

Department of Human Services
Bureau of Human Service Licensing

December 1, 2022

[REDACTED]
PERSONAL CARE AT EVERGREEN INC
[REDACTED]

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 11/01/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,
[REDACTED]

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: *08/17/2023*
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: [REDACTED]
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

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

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *46* Waking Staff: *35*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Incident* Exit Conference Date: *11/02/2022*

Inspection Dates and Department Representative

11/01/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *44* Residents Served: *35*

Secured Dementia Care Unit

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

Hospice

Current Residents: *13*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *35*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *11* Have Physical Disability: *1*

Inspections / Reviews

11/01/2022 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *11/28/2022*

Inspections / Reviews (*continued*)

11/28/2022 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/01/2022

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 11/30/2022

11/29/2022 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/01/2022

Reviewer: [REDACTED]

Follow-Up Type: Document Submission

Follow-Up Date: 12/02/2022

12/01/2022 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/01/2022

Reviewer: [REDACTED]

Follow-Up Type: Not Required

15a - Resident Abuse Report

1. Requirements

2600.

15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

On [redacted]/2022 at approximately [redacted] pm, staff person A was standing by resident #1's door and loudly scolded [redacted] for not ringing [redacted] call bell and taking [redacted] to the bathroom, because [redacted] is a fall risk. Resident #1 was still sitting on the commode with the door open as this interaction occurred. Staff person B witnessed the interaction and got staff person C to intervene on the resident's behalf. Staff person C told staff person A to leave the area and assist residents at lunch instead, and that someone else would assist resident #1 in the bathroom. This allegation of abuse was not reported to the Area Agency on Aging until [redacted]/2022 at [redacted] am.

Plan of Correction

Accept [redacted] - 11/29/2022)

Administrator had mandatory meeting's on 11/21/2022 with all staff members. Meeting included education as a mandated reporter. Staff educated to notify Administrator immediately if suspected abuse occurs. In the event of the Administrator not present in the office, the Shift Supervisor will notify AAA immediately. Shift Supervisor's have been educated on phone number for AAA and how to document suspected abuse. Shift Supervisor's have been educated on fax number for BHSL and Reportable Incident Form to be submitted within 24 hours to BHSL.

Licensee's Proposed Overall Completion Date: 11/28/2022

Implemented [redacted] - 12/01/2022)

15b - Supervisor Plan

2. Requirements

2600.

15.b. If there is an allegation of abuse of a resident involving a home's staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

Description of Violation

On [redacted]/2022 at approximately [redacted] pm, staff person A was standing by resident #1's door and loudly scolded [redacted] for not ringing [redacted] call bell and taking [redacted] to the bathroom, because [redacted] is a fall risk. Resident #1 was still sitting on the commode with the door open as this interaction occurred. Staff person B witnessed the interaction and got staff person C to intervene on the resident's behalf. Staff person C told staff person A to leave the area and assist residents at lunch instead, and that someone else would assist resident #1 in the bathroom. Staff person A continued to work unsupervised until [redacted] pm on [redacted]/2022 and was not suspended until [redacted]/2022.

Plan of Correction

Accept [redacted] - 11/29/2022)

Staff educated to notify Administrator immediately if suspected abuse occurs. Shift supervisor will separate staff member from all residents immediately by removing the staff member from the assigned floor. The staff member will wait in the break room with the door closed; the shift supervisor will supervise that the staff member does not exit the break room. Shift Supervisor will then reassess all staff members in the building to ensure facility is staffed on both floors. All staff members are Direct Care Staff Certified; furthermore, the kitchen worker could work the floor until Administrator would arrive to the facility.

Licensee's Proposed Overall Completion Date: 11/28/2022

15b - Supervisor Plan (continued)

Implemented () - 12/01/2022)

16c - Written Incident Report

3. 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 Violation

On /2022 at approximately pm, staff person A was standing by resident #1's door, scolded in a loud voice, telling to ring r call bell and not take to the bathroom because is a fall risk. Resident #1 was still sitting on the commode with the door open as this interaction occurred. Staff person B witnessed the interaction and got staff person C to intervene on the resident's behalf. Staff person C told staff person A to leave the area and assist residents at lunch instead, and that someone else would assist resident #1 in the bathroom. A written incident report was not submitted to the Department until 2022.

Plan of Correction

Accept () - 11/28/2022)

Administrator will report the suspected abuse within 24 hours. Staff member will be suspended immediately. Administrator will report abuse as follows in the guidelines.

Licensee's Proposed Overall Completion Date: 11/27/2022

Implemented () - 12/01/2022)

42c - Treatment of Residents

4. Requirements

2600.

42.c. A resident shall be treated with dignity and respect.

Description of Violation

On /2022 at approximately pm, staff person A was standing by resident #1's door, scolded in a loud voice, telling to ring call bell and not take to the bathroom because is a fall risk. Resident #1 was still sitting on the commode with the door open as this interaction occurred. Staff person B witnessed the interaction and got staff person C to intervene on the resident's behalf. Staff person C told staff person A to leave the area and assist residents at lunch instead, and that someone else would assist resident #1 in the bathroom.

Plan of Correction

Accept () - 11/29/2022)

All staff members were handed a form of resident rights during the 11/21/2022 meeting. Staff verbalized and understood education on resident's shall be treated with dignity and respect. Within 15 days of receipt of this plan of correction - The administrator will increase supervision of staff during care to ensure that staff are capably assisting residents with care needs in a manner that is compliant with §2600.42(c). During the next quality management plan review and evaluation and ongoing - The home will place an increased emphasis on these plans of correction and take action to improve the quality of its resident rights and Older Adult Protective Services Act (OAPSA) training for all newly hired staff within 40 scheduled working hours in accordance with §2600.65(b)(1) and §2600.65(b)(3), and annually in accordance with §2600.65(g)(3) and §2600.65(g)(4).

42c - Treatment of Residents *(continued)*

Licensee's Proposed Overall Completion Date: 11/28/2022

Implemented  12/01/2022)