

Department of Human Services  
Bureau of Human Service Licensing  
LICENSING INSPECTION SUMMARY - PUBLIC

January 30, 2023

[REDACTED], ADMINISTRATOR  
EVERGREEN ESTATES HOLDINGS LLC  
[REDACTED]  
[REDACTED]

RE: EVERGREEN ESTATES RETIREMENT  
COMMUNITY  
1300 EAST KING STREET  
LANCASTER, PA, 17602  
LICENSE/COC#: 33193

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 12/12/2022 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]  
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

**Facility Information**

**Name:** EVERGREEN ESTATES RETIREMENT COMMUNITY      **License #:** 33193      **License Expiration:** 03/13/2023  
**Address:** 1300 EAST KING STREET, LANCASTER, PA 17602  
**County:** LANCASTER      **Region:** CENTRAL

**Administrator**

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

**Legal Entity**

**Name:** EVERGREEN ESTATES HOLDINGS LLC  
**Address:** [REDACTED]  
**Phone:** [REDACTED]      **Email:** [REDACTED]

**Certificate(s) of Occupancy**

**Staffing Hours**

**Resident Support Staff:** 0      **Total Daily Staff:** 106      **Waking Staff:** 80

**Inspection Information**

**Type:** Partial      **Notice:** Unannounced      **BHA Docket #:**  
**Reason:** Complaint, Interim      **Exit Conference Date:** 12/12/2022

**Inspection Dates and Department Representative**

12/12/2022 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**  
**License Capacity:** 125      **Residents Served:** 78

**Secured Dementia Care Unit**  
**In Home:** Yes      **Area:** P Wing      **Capacity:** 13      **Residents Served:** 8

**Hospice**  
**Current Residents:** 5

**Number of Residents Who:**  
**Receive Supplemental Security Income:** 0      **Are 60 Years of Age or Older:** 74  
**Diagnosed with Mental Illness:** 0      **Diagnosed with Intellectual Disability:** 0  
**Have Mobility Need:** 28      **Have Physical Disability:** 1

**Inspections / Reviews**

12/12/2022 Partial  
**Lead Inspector:** [REDACTED]      **Follow-Up Type:** POC Submission      **Follow-Up Date:** 12/31/2022

01/03/2023 - POC Submission  
**Submitted By:** [REDACTED]      **Date Submitted:** 01/25/2023  
**Reviewer:** [REDACTED]      **Follow-Up Type:** POC Submission      **Follow-Up Date:** 01/11/2023

Inspections / Reviews *(continued)*

## 01/18/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 01/25/2023

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 01/25/2023

## 01/30/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/25/2023

Reviewer: [REDACTED]

Follow Up Type: Not Required

## 141a - Medical Evaluation

## 1. Requirements

2600.

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

## Description of Violation

*The medical evaluation for Resident #5 does not indicate the date the resident was evaluated.*

## Plan of Correction

Accept (█ - 01/03/2023)

*The residents #5 has had the DME updates to reflect the evaluation date of 3/16/22 based on information from the SNF █ transferred from █ NR the date of evaluation is the same date as the form completed date.*

*Starting on 12/23/22 the Administrator is reviewing all DME's on file to ensure compliance with 2600.141.a with a proposed end of reviewing all resident DME's by 1/10/23*

*Starting on 1/3/23 all DME's received after 1/3/23 will be reviewed by both the Director of Resident Care and the Administrator or the Resident Care Coordinator or Business office Manager for compliance with 2600.141.a*

*Starting on 1/3/23 a review of DME completions for each quarter shall be reviewed at the Quarterly Quality Assurance Meeting.*

**Licensee's Proposed Overall Completion Date: 01/10/2023**

Implemented (█ - 01/27/2023)

## 141a 1-10 Medical Evaluation Information

## 2. Requirements

2600.

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:

1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.

## Description of Violation

*The medical evaluation completed on █ for Resident #3 was incomplete in that it did not include body positioning/movement, health status, and cognitive functioning, nor did it indicate the medical professional's name*

**141a 1 10 Medical Evaluation Information (continued)**

who completed the evaluation.

**Plan of Correction**

Accept (████ - 01/03/2023)

The DME for resident #3 now reflects the missing information for health status, cognitive functioning, body positioning and the providers name having been completed by the provider on 12/23/22.

Starting on 12/ 23/22 the Administrator is reviewing all DME's on file to ensure compliance with 2600.141.a with a proposed end of revieing all resident DME's by 1/10/23

Starting on 1/3/23 all DME's received after 1/3/23 will be reviewed by both the Director of Resident Care and the Administrator or the Resident Care Coordinator or Business office Manager for compliance with 2600.141.a

Licensee's Proposed Overall Completion Date: 01/10/2023

Implemented (████ - 01/27/2023)

**141b1 - Annual Medical Evaluation****3. Requirements**

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

**Description of Violation**

Resident #4's most recent medical evaluation was completed on ██████. The resident's previous medical evaluation was completed on ██████

Resident #8's most recent medical evaluation was completed on ██████. The resident's previous medical evaluation was completed on ██████

Resident #9's most recent medical evaluation was completed on ██████. The resident's previous medical evaluation was completed on ██████

**Plan of Correction**

Accept (████ 01/17/2023)

On 12/13/22 documentation had been added by the Administrator to resident #4's file indicating the former Nurse(s) prior to the current Director of Resident Care failed to properly obtain annual DME's for the resident listed.

On 12/13/22 documentation had been added by the Administrator to resident #8's file indicating the former Nurse(s) prior to the current Director of Resident Care failed to properly obtain annual DME's for the resident listed.

On 12/13/22 documentation had been added by the Administrator to resident #9's file indicating the former Nurse(s) prior to the current Director of Resident Care failed to properly obtain annual DME's for the resident listed.

Starting on 12/ 23/22 the Administrator is reviewing all DME's on file to ensure compliance with 2600.141.b.1 with

141b1 - Annual Medical Evaluation (continued)

a proposed end of reviewing all resident DME's by 1/10/23

A shared database has been created by the Administrator to track all resident DME dates to ensure continued compliance with 2600.b.1

Starting on 1/3/23 all DME's received after 1/3/23 will be reviewed by the Director of Resident Care and the Administrator or the Resident Care Coordinator or Business office Manager for compliance with 2600.141.a

The shared database for DME and RASP's was created by the Administrator on 12/26/22. On 1/3/22 directions on the use of the shared database were provided to staff by the administrator.

Licensee's Proposed Overall Completion Date: 01/11/2023

Implemented ( ) - 01/27/2023)

185a - Implement Storage Procedures

4. Requirements

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

The Medication Administration Record (MAR) for Resident #4 shows a blood glucose reading of ( ) on ( ) at ( ) am; however, the glucometer for this resident shows no reading for this date and time.

The MAR for Resident #10 shows a blood glucose readings of ( ) on ( ) at ( ) pm, ( ) on ( ) at ( ), ( ) on ( ) at ( ) and ( ) on ( ) at ( ); however, the glucometer for this resident shows no readings for any of these dates and times.

The MAR for Resident #3 shows a blood glucose reading of ( ) on ( ) at ( ); however, the glucometer for this resident shows no reading for this date and time. The MAR also shows a reading of ( ) on ( ) at ( ) and a refusal at ( ). However, the glucometer shows a reading of ( ) at ( ) am only for those dates and times indicated.

Plan of Correction

Accept ( ) - 01/03/2023)

The Med Tech who recorded the blood Glucose reading for resident # 4 was disciplined and remediated on blood glucose and insulin by the Director of Resident Care on 12/13/21

Starting on 1/3/23 2 times per week the med tech who entered the BG for resident 4 will have her BG readings randomly checked 2 times per week for 30 days by the Director of Resident Care.

**185a - Implement Storage Procedures (continued)**

The Med Tech who recorded the blood Glucose reading for resident # 10 was remediated on blood glucose and insulin on 12/13/21 by the Resident Care Coordinator by the Director of Resident Care.

Starting on 1/3/23 2 times per week the med tech who entered the BG for resident 10 will have her BG readings randomly checked 2 times per week for 30 days.

The Med Tech who recorded the blood Glucose reading for resident # 3 was remediated on blood glucose and insulin by the Director of Resident Care on 12/13/21

Starting on 1/3/23 2 times per week the med tech who entered the BG for resident #3 will have her BG readings randomly checked 2 times per week for 30 days by the Director of Resident Care.

The med tech for resident 3 at 7:30am on 12/12/22 was disciplined and remediated on BG readings by the Director of Resident care on 12/13/22

The med tech for resident #3 on 12/10/22 at 7:30am and the 11:30am refusal was remediated on Blood Glucose administration by the Resident Care Coordinator on 12/13/22

Starting on 1/3/23 for a 30 day period of time 2 glucometers will be randomly pulled by either the Director of resident care or the resident care coordinator 2 times per week for random checks to ensure proper readings for BG have been entered into the MAR and to address any issues or errors timely.

Starting on 1/3/23 The Director of resident care is to report the status of medication errors at the Quarterly Quality Assurance Meeting.

Licensee's Proposed Overall Completion Date: 01/03/2023

Implemented [REDACTED] - 01/27/2023)

**187c - Refusal of Medication****5. Requirements**

2600.

187.c. If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

**Description of Violation**

On both [REDACTED] at [REDACTED] pm and [REDACTED] at [REDACTED], Resident #10 refused to take a scheduled dose of [REDACTED]. The home did not report this refusal to the prescriber within 24 hours.

**Plan of Correction**

Accept [REDACTED] - 01/17/2023)

The Med Tech for the [REDACTED] refusal was disciplined and remediated by the Director of Resident Care on 12/13/22.

187c - Refusal of Medication (continued)

The Med Tech for the [redacted] refusal was remediated by the Resident Care Coordinator on reporting refusals to the prescriber on [redacted]

Starting on 1/3/23 all med techs will again be reeducated on reporting medication refusals to the prescriber within 24 hour unless the prescriber has requested an alternate form of notification for medication refusals. The Resident Care Director and Resident Care Coordinator are responsible for doing the reeducation.

A reminder sign has been placed in the medication office by the Administrator reminding all staff to report refusals within 24 hours or as requested by the prescriber. 1 prescriber has a book he requests refusals be noted in and will review during his weekly community visits.

Starting on 1/3/23 a sign will be placed on all medication carts by the Administrator with a reminder to notify the prescriber within 24 hour for all medication refusals.

Starting on 1/3/23 The Director of resident care is to report the status of medication refusals at the Quarterly Quality Assurance Meeting.

Licensee's Proposed Overall Completion Date: 01/11/2023

Implemented ([redacted] - 01/27/2023)

187d - Follow Prescriber's Orders

6. Requirements

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

Description of Violation

Resident #10 is prescribed [redacted] tablet once daily. However, this medication was not administered to the resident on [redacted] because the medication was not available in the home.

Plan of Correction

Accept ([redacted] - 01/03/2023)

The Director of Resident Care on 12/12/22 reeducated med techs on properly contacting the pharmacy ensure all medications are refilled timely.

Med Tech staff is to notify the Director of resident care or the Resident care coordinator immediately of medications which residents have an active order for and the medication is not in the home to work with the pharmacy for delivery or to notify the prescriber of the medications not being available and request direction from the prescriber.

Starting on 1/3/23 the Dir of Resident Care will report on medication errors at the quarterly Quality Assurance meeting.

Licensee's Proposed Overall Completion Date: 01/03/2023

Implemented ([redacted] - 01/27/2023)

187d - Follow Prescriber's Orders (continued)

224a - Preadmission Screen Form

7. Requirements

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident #2's preadmission screening form, dated [REDACTED] 2, does not include a determination that the needs of the resident can be met by the services provided by the home.

Plan of Correction

Accept [REDACTED] - 01/03/2023)

On 12/21/22 the administrator has started a review of all resident files to check the pre admission screening forms to ensure compliance with 2600.224.a.

A second review of all new admissions will include a second senior staff member checking the prescreen forms to validate all information required is on the pre admission screening form.

Resident 2's pre admission screening form was corrected on 12/12/22 by the Administrator.

The review of all preadmission screening forms is to be completed by 1/10/23 by the administrator.

Starting on 1/3/23 a review of new admissions to the home shall be reviewed at the quarterly Quality Assurance meeting.

Licensee's Proposed Overall Completion Date: 01/10/2023

Implemented [REDACTED] - 01/27/2023)

225c - Additional Assessment

8. Requirements

2600.

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

- 1. Annually.

Description of Violation

Resident #4's most recent assessment was completed on [REDACTED]

Plan of Correction

Accept [REDACTED] - 01/03/2023)

A care plan is showing in Tabula Pro for the resident with an assessment date of [REDACTED] and a submission date of [REDACTED] in tabula pro.

The resident RASP is signed by the DON on [REDACTED]. A copy of the completed RASP is now in the residents file.

225c Additional Assessment (continued)

The DON is completing a review of all resident Assessment and support plans with a planed completion date of 1/10/23

Starting on 1/3/23 The DON is to provide a hard copy of each resident assessment and support plan completed as of 1/3/23 to the Administrator to ensure compliance.

The Administrator has created a shared database to track and record the dates of each residents assessment and support plans the Dir of Resident Care will use to ensure annual RASPs are completed in the required timeframe.

Licensee's Proposed Overall Completion Date: 01/10/2023

Implemented [redacted] - 01/27/2023)

227d - Support Plan Medical/Dental

9. Requirements

2600.

227.d. Each home shall document in the resident’s support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident’s physician, physician’s assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

Resident #5 was admitted to the home on [redacted]. Since that time, this resident has had at least thirteen (13) documented falls, some sustaining injuries and requiring hospitalizations. The assessment and support plan for this resident does not indicate any type of additional needs based on these repeated falls, nor is there a plan in place to prevent these falls from recurring or meeting any additional needs of this resident.

Plan of Correction

Accept [redacted] - 01/17/2023)

On [redacted] an updated support plan was completed by the Resident Care Director for the resident indicating [redacted] falls issues as an intervention the resident is on services with functional freedom for PT and OT related to [redacted] falls.

The residents POA has moved the resident to a smaller room and has asked the community to remove a large dresser from the residents room to provide the resident more space to ambulate in the room.

The resident is currently in rehab for therapy with the intent to return to the community.

Effective 1/3/23 the community will start tracking resident falls all resident falls in a spreadsheet to identify residents with increased fall risks and work with the resident and POA to have the resident placed on therapy services. The Resident Care Director and the Resident Care Coordinator are to report all falls to the Administrator, the Administrator will enter the falls data provided into the spreadsheet. The Administrator will designate either the Business Office Manager or Resident Care Director or Coordinator when the Administrator will be away from the community for more than 1 day.

227d - Support Plan Medical/Dental (continued)

Effective 1/3/23 the Dir of resident care will report out at the quarterly Quality Assurance meeting the status of resident support plan completion for each quarter.

Licensee's Proposed Overall Completion Date: 01/13/2023

Implemented ( [redacted] - 01/27/2023)

227g -Support Plan Signatures

10. Requirements

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

The support plan for Resident # 5, dated [redacted] was not signed by the assessor.

The support plan for Resident # 6, dated [redacted] was not signed by the assessor.

The support plan for Resident # 7, dated [redacted] was not signed by either the assessor or the resident.

The support plan for Resident # 9, dated [redacted] was not signed by either the assessor or the resident.

Plan of Correction

Accept ( [redacted] - 01/03/2023)

Resident #5 support plan was signed by the Administrator on [redacted] after the inspection.

Additionally resident #5 has a significant change support plan dated [redacted] signed electronically by the Dir of Resident Care.

Resident #6 support plan was signed by the Administrator on [redacted] after the inspection.

Resident #7 the support plan dated [redacted] was signed by the Administrator on [redacted] after the inspection and marked refused to participate the resident choose not to participate. Additionally the Submission status of the support plans shows it was submitted by the former LPN Y Ramos who was terminated for cause.

Additionally has an annual plan dated [redacted] signed electronically by the Dir of Resident Care, and marked unable to sign by the Dir of Resident care.

Resident #9 support plan was signed by the Administrator on [redacted] after the inspection. The resident also signed the support plan on [redacted]

Starting on [redacted] all resident assessment and support plans will be signed at time of completion by the writer and presented to the resident within 5 days for review with the resident and signature or a note added if the resident declines to sign or participate indicating the reason for the declination.

Starting on [redacted] a hard copy of the signed residents support plan shall be provided to the Administrator to ensure compliance with 2600.227.g

227g -Support Plan Signatures *(continued)*

Licensee's Proposed Overall Completion Date: 01/03/2023

Implemented [REDACTED] - 01/27/2023)

## 231c - Preadmission Screening

## 11. Requirements

2600.

231.c. A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

**Description of Violation**

Resident #1 was admitted to the Secure Dementia Care Unit (SDCU) on [REDACTED]. However, the resident's written cognitive preadmission screening was not completed until [REDACTED], after the resident's admission to the SDCU.

**Plan of Correction**

Accept [REDACTED] - 01/03/2023)

Education was provided to the Director of resident care on 12/21/22 related to 2600.231.c by the Administrator

Starting on 12/21/22 all new admissions to the SDCU must have the prescreen completed within 72 hours of admission to the SDCU and the completed prescreen form must be reviewed by the Administrator or the Business Office Manager, or Director of Resident Care prior to any new admission to the SDCU to ensure the 72 hour requirement is met.

Effective 1/3/23 a review of new admissions to the SDCU and compliance with the preadmission screening shall be reported at quarterly Quality Assurance meeting.

Licensee's Proposed Overall Completion Date: 12/30/2022

Implemented [REDACTED] /27/2023)