

Department of Human Services
Bureau of Human Service Licensing

August 31, 2021

██████████ OPERATIONS DIRECTOR
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 licensing inspections on 08/04/2021, 08/09/2021, 08/20/2021 of the above facility, the citations specified on the enclosed Licensing Inspection Summary (LIS) were found.

We have determined that your plan of correction is: Acceptable

All citations specified on the plan of correction must be corrected by the dates specified on the License Inspection Summary (violation report) and continued compliance with Department statutes and regulations must be maintained.

Sincerely,
Larry Mazza

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: *PERSONAL CARE AT EVERGREEN* License #: *40578* License Expiration Date: *04/20/2022*
Address : *336 NORTH MAIN STREET, WASHINGTON, PA 15301*
County: *WASHINGTON* Region: *WESTERN*

Administrator

Name: [REDACTED] Phone: *724.222.4227* 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: *01/12/1999* Issued By: *Labor and Industry*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *33* Working Staff: *25*

Inspection

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Complaint* Exit Conference Date: *08/20/2021*

Inspection Dates and Department Representative

08/04/2021 - On-Site: [REDACTED]
08/09/2021 - Off-Site: [REDACTED]
08/20/2021 Off Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *48* Residents Served: *29*

Secured Dementia Care Unit

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

Hospice

Current Residents: *5*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *29*
Diagnosed with Mental Illness: *2* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *4* Have Physical Disability: *0*

Inspections / Reviews

08/04/2021 - Partial

| | | |
|----------------------------|---------------------------------------|-----------------------------------|
| Lead Inspector: [REDACTED] | Follow Up Type: <i>POC Submission</i> | Follow-Up Date: <i>09/01/2021</i> |
|----------------------------|---------------------------------------|-----------------------------------|

8/23/2021 POC Submission

| | | |
|---------------------------|---------------------------------------|-----------------------------------|
| Lead Reviewer: [REDACTED] | Follow-Up Type: <i>POC Submission</i> | Follow-Up Date: <i>08/27/2021</i> |
|---------------------------|---------------------------------------|-----------------------------------|

8/31/2021 - POC Submission

| | | |
|---------------------------|--|-----------------------------------|
| Lead Reviewer: [REDACTED] | Follow-Up Type: <i>Document Submission</i> | Follow-Up Date: <i>09/03/2021</i> |
|---------------------------|--|-----------------------------------|

225a - Assessment 15 Days

1. Requirements

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

On numerous occasions, including on 6/9/21, 6/10/21 and 6/11/21, resident #1 was combative towards staff members by attempting to kick, hit, swing at staff members and grabbing the wrists of staff members. However, the resident's most recent assessment, dated 6/10/21, indicates a minimal problem with irritability, agitation and aggression.

Plan of Correction**Accept**

Resident was discharged to [REDACTED] on [REDACTED]. [REDACTED] informed facility on 07/27/2021.

Going forward staff will have an inservice on reporting any type of on going behaviors to the medication aide or administrator. The RASP will the be updated accordingly.

(to be completed by 08/30/2021.

Inservice was ongoing from 08/23/2021 to 08/30/2021.

RASPS's were reviewed by administrator and designee on 08/30/2021.

RASP's will be audited and updated, as needed, by administrator/designee for any behavior changes, condition changes or new orders such as PT, OT or ST..

Completion Date: 08/31/2121