

Department of Human Services
Bureau of Human Service Licensing

November 15, 2021

[REDACTED], CEO/PRESIDENT/ADMINISTRATOR
EVENING STAR LLC
200 CALDWELL AVENUE
WILMERDING, PA 15148

RE: EVENING STAR PERSONAL CARE
HOME
200 CALDWELL AVENUE
WILMERDING, PA, 15148
LICENSE/COCC#: 44715

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/24/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

[REDACTED]

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: *EVENING STAR PERSONAL CARE HOME* License #: *44715* License Expiration Date: *12/05/2022*
Address: *200 CALDWELL AVENUE, WILMERDING, PA 15148*
County: *ALLEGHENY* Region: *WESTERN*

Administrator

Name: [REDACTED] Phone: *4128231654* Email: [REDACTED]

Legal Entity

Name: *EVENING STAR LLC*
Address: *200 CALDWELL AVENUE, WILMERDING, PA, 15148*
Phone: *4128231654* Email: [REDACTED]

Certificate(s) of Occupancy

Type: *Other* Date: *06/16/2016* Issued By: *Wilmerding Borough*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *12* Waking Staff: *9*

Inspection

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *09/24/2021*

Inspection Dates and Department Representative

09/24/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *19* Residents Served: *10*

Secured Dementia Care Unit

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

Hospice

Current Residents: *1*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *10*
Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *2* Have Physical Disability: *0*

Inspections / Reviews

09/24/2021 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *10/09/2021*

Inspections / Reviews (*continued*)

10/21/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *10/27/2021*

10/27/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *11/01/2021*

11/15/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

3c - Post Current License

1. Requirements

2600.

- 3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

The home's licensing inspection summary, dated 1/27/20, is not posted in a conspicuous and public place in the home.

Plan of Correction

Accept

PCHA acquired and posted the inspection summary dated 1/27/20

PCHA checked if there were other inspections that needed posted.

PCHA will immediately post future inspections once received in conspicuous & public place

Attachment summary of inspection dated 1/27/20 provided

Completion Date: 10/21/2021

Document Submission

Implemented

See attachment

85a - Sanitary Conditions

1. Requirements

2600.

- 85.a. Sanitary conditions shall be maintained.

Description of Violation

At 10:30am, there was a used, unlabeled disposable razor with visible hairs in the blades located in the cabinet above the sink in the 1st floor common bathroom.

At 10:40am, there were 2 large smears of what appears to be blood on the toilet seat lid in the 2nd floor common bathroom.

Plan of Correction

Accept

Immediately DCS disposed the razor, cleaned & disinfected the toilet seat.

DCS re-educated to clean & store toiletries in individual storages after care

DCS re-educated to clean & disinfect bathroom area after every individual resident care

DCS to make rounds in all bathroom and significant area to ensure hygiene & no personal toiletries are left out.

PCHA will make AM rounds after AM care to ensure hygiene is maintained.

DCS education, requirements and completion was done 10/13/21 at 1000AM by the PCHA

DCS will start doing rounds on 10/14/21 every shift.

Completion Date: 10/27/2021

Document Submission

Implemented

See attachment.

87 - Lighting

1. Requirements

2600.

87 - Lighting (continued)

87. Lighting - The home's hallways, interior stairs, outside steps, outside doorways, porches, ramps, evacuation routes, outside walkways and fire escapes shall be lighted and marked to ensure that residents, including those with vision impairments, can safely move through the home and safely evacuate.

Description of Violation

The light at the 2nd floor fire escape exit to the porch is inoperable.

Plan of Correction

Accept

PCHA placed the light and ensured it was operable. See attachment
PCHA made rounds and ensured all lights were operable.
DCS to make rounds and ensure all lights are operable in the AM, if not report to PCHA
PCHA development a facility's communication book for DCS to document any concerns.
DCS were education and completion was done 10/13/21 at 1000 AM by the PCHA
Rounds by DCS will start on immediately and to be conducted by each shift
Completion Date: 10/27/2021

Document Submission

Implemented

See Attachment.

88a - Surfaces

1. Requirements

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

There is an approximate 3" x 5" area, as well as an approximate 1" x 2" area of broken/missing floor tile in front of the shower stall of the 1st floor common bathroom, exposing an approximate 1" hole through the wood flooring.

Plan of Correction

Accept

PCHA contacted a company to fix floor and walls. See invoice attached
Work will be completed on 10/25/21 so as not to interfere with resident's ADL's
PCHA made rounds to ensure no other areas that needed work done
DCS will make rounds every morning and ensure all areas are hazard free
For concerns, the will write in the communication book & notify PCHA
PCHA will review the facility communication book daily in the morning.
Apon complication of the bathroom, PCHA will provide pictures
DCS education, requirements & completion was done 10/13/21 at 1000AM
Rounds to be started on 10/14/21 in the morning.
Tiles & walls are fixed and replaced see photo attached.
Completion Date: 10/27/2021

Document Submission

Implemented

See Attachment.

187a - Medication Record

1. Requirements

2600.

187a - Medication Record (continued)

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

Resident #1 is prescribed Levothyroxine 100mcg-Take 1 tablet by mouth daily; however, resident's #1's September 2021 medication administration record indicates Levothyroxine 75mcg-Take 1 tablet by mouth daily.

Plan of Correction

Accept

PCHA contacted the pharmacy, updated MAR was obtained with correct dose. See attachment.
PCHA audited all other Meds & MAR and ensured they are correct.
DCS re-educated to ensure the Meds & MAR are correct
PCHA developed a tool to ensure accuracy. See attachment
Audit will be implemented on 10/14/21 by PCHA
PCHA will perform audits weekly and as needed.

Completion Date: 10/27/2021

Document Submission

Implemented

See Attachment.

225c - Additional Assessment

1. Requirements

2600.

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

1. Annually.

Description of Violation

Resident #2's most recent assessment was completed on [REDACTED]

225c - Additional Assessment (continued)

Plan of Correction

Accept

PCHA contacted the doctor and assessment was done 9/1/20. See attachment This is typing error assessment was done 9/1/21

PCHA audited all charts and ensured all assessment were current.

PCHA will ensure home stays current with assessments

PCHA developed a tracking tool to remind when they are due. See attachment

PCHA will perform monthly audits, see the tools attached.

Completion Date: 10/27/2021

Document Submission

Implemented

See Attachment

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

Resident #2's most recent photograph is dated [REDACTED]

Resident #3's record does not include a photograph of the resident that is no more than 2 years old.

Plan of Correction

Accept

PCHA took the lasted photograph and was attached to her record. See attachment

PCHA audited all resident's photos and ensured they were current.

PCHA will ensure all photos are current

PCHA developed a tracking tool to remind when photos are due. See attachment

PCHA took the photo on 9/1/21

PCHA recorded the capture date on the photo 9/1/21 & placed on resident's records

PCHA will perform monthly audits. See attached tool.

Completion Date: 10/27/2021

Document Submission

Implemented

See Attachment