

Department of Human Services  
Bureau of Human Service Licensing

September 15, 2020

KEVIN P. KASSEFF, MANAGER  
EVERGREEN ESTATES HOLDINGS LLC  
2301 ROSECRANS AVE, SUITE 4170  
EL SEGUNDO, CA 90245

RE: EVERGREEN ESTATES RETIREMENT  
COMMUNITY  
1300 EAST KING STREET  
LANCASTER, PA, 17602  
LICENSE/COC#: 33193

Dear Mr. Kasseff,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/17/2020, 08/18/2020, 08/19/2020, 08/20/2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,  
Gloria Emick

Enclosure  
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

**Department of Human Services  
Bureau of Human Service Licensing  
LICENSING INSPECTION SUMMARY - PUBLIC**

**Facility Information**

Name: *EVERGREEN ESTATES RETIREMENT COMMUNITY* License #: *33193* License Expiration Date: *03/13/2021*  
 Address: *1300 EAST KING STREET, LANCASTER, PA 17602*  
 County: *LANCASTER* Region: *CENTRAL*

**Administrator**

Name: *Charity Cruz* Phone: *7173942208* Email: *ccruz@evergreenestatesrc.com*

**Legal Entity**

Name: *EVERGREEN ESTATES HOLDINGS LLC*  
 Address: *2301 ROSECRANS AVE, SUITE 4170, EL SEGUNDO, CA, 90245*  
 Phone: *7173942208* Email: *KEVIN.KASEFF@TREIG.COM*

**Certificate(s) of Occupancy**

Type: <i>I-2</i>	Date: <i>10/17/2019</i>	Issued By: <i>Lancaster Township</i>
Type: <i>I-1</i>	Date: <i>02/05/2008</i>	Issued By: <i>Lancaster Township</i>
Type: <i>C-2 LP</i>	Date: <i>05/07/2002</i>	Issued By: <i>Labor &amp; Industry</i>

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *81* Waking Staff: *61*

**Inspection**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
 Reason: *Incident* Exit Conference Date: *08/20/2020*

**Inspection Dates and Department Representative**

*08/17/2020 - Off-Site: Jason McCloskey*  
*08/18/2020 - Off-Site: Jason McCloskey*  
*08/19/2020 - Off-Site: Jason McCloskey*  
*08/20/2020 - Off-Site: Jason McCloskey*

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *125* Residents Served: *71*

**Secured Dementia Care Unit**

In Home: *Yes* Area: *Memory Lane* Capacity: *13* Residents Served: *6*

**Hospice**

Current Residents: *2*

**Resident Demographic Data as of Inspection Dates (*continued*)**

## Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 68

Diagnosed with Mental Illness: 5

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 10

Have Physical Disability: 5

**Inspections / Reviews**

## 08/17/2020 - Partial

Lead Inspector: *Jason McCloskey*Follow-Up Type: *POC Submission*Follow-Up Date: *09/04/2020*

## 9/14/2020 - POC Submission

Lead Reviewer: *Gloria Emick*Follow-Up Type: *Document Submission*Follow-Up Date: *09/24/2020*

## 9/15/2020 - Document Submission

Lead Reviewer: *Gloria Emick*Follow-Up Type: *Not Required*

**23a - Activities of Daily Living Assistance****1. Requirements**

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 #1's current assessment and support plan, dated 5/29/20, states that the resident has an unsteady gait and requires supervision when ambulating and will be monitored for ambulation with hands-on assist for safety. This assistance has not been provided as evidenced by more than 10 instances of the resident falling or being found on the floor between 7/21/20 and 8/9/20. Medical records for Resident #1 include the following incidents:*

- 7/21/20 at 12:40 pm, fell into a basket in closet. Fell 10 minutes later with brush burns and bruising on right side*
- 7/24/20 fall at 4:40 am and a fall at 6:30 am, found on floor between bed and chair*
- 7/30/20 fall at 9:30 am, fell and hit head*
- 7/31/20 fall prior to 5:00 am medication administration and another fall at 3:25 pm*
- 8/4/20 fall prior to 5:00 am medication administration*
- 8/6/20 found on floor due to loss of balance*
- 8/9/20 fall in morning causing lump on head and another fall at approximately 5:00 pm*

23a - Activities of Daily Living Assistance (*continued*)

## Plan of Correction

Accept

6/15/15- Ongoing- Resident # 1- shares room with her spouse, both alert and not deemed incapacitate, both wear and use necklace style, nurse call pendant system.

7/20- ongoing- Resident # 1 re-educated and reminded (as noted in documentation submitted to Dept. of Human Services) to press alert nurse call pendant when needs assistance and before getting up on her own.

7/31/20- Evergreen sent Resident # 1 out 911 for an evaluation after falling. This fall and emergency room evaluation was reported to Dept of Human Services on the required state form and in the required time frame mandated by the state.

Falls prior to 7/31/20 Resident # 1 was assessed and assisted by Evergreen staff, and reported to Resident # 1 primary care physician each time following a fall. No orders, or request from Resident # 1 to be sent to emergency room after any of those falls. There were no new orders or medication changes.

7/31/20- Emergency room evaluation, DX: Hip Arthritis, Resident # 1 returned to facility.

8/4/20- Follow up appointment with Dr. Scott primary care physician, no changes, continue with same medications.

8/4/20- Ongoing- Home Health Physical and Occupational Therapy for Resident # 1.

8/11/20- Follow up appointment Orthopedic Associates, no changes in treatment or medications, continue with therapies. DX: Hip arthritis.

9/2/20- Home Health Mental Health services order, to being within the week.

9/2/20- Refer to attached letter to resident, plans and steps to work with therapies, resident, "rearranging" items in her room and expectations regarding contents of the attached letter.

9/3/20- Above letter and contents reviewed with Resident # 1 in great detail, she signed and agrees to the contents, agrees to press her pendant before she gets up, to work with Evergreen and therapies to "rearrange items in her room for her own safety.

6/15/15- Ongoing- Resident # 1- shares room with her spouse, both alert and not deemed incapacitate, both wear and use necklace style, nurse call pendant system.

7/20- ongoing- Resident # 1 re-educated and reminded (as noted in documentation submitted to Dept. of Human Services) to press alert nurse call pendant when needs assistance and before getting up on her own.

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08/17/2020

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“rearranging” items in her room and expectations regarding contents of the attached letter.

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*Evergreen will continue to keep Dr. Scott updates, as we have been doing regularly and after any falls, changes or concerns.*

*Evergreen will continue two-hour checks during the hours of sleep and every two hours during the wake hours plus the following: Morning Care, Morning Medication pass; Meal service in room since March due to COVID precautions – breakfast when served; Tray pick up from breakfast; Meal service lunch; Noon medication pass; Lunch tray pick up; Dinner tray service; Supper Medication pass; Dinner tray pick up; PM Care; Bedtime Medication pass.*

*In the event that these additional safety precautions are not complied with and/or the frequent falls continue, a higher level of care such as skilled nursing care may be needed or alternative care other than Evergreen.*

Completion Date: 09/11/2020

**23a - Activities of Daily Living Assistance** *(continued)***Document Submission****Implemented***all steps are completed.*