

Department of Human Services
Bureau of Human Service Licensing

July 27, 2021

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

RE: PERSONAL CARE AT EVERGREEN
25 GLADE AVENUE
WAYNESBURG, PA, 15370
LICENSE/COC#: 40090

Dear ██████████

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/04/2021, 05/05/2021, 05/06/2021, 05/07/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Jon Kimberland

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 #:** 40090 **Licen e Expiration Date:** 08/17/2021
Addr e : 25 GLADE AVENUE, WAYNESBURG, PA 15370
County: GREENE **Region:** WESTERN

Administrator

Name: [REDACTED] **Phone:** 7246274125 **Email:** [REDACTED]

Legal Entity

Name: PERSONAL CARE AT EVERGREEN INC
Address: 336 NORTH MAIN STREET, WASHINGTON, PA, 15301
Phone: 724-263-1682 **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP **Date:** 11/24/2003 **Issued By:** PA Dept L&I

Staffing Hours

Re ident Support Staff: 0 **Total Daily Staff:** 38 **Waking Staff:** 29

Inspection

Type: Full **Notice:** Unannounced **BHA Docket #:**
Reason: Renewal, Complaint **Exit Conference Date:** 05/07/2021

Inspection Dates and Department Representative

05/04/2021 - On-Site: [REDACTED]
 05/05/2021 - On-Site: [REDACTED]
 05/06/2021 On Site [REDACTED]
 05/07/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

Licen e Capacity: 44 **Re ident 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: 4 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 6 **Have Physical Disability:** 0

Inspections / Reviews

05/04/2021 - Full

Lead Inspector: [REDACTED]

Follow Up Type: *POC Submission*Follow-Up Date: *07/18/2021*

7/21/2021 POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *07/27/2021*

7/27/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

16c - Written Incident Report

1. Requirements

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 Repeat Violation

Pennsylvania state police were on site at the home responding to allegations of indecent assault by a resident on [REDACTED] and [REDACTED]. However, incident reports were not submitted to the Department's personal care home regional office.

Repeat Violation 4/23/19

Plan of Correction

Accept

1. Administrator and designee have been made aware of requirements of submitting an incident report to the state when the state police are on site.
2. Administrator or designee will submit an incident report any time that the state police are on site.
3. An in-service will be completed with administrator and designee to ensure and educate that when state police are on site that administrator and or designee submit an incident report to the state
4. resident #5 is no longer here

Completion Date: 07/15/2021

Document Submission

Implemented

resident no longer here as of 5/25/2021

25b - Contract Signatures

1. Requirements

2600.

- 25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

Description of Violation

Resident #1's contract, completed [REDACTED], was not signed by the resident.

Resident #2's contract, completed [REDACTED] was not signed by the resident.

Plan of Correction

Accept

Resident #1 contract was signed by resident the day of inspection and corrected when licensed agent was on site on 5/4/2021.

Resident #2 contract was signed by resident the day of inspection and corrected when licensed agent was on site 5/4/2021.

Administrator and designee will ensure that residents sign there contracts upon admission to our facility.

Administrator will ensure all new residents sign there contracts at admission.

Administrator reviewed all resident contracts to ensure that they are all signed by residents.

Completion Date: 07/15/2021

25b - Contract Signatures (*continued*)**Document Submission****Implemented***completed 5/4/2021*

25d - Rent Rebate

1. Requirements

2600.

25.d. A home may not seek or accept payments from a resident in excess of one-half of any funds received by the resident under the Senior Citizens Rebate and Assistance Act (72 P. S. § 4751-1—4751-12). If the home will be assisting the resident to manage a portion of the rent rebate, the requirements of § 2600.20 (relating to financial management) may apply. There may be no charge for filling out this paperwork.

Description of Violation

Resident #1's contract indicates that the resident will retain "10% percent" of any rent rebate monies received. However, the home may not collect more than 50% of rent rebate monies.

Resident #2's contract indicates that the resident will retain "10% percent" of any rent rebate monies received. However, the home may not collect more than 50% of rent rebate monies.

Plan of Correction**Accept**

Resident #1 contract was updated and reviewed with resident #1 to retain 100% of any rent rebate monies received while licensing agent was present on 5/4/2021.

Resident #2 contract was updated and reviewed with resident #2 to retain 100% of any rent rebate monies received while licensing agent was present on 5/4/2021.

Administrator or designee will ensure resident contracts indicate that residents will receive 100% of rent rebates.

Administrator and designee will review all resident contracts to ensure residents receive 100% of rent rebate monies.

Completion Date: 07/15/2021

Document Submission**Implemented***completed 5/4/2021*

65b - Rights/Abuse 40 Hours

1. Requirements

2600.

65.b. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

2. Emergency medical plan.

3. Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § 10225.101—10225.5102).

Description of Violation

Direct care staff person A, hired [REDACTED] did not receive initial training regarding the home's medical emergency plan and Older Adult Protective Services Act.

65b - Rights/Abuse 40 Hours (continued)

Plan of Correction**Accept**

1. Staff person A was originally trained and oriented in emergency medical plan and mandatory reporting of abuse and neglect her first day of work; however we were unable to locate the record.
2. Administrator or designee is unable to retrain staff person a as she is no longer employed with Evergreen.
3. Administrator reviewed all staff members current to ensure that they were all trained in the required trainings within 40 scheduled working hours.
4. Administrator reviewed all employee records and found all employees to be in compliance with 2600.65.b. Administrator will ensure all new employees receive Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:
 2. Emergency medical plan.
 3. Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).

Completion Date: 07/15/2021

Document Submission**Implemented**

resident no longer here

83a - Indoor Temperature

1. Requirements

2600.

- 83.a. The indoor temperature, in areas used by the residents, must be at least 70°F when residents are present in the home.

Description of Violation

On 5/7/21 at 2:50 p.m., the air temperature in resident bedroom [REDACTED] measured 68 degrees Fahrenheit. The home's thermostat indicated that the temperature was set at 69 degrees Fahrenheit.

Plan of Correction**Accept**

1. on 5/7/2021 administrator adjusted the thermostat to 72 degrees with licensing agent present.
2. Administrator or designee will ensure thermostats on all floors are set at 72 degrees every Monday for the remainder of the year to ensure compliance.
3. Additionally maintenance director to also check thermostats weekly to ensure that are set at 72 degrees

Completion Date: 07/07/2021

Document Submission**Implemented**

corrected 5/7/2021

96a - First Aid Kit

1. Requirements

2600.

- 96.a. The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

Description of Violation

On 5/7/21 at 11:40 a.m., the homes first aid kit located on the 2nd floor in the employee break room did not include non-porous disposable gloves, a thermometer or tweezers.

96a - First Aid Kit (continued)

Plan of Correction**Accept**

1. On 5/7/2021 administrator added gloves, a thermostat, and tweezers to the first aide kit in front of licensing agent to comply with regulatory compliance.

2. Administrator or designee will check the first aide boxes on a weekly basis to ensure first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers to ensure compliance.

Completion Date: 07/07/2021

Document Submission**Implemented**

completed 5/7/2021

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 Violation

On 5/7/21 at approximately 2:30 p.m., the bedside lamp in resident room # [REDACTED] was inoperable. The knob to operate the lamp was missing.

Plan of Correction**Accept**

1. On 5/7/2021, administrator replaced the bedside lamp in resident room [REDACTED] in front of licensing agent.

2. To ensure compliance, housekeeping and or designee will check each residents lamp on a weekly basis to ensure it works properly.

3. Administrator will conduct an in-service with the house keeping department to educate staff on having An operable lamp or other source of lighting that can be turned on at bedside.

Completion Date: 07/15/2021

Document Submission**Implemented**

completed 5/7/2021

161d Dietary Needs

1. Requirements

2600.

161.d. A resident's special dietary needs as prescribed by a physician, physician's assistant, certified registered nurse practitioner or dietitian shall be met. Documentation of the resident's special dietary needs shall be kept in the resident's record.

Description of Violation

Resident #4 is ordered a mechanical soft, ground meat, nectar thick liquids, no soft bread diet. However, on 5/6/21 at 12:00 p.m., resident #4 was observed eating an approximately 4"X4"X3" triangular slice of thin crust pizza with whole thinly sliced 1" diameter pieces of pepperoni, toss salad consisting of 1/4 - 3/4 " pieces of chopped lettuce (no other vegetables visible) and canned diced peaches.

161d - Dietary Needs (continued)

Plan of Correction**Accept**

1. Administrator or designee will conduct an in-service training conducted by a speech therapist with the dietary cooks to review what a mechanical soft diet consists of to ensure regulatory compliance
2. Administrator or designee will also conduct an in-service training conducted by a speech therapist with aides whom participate in serving residents meals to educate them on mechanical soft diets to ensure regulatory compliance

Completion Date: 07/19/2021

Document Submission**Implemented**

completed 7/19/2021

184a - Labeling OTC/CAM

1. Requirements

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

4. The prescribed dosage and instructions for administration.

Description of Repeat Violation

Resident #2 is prescribed "Lorazepam 0.5mg PO[by mouth]/SL [sublingually] Q [every] 4 hours prn[as needed] anxiety, agitation." However, there was a blister pack of medication with a pharmacy label for this resident that indicates "Lorazepam 0.5mg tablet – take 1 tablet by mouth, under tongue or rectally every 4 hours as needed for anxiety or agitation."

Resident #5 is prescribed albuterol 90 mcg/inh inhalation aerosol 2 puff(s) inhaled every 4 hours, as needed – for shortness of breath. However, on 5/5/21 at 2:11 p.m., there was a box of Proventil HFA inh 7=6.7gm 90mcg in medication cart for resident #5 with a pharmacy label that indicates – Use 2 inhalations every 6 hours.

Resident #5 is prescribed Lantus 100 units/mL subcutaneous solution – 20 units(s) subcutaneous once a day (bedtime). However, on 5/5/21 at 2:11 p.m., there was a box of Lantus 100U/ml in medication cart with pharmacy label that indicates – inject 35 units every morning. There was no "directions changed" sticker on the box. There was a second box with a pharmacy label that indicates – "inject s.c. 20 units at bedtime."

Repeat Violation 4/23/19]

Plan of Correction**Accept**

resident #2 lorazepam "change of direction" sticker applied in front of licensing agent 5/7/2021 to refer to physicians order. New order instructions implemented to match medication and order. Inservice will be provided to staff on medication direction change and steps that follow for prescribed dosage and instructions for administration.

resident #5 change of direction sticker applied 5/5/2021 to Proventil hfa and latus insulin for staff to refer to order. step one- change of direction sticker applied.

step two- inservice will be completed by 7-30-2021 for labeling medication.

step three- medication orders, medication will be verified prior to approval to be listed on medication administration record by med-tech or designee.

Completion Date: 07/30/2021

184a - Labeling OTC/CAM *(continued)***Document Submission****Implemented***completed 5/5/2021**resident 5 no longer here*

185a - Implement Storage Procedures

1. Requirements

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

Resident #6 is ordered blood glucose readings daily at 7:00 a.m. Resident #6's May 2021 medication administration record (MAR) has a blood glucose value of 128 entered on 5/4/21 at 7:00 a.m. However, this reading is not in the resident's glucometer.

Resident #7 is ordered blood glucose checks twice daily – call nurse if <60 or >200. The resident's BG readings were incorrectly documented on the resident's May 2021 MAR on the following dates/times:

"5/5 4:35am" reading in glucometer was 74; 76 was entered on MAR.

"5/4 4:39pm" reading in glucometer was 130; 120 was entered on MAR.

"5/3 4:41pm" reading in glucometer was 121; 122 was entered on MAR.

The home has Preferred Plus True Track glucometer in the medication cart that is not identified as belonging to any of the residents. There are 17 glucose readings in the glucometer with dates ranging from "12-09" to "12-12."

Plan of Correction**Accept**

step one- med-tech or designee will have all glucometers labeled. all glucometers are currently labeled.

step two_ administrator or designee will conduct inservice by 7-30-2021 to education staff on labeling glucometers and entering blood glucose readings in the medication administration record.

Adminastrator or designee will monitor and ensure and conduct a staff in service to ensure procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons by 7/30/2021

Completion Date: 07/30/2021

Document Submission**Implemented***completed 7/22/2021*

190a - Completion Medication Course

1. Requirements

2600.

190.a. A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

190a - Completion Medication Course (continued)

Description of Violation

Staff person B's most recent annual practicum for medication administration was completed on 5/15/18. However, staff person B administered medication to residents #1, #2 and #5 on 5/1/21 at 8:00 a.m.

Plan of Correction

Accept

Staff person B's annual practicum was completed on 5/13-2019 not 5/15/2018.
 Administrator had all medication technicians get re med tech trained on 5/19/2021

Step 1 : administrator had all med techs retrained on 5/19/2021
 Step 2: Administrator or designee will monitor med tech training to ensure compliance. Administrator reviewed all med tech current employees who are in compliance which was completed on 7/12/2021
 Administrator will ensure ALL MED TECHS ARE successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

Completion Date: 07/12/2021

Document Submission

Implemented

completed 5/19/2021

191 - Resident Right to Refuse

1. Requirements

2600.

191. Resident Education - The home shall educate the resident of the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

Description of Violation

The home has no documentation that resident #1 was educated on the resident's right to refuse or question a medication if he/she believes it is being given in error.

Plan of Correction

Accept

Administrator met with resident 1 and was educated on the resident's right to refuse or question a medication if he/she believes it is being given in error.
 Step 1: Resident 1 signed form indicating the right to refuse medications on 7/12/2021. violation was corrected
 Step 2 : administrator will ensure that all residents are educated on the resident's right to refuse or question a medication if he/she believes it is being given in error by 7/10/2021. Administrator reviewed all medication charts to ensure residents reviewed the resident's right to refuse or question a medication if he/she believes it is being given in error.

Completion Date: 07/12/2021

Document Submission

Implemented

completed 7/12./2021

225a - Assessment 15 Days

1. Requirements

225a - Assessment 15 Days (continued)

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

Resident #1 was admitted to hospice on [REDACTED]. The resident's initial assessment completed on [REDACTED] does not include what services hospice is providing.

Resident #2's initial assessment completed on [REDACTED] does not indicate the resident's level of supervision needed or the resident's ability to self-administer medications. These areas are blank.

Plan of Correction**Accept**

resident #1 initial assessment was updated to include meeting the criteria for hospice services on [REDACTED]
 step2: support plan was updated to include Amedisys hospice services for end of life support for resident and family.
 step 3: administrator or designee will update assessment to reflect hospice [REDACTED] services which started [REDACTED]
 [REDACTED] This was completed on 5/7/2021 and showed the updated to licensing agent.

For resident # 2

Administrator updated resident #2 initial assessment by completing the level of supervision, which is minimal and also updated his inability to self administer medications. These updates were completed on 5/7/2021 and shown to licensing agent.

Administrator or designee will ensure that all new resident assessments are completed

Completion Date: 05/07/2021

Document Submission**Implemented**

7/1/2021 completed

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 Violation

The home's administrator, staff person C, maintained documentation that resident #5 had repeated incidents of being sexually inappropriate to staff on various dates in February, March and April 2021. However, the annual assessment for resident #5, completed 7/1/2020, was not updated to include this information and how to address this behavior.

Plan of Correction**Accept**

Resident #5 is no longer here.

Administrator or designee will update support plans with any significant changes.

Administrator or designee will do an in-service with staff to educate staff on reporting behaviors to supervisor as well as as how to respond to sexual behaviors.

Completion Date: 07/22/2021

Document Submission**Implemented**

resident no longer here

252 - Record Content

1. Requirements

2600.

252. Content of Resident Records - Each resident's record must include the following information:

3. A photograph of the resident that is no more than 2 years old.

Description of Violation

The photograph for resident #3, admitted [REDACTED], was dated [REDACTED]."

The photograph for resident #5, admitted [REDACTED], was imprinted with the date [REDACTED]."

Plan of Correction

Accept

Resident # 3 picture was updated on 5/8/2021

Resident #5 is no longer here.

Administrator or designee updated all resident pictures within the facility on 5/9/2021. Administrator or designee will monitor resident pictures due dates on a monthly time frame to ensure compliance that A photograph of the resident that is no more than 2 years old.

Completion Date: 05/08/2021

Document Submission

Implemented

completed 5/8/2021