

Department of Human Services
Bureau of Human Service Licensing

April 22, 2021

██████████, ADMINISTRATOR
PERSONAL CARE AT EVERGREEN INC
336 NORTH MAIN STREET
WASHINGTON, PA 15301

RE: PERSONAL CARE AT EVERGREEN
336 NORTH MAIN STREET
WASHINGTON, PA, 15301
LICENSE/COC#: 40578

Dear ██████████,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/26/2021, 01/27/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Suzy Quinn

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

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

Facility Information

Name: PERSONAL CARE AT EVERGREEN **Licen e #:** 40578 **Licen e Expiration Date:** 04/20/2021
Addr e : 336 NORTH MAIN STREET, WASHINGTON, PA 15301
County: WASHINGTON **Region:** WESTERN

Administrator

Name: [REDACTED] **Phone:** **Email:** [REDACTED]

Legal Entity

Name: PERSONAL CARE AT EVERGREEN INC
Address: 336 NORTH MAIN STREET, WASHINGTON, PA, 15301
Phone: 7242224227 **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP **Date:** 07/12/1999 **Issued By:** PA DEPT L&I

Staffing Hours

Re ident Support Staff: 0 **Total Daily Staff:** 30 **Waking Staff:** 23

Inspection

Type: Full **Notice:** Unannounced **BHA Docket #:**
Reason: Renewal **Exit Conference Date:** 01/27/2021

Inspection Dates and Department Representative

01/26/2021 - On-Site: [REDACTED]
01/27/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 48 **Residents Served:** 26

Secured Dementia Care Unit

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

Hospice

Current Re ident : 4

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 26
Diagnosed with Mental Illness: 1 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 4 **Have Physical Disability:** 0

Inspections / Reviews

01/26/2021 - Full

Lead Inspector: [REDACTED]

Follow Up Type: *POC Submission*Follow-Up Date: *02/27/2021*

3/18/2021 POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *03/25/2021*

4/22/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

101j7 - Lighting/Operable Lamp

1. Requirements

2600.

101.j. 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 Repeat Violation

On 1/27/2021, there was no source of light that could be turned on/off at bedside in resident #1's bedroom, # [REDACTED]. The lightbulb was burned out on a small touch nightlight and the lamp next to the nightlight was not plugged in.

Repeat violation: 01/03/2020 et al

Plan of Correction**Accept**

small touch nightlight was removed from room # [REDACTED] on day of inspection. Lamp next to nightlight was plugged in immediately while inspector was on site in room.

all lamp/lights will be checked by housekeeping (as per checklist) daily. Any problems will be placed on maintenance log and immediately reported to the administrator/designee.

Completion Date: 01/26/2021

Document Submission**Implemented**

see attached

103f - Refrigerator/Freezer Temps

1. Requirements

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 Repeat Violation

On 1/26/2021 at 10:15 am the temperature in the locked kitchen freezer was 30 degrees Fahrenheit, and at 2:20 pm it was 32 degrees Fahrenheit.

On 1/26/2021 at 10:21 am the temperature in the refrigerator in the 2nd floor right kitchenette was 58 degrees Fahrenheit, and at 2:45 pm it was 58 degrees Fahrenheit.

On 1/26/2021 at 10:25 am the temperature in the refrigerator in the 2nd floor left kitchenette was 48 degrees Fahrenheit, and at 2:40 pm it was 38 degrees Fahrenheit.

Repeat 01/03/2020 et al

Plan of Correction**Accept**

locked kitchen freezer was defrosted on 01/27/2021 and on 01/28/2021 temperature returned to -8 degrees @8:00am and -19 degrees @ 2:00pm. (see charts for following daily temps)

Thermometer in 2nd floor mini refrigerator placed on DR counter while inspector on site- thermometer defective- new thermometer placed in refrigerator while inspector on site- temperature @ 39 degrees (see flow chart) - kitchen staff will document all refrigerator/freezer temperatures 2 times daily. Any irregularities will immediately be reported to administrator/designee.

Completion Date: 01/28/2021

Document Submission**Implemented**

see attached

225c - Additional Assessment

1. Requirements

2600.

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

- 2. If the condition of the resident significantly changes prior to the annual assessment.

Description of Repeat Violation

Resident #2 condition significantly changed with an onset of falls on 11/6/2020, 11/20/2020 and 12/7/2020; however, these changes were not addressed on [redacted] most recent assessment, dated 11/4/2020.

Repeat Violation: 01/03/2020 et al

Plan of Correction

Accept

RASP was updated on 01/26/2021 to include physical therapy. (see attached)

Administrator/designee will review all current resident assessments by 02/28/2021 for accuracy and completion.

On going reviews will be monthly by administrator/designee

Completion Date: 01/26/2021

Document Submission

Implemented

see attached