

Department of Human Services  
Bureau of Human Service Licensing

February 15, 2022

[REDACTED], ADMINISTRATOR  
[REDACTED]  
[REDACTED]

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

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/19/2022, 01/20/2022 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**

**Facility Information**

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

**Administrator**

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

**Legal Entity**

[REDACTED]

**Certificate(s) of Occupancy**

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

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *30* Waking Staff: *23*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
Reason: *Renewal* Exit Conference Date: *01/20/2022*

**Inspection Dates and Department Representative**

01/19/2022 - On-Site: [REDACTED]

01/20/2022 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *48* Residents Served: *27*

**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: *27*  
Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *3* Have Physical Disability: *0*

**Inspections / Reviews**

**01/19/2022 - Full**

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *02/05/2022*

Inspections / Reviews (*continued*)

02/07/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: *02/11/2022*

02/15/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

## 65d - Initial Direct Care Training

## 1. Requirements

2600.

65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:

2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.

## Description of Violation

Direct care staff person A began working for the home on [REDACTED] and provided unsupervised direct care to residents since 2012 to include on 1/3/22, 1/5/22, 1/6/22, 1/10/22, 1/12/22 and 1/13/22. However, staff person A did not pass the Department approved competency test until 1/20/2022.

## Plan of Correction

**Accept**

Previous HR manager did not administer DHS direct care aide test. Staff person A did take department approved competency test on 01/20/2022 and passed the test. Moving forward administrator/administrator designee will administer the DHS competency test before providing any unsupervised direct care to residents. All current employee files have been audited and are in compliance.

## Document Submission

**Implemented**

please see attachment

## 65i - Training Record

## 1. Requirements

2600.

65.i. A record of training including the staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.

## Description of Violation

On 1/19/22, the home did not have documentation that ancillary staff person B, hired [REDACTED], received general orientation to the specific job functions as cook.

## Plan of Correction

**Accept**

[REDACTED], dietary manager, has given a general orientation to staff member B. Dietary manager will ensure that all new hires receive general orientation for their job description within the first twenty-four hours of hire. Administrator/administrator designee will review this documentation after each new hire.

## Document Submission

**Implemented**

please see attached

## 85d - Trash Receptacles

## 1. Requirements

2600.

85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

## Description of Violation

On 1/19/22, at approximately 1:25 p.m., there was a square grey Rubbermaid trash can, containing trash, with one-half of the round fold-in lid missing which caused the trash can to remain partially uncovered in the home's main kitchen.

## Plan of Correction

**Accept**

Trash can for main kitchen was purchased on day of inspection. Chef/cooks educated/made aware that each trash

**85d - Trash Receptacles (continued)**

can must be completely covered in the kitchen. Administrator/administrator designee will periodically throughout the day check lid placement on trash cans in kitchen.

**Document Submission****Implemented**

please see attached

**91 - Telephone Numbers****1. Requirements**

2600.

91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

**Description of Violation**

On 1/19/22 at 11:15 a.m. the telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline were not posted on or near the wall phone in the second-floor kitchenette/dining area on the left side of the home when exiting the elevator. This telephone can be used for outside telephone calls.

**Plan of Correction****Accept**

Emergency numbers were placed by the phone on the 2nd floor kitchenette/dining area left side immediately after sighting. Housekeeping will check weekly for signage by all phones in facility. Checklist implemented.

Administrator/administrator designee will check phones monthly to confirm emergency numbers are posted.

**Document Submission****Implemented**

please see attached

**95 - Furniture and Equipment****1. Requirements**

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

**Description of Violation**

On 1/19/22 at 11:00 a.m., there was dirt, debris and areas of black grime throughout the bottom of the double door base cabinet under the sink in the first-floor kitchenette on the right side of the home when facing the main entrance from outside. There was also a 1/2" wide area of brown dripped substance on the bottom pull out drawer and dirt and debris under the bottom pull out drawer in the base cabinet to the left of the drawer stack in the same kitchenette.

On 1/19/22 at 11:20 a.m., the interior floor was missing in the base cabinet under the sink in the second-floor kitchenette to the right when exiting the elevator.

**Plan of Correction****Accept**

Supplies were purchased by maintenance supervisor for interior floor base cabinet under sink on the second floor kitchenette right side. Administrator/maintenance director will monitor base cabinets under sinks monthly. All staff educated on placing concerns on maintenance directors clipboard and by notifying the administrator.

**Document Submission****Implemented**

please see attached

## 100b - Removal Snow/Obstructions

## 1. Requirements

2600.

100.b. The home shall ensure that ice, snow and obstructions are removed from outside walkways, ramps, steps, recreational areas and exterior fire escapes.

**Description of Violation**

*On 1/19/22 at 11:10 a.m., there was an uncleared area of snow and ice approximately ½"-1" deep the entire width of the doorway and extending approximately four feet beyond the emergency exit door leading from the stairwell on the right side when facing the home's main entrance from outside.*

**Plan of Correction****Accept**

*Snow/ice removed from front of emergency exit door on right side of building immediately upon being notified. [REDACTED] COO notified [REDACTED]. It was explained to them exactly how driveway and parking lot needed to be plowed. Going forward the administrator will notify [REDACTED] when emergency exits are not done correctly. staff will remove snow/ice until [REDACTED] arrive.*

**Document Submission****Implemented**

*please see attached*

## 103e - Left Overs

## 1. Requirements

2600.

103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

**Description of Violation**

*On 1/19/22 at 1:10 p.m., there was an opened, undated six pound can of pumpkin with the mechanically removed lid setting in the can on top of the pumpkin.*

**Plan of Correction****Accept**

*At the time of inspection the opened, undated can of pumpkin was disposed of. On 01/22 & 01/23/2022 refrigerators and freezers were checked to ensure that all foods were labeled, sealed and dated. Dietary manager will check refrigerators and freezers weekly so that all items are dated, sealed and labeled.*

**Document Submission****Implemented**

*please see attached*

## 187a - Medication Record

## 1. Requirements

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

3. Name of medication.
4. Strength.
5. Dosage form.
6. Dose.
7. Route of administration.
8. Frequency of administration.
9. Administration times.
12. Diagnosis or purpose for the medication, including pro re nata (PRN).

187a - Medication Record (*continued*)

13. Date and time of medication administration.

**Description of Violation**

Resident #1 is ordered [REDACTED] orally once a day. On 1/20/22 at approximately 10:15 a.m., there was a blister pack of this medication with pharmacy label for resident #1. However, there was no entry on the resident's January 2022 medication administration record (MAR) for this medication.

**Plan of Correction****Accept**

Resident was not ordered [REDACTED]. Medicine was received from previous LTC facility. Was not on DME which is what was faxed to pharmacy. Medication aide did place blister pack in medication cart but did not administer as it was not on EMAR. All new admission medications received from other facilities or family members will be reviewed by administrator/designee. Staff was educated on reviewing a new admissions medications from discharge instructions/DME. Administrator/designee will audit five resident MAR medications bi-weekly to ensure they are correct and in accordance with all the physician orders.

**Document Submission****Implemented**

please see attached

## 187d - Follow Prescriber's Orders

**1. Requirements**

2600.

187.d. The home shall follow the directions of the prescriber.

**Description of Violation**

Resident #1 is ordered [REDACTED] orally once a day. On 1/20/22 at approximately 10:15 a.m., there was a blister pack of this medication with pharmacy label for resident #1. However, there was no entry on the resident's January 2022 medication administration record (MAR) for this medication. According to staff person C, this medication has not been administered including on 1/20/22 due to "it's not being profiled on the resident's MAR."

**Plan of Correction****Accept**

There were no orders for [REDACTED] on DME which we had sent to pharmacy. The blister pack came with resident from previous living arrangement and was put in medication cart. It was not administered by medication aides. All new admits medications will be reviewed by administrator. Administrator/designee will audit five charts bi-weekly so they are in compliance with all physician orders.

**Document Submission****Implemented**

please see attached