

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

June 20, 2023

[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/COC#: 44715

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/12/2023 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

Facility Information		
Name: EVENING STAR PERSONAL CARE HOME	License #: 44715	License Expiration: 12/05/2023
Address: 200 CALDWELL AVENUE, WILMERDING, PA 15148		
County: ALLEGHENY	Region: WESTERN	

Administrator		
Name: [REDACTED]	Phone: [REDACTED]	Email: EVENINGSTARCARE@GMAIL.COM

Legal Entity		
Name: EVENING STAR LLC		
Address: 200 CALDWELL AVENUE, WILMERDING, PA, 15148		
Phone: [REDACTED]	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: 16	Waking Staff: 12

Inspection Information		
Type: Partial	Notice: Unannounced	BHA Docket #:
Reason: Complaint, Incident		Exit Conference Date: 05/12/2023

Inspection Dates and Department Representative	
05/12/2023 - On-Site: [REDACTED]	

Resident Demographic Data as of Inspection Dates			
General Information			
License Capacity: 19		Residents Served: 15	
Secured Dementia Care Unit			
In Home: No	Area:	Capacity:	Residents Served:
Hospice			
Current Residents: 1			
Number of Residents Who:			
Receive Supplemental Security Income: 2		Are 60 Years of Age or Older: 15	
Diagnosed with Mental Illness: 1		Diagnosed with Intellectual Disability: 0	
Have Mobility Need: 1		Have Physical Disability: 1	

Inspections / Reviews		
05/12/2023 Partial		
Lead Inspector: [REDACTED]	Follow-Up Type: POC Submission	Follow-Up Date: 05/28/2023
06/05/2023 - POC Submission		
Submitted By: [REDACTED]	Date Submitted: 06/19/2023	
Reviewer: [REDACTED]	Follow-Up Type: POC Submission	Follow-Up Date: 06/09/2023

Inspections / Reviews *(continued)*

06/12/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 06/19/2023

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 06/16/2023

06/20/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/19/2023

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] at approximately [redacted] a.m. resident #1 attacked resident #2 and resident #3 with the home's decorative brass fire poker in the front living room. Resident #1 struck resident #2 and resident #3 an unknown number of times in the head causing lacerations to both residents. Resident #2 sustained injuries that required hospitalization. Resident #3 sustained lacerations on the back of the head requiring sutures. On 4/21/23 at approximately 12:06 a.m., direct care staff person A, the overnight care aide, reported an incident of abuse involving resident #1, resident #2 and resident #3, to direct care staff person B, the home's administrator. The incident was not reported to the Area Agency on Aging until [redacted].

Plan of Correction

Accept [redacted] - 06/12/2023)

After being notified by the State Surveyor that residents abuse were not reported to the Area Agency Of Aging, immediately PCHA called and notified the agency. Reports were created for both resident #2 & #3 and faxed in compliance with the 48 hrs time frame. Copies were provided to the State Surveyor.

On [redacted] PCHA reviewed Older Adult Protective Services Act, reporting guidelines on reporting allegations of abuse.

PCHA audited 50% charts on 5/13/23, then 50% on 5/14/ 23, reviewing all incidents, no findings of reportable abuse cases to the Area Agency Of Aging were present.

PCHA developed an incident report log on 5/15/23 as a tool to guide, direct & void errors on reporting incidents to the appropriate Agency in accordance with reportable incidences & Older Adult Protective Services Act.

PCHA contacted Ombudsman, agency will conduct an inservice on Abuse & reporting on 7th June for 1 1/2 Hr, all staff to attend.

On QA meeting held on 5/13/23 for 1Hr, attended by all staff, DCS was educated on abuse & reporting, all abuse to be reported to PCHA, PCHA will be responsible for reporting to the appropriate Agency, at PCHA absence reports will be done by the designated DCS Team Leader.

Licensee's Proposed Overall Completion Date: 06/11/2023

Implemented [redacted] - 06/20/2023)

42b - Abuse

2. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On [redacted] at approximately [redacted]. resident #1 attacked resident #2 and resident #3 with the home's decorative

42b Abuse (continued)

brass fire poker in the front living room. Resident #1 struck resident #2 and resident #3 an unknown number of times in the head causing lacerations to both residents. Resident #2 sustained injuries that required hospitalization. Resident #3 sustained lacerations on the back of the head requiring sutures.

Plan of Correction**Accepted** [REDACTED] - 06/12/2023)

Resident # 1 who attacked resident #2 & #3 No longer resides at the facility.

Resident #2 & #3, were hospitalized, resident #2 remains in the hospital.

Upon return from hospital on [REDACTED], resident #3 was interviewed by the PCHA and verbalized [REDACTED] felt safe at facility and did not feel further threatened. Was educated to report to PCHA or DCS if [REDACTED] feels threatened or if his life is in danger.

On 4/22/23, PCHA conducted interviews for 50% of the census, 50% on 4/23/23 all resident verbalized being safe and did not verbalized being threatened. DCS was also interview for if they had noted any resident who exhibit aggressive behaviors or poses danger to self, other residents or staff, DCS denied noting any resident.

4/22/23 PCHA and DCS made rounds and removed all fixtures/decorative that maybe used as weapon or that can cause injuries to the others. By [REDACTED] the PCHA will have removed 100% of fixtures/decorative that can be used as tools/weapons to cause harm or danger to others.

PCHA developed a tool to audit facility's safety by addressing fixtures/decorative, for the purpose of identifying and removing them. Audit will be conducted beginning on 4/22/23 by PCHA with assistance of DCS, daily X 7 Days, Weekly X 1 Month, Bi Weekly X 1 Month, then Monthly X 1 Month

PCHA will perform random resident interviews audit regarding safety, threats & abuse, beginning 4/22/23. Significant findings will be reported to MD & Contact Persons & PCHA will ensure threats are addressed safely without violation or residents rights or Chapter 2600 Title 55 guidelines.

PCHA contacted Ombudsman, Agency will conduct an inservice about abuse and reporting on 7th June 2023 for 11/2 Hrs.

Licensee's Proposed Overall Completion Date: 06/11/2023

Implemented [REDACTED] - 06/20/2023)