the administrator will immediately notify pharmacy to place order on MAR. In the event the administrator is not in facility and a new order is received and not on MAR the medication aide has been instructed to notify pharmacy.
- Medication aides were instructed on procedure of notifying administrator/pharmacy when or if any discrepancies occur with G. used MAR. (4-15-2020) See Page 2A of 4  
see attached see next page

Legal Entity Representative

*Cheryl L Jopkovich RN*

Signature

Cheryl L Jopkovich RN administrator

Printed Name and Title

4/18/2020

2 of 4

04/07/2020

5/6/2020


5/6/2020

- Administrator/designee will audit five resident MAR's weekly to ensure they are correct and in accordance with all physician orders.

Cheryl L Sopkovich RN  
Cheryl L Sopkovich RN  
05/06/2020

187a - Medication Record *(continued)*

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

The above plan of correction is approved as of	5/8/2020	Plan of correction implementation status as of	5/8/2020
	(Date)		(Date)
The above plan of correction was approved by		<input checked="" type="checkbox"/> Implemented	
	(Initials)	<input type="checkbox"/> Not Implemented	

187b - Date/Time of Medication Admin.

Regulations

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

On 2/3/20, resident #1 was prescribed Haldol concentrate 2mg/ml-Take 0.25ml every hour as needed for agitation. According to the home's progress notes, Haldol was administered to the resident on 2/2/20 and 2/3/20; however, this medication is not indicated on the resident's February 2020 MAR and does not contain the initials of the staff person who administered the medication on 2/2/20 and 2/3/20.

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 all staff members who pass medications will be re-educated on the proper procedures for medication administration which includes documentation of medication at the time of administration. (See attached)
- Administrator / designee will monitor MAR weekly for accurate documentation of medication administration
- All medication aides have been re-educated.

Legal Entity Representative

*Cheryl R. Sopotnick*  
Signature

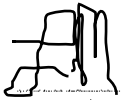
Cheryl L. Sopotnick, Administrator  
Printed Name and Title

4-18-2020  
Date

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

The above plan of correction is approved as of 5/4/2020  
(Date)

Plan of correction implementation status as of 5/8/2020  
(Date)

The above plan of correction was approved by   
(Initials)

Implemented  
 Not Implemented