

Department of Human Services
Bureau of Human Service Licensing

August 12, 2022

[REDACTED]
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 [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/15/2022, 06/16/2022 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

July 8, 2022

[REDACTED]

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 [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 06/15/2022, 06/16/2022 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,
[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: *PERSONAL CARE AT EVERGREEN* License #: *40090* License Expiration: *08/17/2022*
Address: *25 GLADE AVENUE, WAYNESBURG, PA 15370*
County: *GREENE* Region: *WESTERN*

Administrator

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

Legal Entity

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

Certificate(s) of Occupancy

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

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *42* Waking Staff: *32*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *06/16/2022*

Inspection Dates and Department Representative

06/15/2022 - On-Site: [REDACTED]
06/16/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *44* Residents Served: *33*

Secured Dementia Care Unit

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

Hospice

Current Residents: *11*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *33*
Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *9* Have Physical Disability: *0*

Inspections / Reviews

06/15/2022 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *07/07/2022*

Inspections / Reviews (*continued*)

07/08/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *07/11/2022*

07/08/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *07/18/2022*

08/12/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

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 6/15/2022 at approximately 10:30 am, there was no lid on the trash can in the kitchen. The trash can was 3/4 full of paper and food waste.

Plan of Correction

Accept

1. *On 6/15/2022, Kitchen staff replaced lid on trash can.*
2. *Administrator or housekeeping staff will ensure lids are placed on all trash cans.*
3. *Administrator will conduct an in-service with the house keeping department to educate on importance of lids placed on all trash cans.*

Completion Date: 06/29/2022

Document Submission

Implemented

1. *On 6/15/2022, Kitchen staff replaced lid on trash can.*
2. *Administrator or housekeeping staff will ensure lids are placed on all trash cans.*

87 - Lighting

1. Requirements

2600.

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

An orange sign was posted on each of the 4 emergency exit doors which indicated "STOP DO NOT OPEN STAFF ONLY."

Plan of Correction

Accept

1. *On 6/15/2022, Administrator removed all orange signs on emergency exit doors.*
2. *Administrator will ensure that all emergency exit doors are clear at all times and that no signs are posted on the doors.*

Completion Date: 06/15/2022

Document Submission

Implemented

1. *On 6/15/2022, Administrator removed all orange signs on emergency exit doors.*
2. *Administrator will ensure that all emergency exit doors are clear at all times and that no signs are posted on the doors.*
3. *Administrator has checked all emergency exit doors daily and areas have been clear at all times and no signs are posted on the doors.*

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 Violation

There was no thermometer in the small refrigerator in the diningroom near room [REDACTED].

There was a broken thermometer in the third upright refrigerator in the kitchen.

Plan of Correction**Accept**

1. *On 6/15/2022, a new thermometer was placed in the third upright refrigerator in the kitchen and also in small refrigerator in the dining room near room [REDACTED].*
2. *Administrator will conduct an in-service with kitchen staff to ensure all refrigerators have a thermometer and the correct temperature is written on daily temperature check.*
3. *Administrator will ensure temperature check are performed daily.*

Completion Date: 06/29/2022

Document Submission**Implemented**

1. *On 6/15/2022, a new thermometer was placed in the third upright refrigerator in the kitchen and also in small refrigerator in the dining room near room [REDACTED].*
2. *Administrator will conduct an in-service with kitchen staff to ensure all refrigerators have a thermometer and the correct temperature is written on daily temperature check.*
3. *Administrator will ensure temperature check are performed daily.*

123b - Emergency Procedures Posted**1. Requirements**

2600.

123.b. Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

Description of Violation

The home's emergency preparedness plan for the municipality in which the home is located was not posted in a conspicuous and public place in the home.

Plan of Correction**Accept**

1. *On 6/17/2022, Administrator has placed the home's emergency preparedness plan for the municipality in the blue binder (that is labeled, State Survey Results, Emergency Options, and Disaster Manual) that is placed at the entrance of the facility.*
2. *Administrator will ensure monthly checks that the home's emergency preparedness plan for the municipality is in a conspicuous and public place at all times.*

Completion Date: 06/17/2022

Document Submission**Implemented**

1. *On 6/17/2022, Administrator has placed the home's emergency preparedness plan for the municipality in the blue binder (that is labeled, State Survey Results, Emergency Options, and Disaster Manual) that is placed at the entrance of the facility.*
2. *Administrator will ensure monthly checks that the home's emergency preparedness plan for the municipality is in a conspicuous and public place at all times.*

123b - Emergency Procedures Posted (continued)

4. As of 08/11/2022, the Home's emergency preparedness plan has been visible in a public place at all times.

132b - Safety Inspection/Fire Drill**1. Requirements**

2600.

132.b. A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

Description of Violation

The home did not have a fire safety inspection conducted by a fire safety expert in the past year.

The letter from the Waynesburg Franklin Twp. Fire Company, dated 2/3/22, indicates "The fire company was NOT present at your facility. A fire inspection was NOT conducted and the fire department was NOT shown fire safety devices and the location of residents. A fire drill was NOT conducted by members of your staff. The fire company did NOT time and monitor the activity."

Plan of Correction**Accept**

1. On 6/17/2022, Administrator sent an email to the Waynesburg Franklin Township VFC Fire Chief inquiring about setting a date and time for an on-site fire drill.
2. Administrator received an email with a reply back stating Fire Chief was unavailable until after 6/28.
3. On 7/6/2022, Administrator sent another email inquiring about a date set and time for on-site fire drill.
4. On 7/7/2022, Fire Chief replied via email in setting date for Wednesday, July 13, 2022 at 1130 A.M.
5. After onsite fire inspection and fire drill has been completed and documented on 7/13/22, Administrator will send Supervised Fire Drill and Fire-Safety Inspection to PA Department of Human Services via fax.

Completion Date: 07/08/2022

Document Submission**Implemented**

1. On 6/17/2022, Administrator sent an email to the Waynesburg Franklin Township VFC Fire Chief inquiring about setting a date and time for an on-site fire drill.
2. Administrator received an email with a reply back stating Fire Chief was unavailable until after 6/28.
3. On 7/6/2022, Administrator sent another email inquiring about a date set and time for on-site fire drill.
4. On 7/7/2022, Fire Chief replied via email in setting date for Wednesday, July 13, 2022 at 1130 A.M.
5. After onsite fire inspection and fire drill has been completed and documented on 7/13/22, Administrator will send Supervised Fire Drill and Fire-Safety Inspection to PA Department of Human Services via fax.

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:

Description of Violation

Resident #1 is [REDACTED]

however, the pharmacy label [REDACTED]

Plan of Correction**Accept**

1. On 6/17/2022, Administrator pulled original written order for resident # 1 order for prescribed [REDACTED]

The order does state [REDACTED]

as

184a - Labeling OTC/CAM (continued)

- needed for [REDACTED]
- 2. Administrator called Hospice Agency regarding prescribed medication for resident #1.
- 3. Hospice Agency has same medication order as every 4 hours as needed.
- 4. Administrator placed a change of direction sticker on original label to notify medication technician that a change has been made on prescribed medication for resident #1.
- 5. Administrator will ensure that all medications and orders match prior to being placed in EMAR and medication cart.

Completion Date: 06/17/2022

Document Submission

Implemented

- 1. On 6/17/2022, Administrator pulled original written order for resident # 1 order for prescribed [REDACTED]. The order does state Haloperidol Lactate give [REDACTED] prescribed medication for resident #1.
- 3. Hospice Agency has same medication order as every 4 hours as needed.
- 4. Administrator placed a change of direction sticker on original label to notify medication technician that a change has been made on prescribed medication for resident #1.
- 5. Administrator will ensure that all medications and orders match prior to being placed in EMAR and medication cart.

187d - Follow Prescriber's Orders

1. Requirements

- 2600.
- 187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #2 is prescribed [REDACTED]. However, this medication was not available in the home and was not administered to resident #2 on multiple dates and times to include:

- * [REDACTED]
- * [REDACTED]

Plan of Correction

Accept

- 1. On 6/17/2022, Administrator contacted Health Direct Pharmacy in regard to sending a new RX script to PCP to refill medication.
- 2. On 6/24/2022, Health Direct Pharmacy did not receive a new RX script for medication.
- 3. On 6/24/2022, Administrator contacted PCP and received order via fax to discontinue medication. Medication was discontinued in the EMAR.

Completion Date: 06/24/2022

Document Submission

Implemented

- 1. On 6/17/2022, Administrator contacted Health Direct Pharmacy in regard to sending a new RX script to PCP to refill medication.
- 2. On 6/24/2022, Health Direct Pharmacy did not receive a new RX script for medication.
- 3. On 6/24/2022, Administrator contacted PCP and received order via fax to discontinue medication. Medication was discontinued in the EMAR.

187d - Follow Prescriber's Orders (continued)

251b - Record Entries Legible

1. Requirements

2600.

251.b. The entries in a resident's record must be permanent, legible, dated and signed by the staff person making the entry.

Description of Violation

Correction fluid was used to cover the day of the month resident #1's contract was executed, with the 5th written to it.

Plan of Correction**Accept**

1. *On 6/17/2022, Administrator obtained a new contract for resident # 1 and documented the correct month.*
2. *Administrator will ensure a resident's record is permanent, legible, dated, and signed by the staff person making the entry.*

Completion Date: *06/17/2022*

Document Submission**Implemented**

1. *On 6/17/2022, Administrator obtained a new contract for resident # 1 and documented the correct month.*
2. *Administrator will ensure a resident's record is permanent, legible, dated, and signed by the staff person making the entry.*