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

September 25, 2023

[redacted], ADMINISTRATOR
EVERGREEN ESTATES HOLDINGS LLC
[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 08/17/2023 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: *EVERGREEN ESTATES RETIREMENT COMMUNITY* **License #**: *33193* **License Expiration**: *03/13/2024*

Address: *1300 EAST KING STREET, LANCASTER, PA 17602*

County: *LANCASTER* **Region**: *CENTRAL*

Administrator

Name: [redacted] **Email**: [redacted]

Legal Entity

Name: *EVERGREEN ESTATES HOLDINGS LLC*

Address: [redacted]

Phone: [redacted] **Email**: [redacted]

Certificate(s) of Occupancy

Type: *I-2*	**Date**: *10/17/2019*	**Issued By**: *Lancaster Township*
Type: *I-2*	**Date**: *02/05/2008*	**Issued By**: *Lancaster Township*
Type: *C-2 LP*	**Date**: *06/05/2000*	**Issued By**: *Labor and Industry*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *128* **Waking Staff**: *96*

Inspection Information

Type: *Partial* **Notice**: *Unannounced* **BHA Docket #**:

Reason: *Complaint* **Exit Conference Date**: *08/17/2023*

Inspection Dates and Department Representative

08/17/2023 - On-Site [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *125* **Residents Served**: *87*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *P Hall* **Capacity**: *13* **Residents Served**: *12*

Hospice

Current Residents: *6*

Number of Residents Who:

Receive Supplemental Security Income: *0*

Are 60 Years of Age or Older: *82*

Diagnosed with Mental Illness: *0*

Diagnosed with Intellectual Disability: *0*

Have Mobility Need: *41*

Have Physical Disability: *3*

Inspections / Reviews

08/17/2023 Partial

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *09/02/2023*

Inspections / Reviews *(continued)*

09/05/2023 POC Submission

Submitted By: [redacted] **Date Submitted:** *09/22/2023*

Reviewer: [redacted] **Follow Up Type:** *POC Submission* **Follow Up Date:** *09/12/2023*

09/15/2023 POC Submission

Submitted By: [redacted] **Date Submitted:** *09/22/2023*

Reviewer: [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *09/22/2023*

09/25/2023 Document Submission

Submitted By: [redacted] **Date Submitted:** *09/22/2023*

Reviewer: [redacted] **Follow Up Type:** *Not Required*

18 - Compliance With Laws

1. Requirements

2600.
18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

The Clean Indoor Air Act requires public places, including personal care homes, to post signs where smoking is regulated by this act. The home permits smoking in a designated smoking area, however, there was no sign at the main entrance stating "Smoking is Permitted in Designated Smoking Areas Only." Also, there were no signs stating "Smoking Permitted" at the designated smoking area on the patio outside of the community room.

Plan of Correction ***Accept [redacted] - 09/15/2023)***

On 8/17/2023 the administrator provided the maintenance director a printed sign indicating smoking is allowed in designated areas. the sign was placed at the communities front entrance which is the only door staff, visitors and guest may enter through.
On 8/17/2023 the maintenance director placed a sign in the designated smoking area indicating smoking is permitted in the designated area on the community room patio.

The Administrator and Director of maintenance will routinely check the signs are properly placed weekly to ensure ongoing compliance.

Audits will be conducted for 3 months by either the Administrator or the Director of Maintenance

Licensee's Proposed Overall Completion Date: *09/10/2023*

Implemented [redacted] - 09/25/2023)

85a - Sanitary Conditions

2. Requirements

2600.
85.a. Sanitary conditions shall be maintained.

Description of Violation

On 8/17/23, Resident 1's bedroom and the hallway immediately adjacent to it had a strong odor of urine.

Plan of Correction ***Accept ([redacted] - 09/15/2023)***

On 8/18/2023 the Administrator meet with the resident to discuss [redacted] incomitance needs, the family is providing incontinence products to the resident to assist the resident the community will provide the resident additional incomitance products for the resident the community will waive the cost of 1 box of chuck pads monthly.
On 8/22/22 the Administrator and Director of Maintenance meet with the resident and discussed the need to replace the residents chair, the resident refused to have her personal chair replaced.
On 8/24/23 the chairs and carpet in the resident's room were treated and extracted to clean the carpets and chair.
On Going The maintenance director and Administrator will check resident rooms in 1 hallway per week checking for odors, carpet stains & rooms needing to be extracted will be completed by the maintenance director or housekeeping staff. The auditing tool includes the hallways inspected, who inspected the hallways and rooms problems observed and remedial actions taken. The monitoring process will continue for 3 months.

Licensee's Proposed Overall Completion Date: *09/11/2023*

85a Sanitary Conditions *(continued)*

Implemented [redacted] - 09/25/2023)

85d Trash Receptacles

3. 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 8/17/23 at about 9:45 AM, there were two full and uncovered rectangular trash cans in the kitchen.

Repeated violation - 10/13/22, et al

Plan of Correction ***Accept ([redacted] - 09/15/2023)***

The kitchen staff was provided reeducation on trashcans and sanitation requirements on 8/18/2023. the home has purchased additional lids to be used in the kitchen along with new trash cans with hinged lid for use during bussing in the dinning room.
The Chef and or cook on duty will monitor compliance with 2600.85.d and report any issues to the chef and Administrator.
The Administrator provided reeducation on 2600.85.d on 8/18/2023.
the Chef has been provided an auditing tool to monitor compliance, compliance will be monitored for 3 months.

Licensee's Proposed Overall Completion Date: *09/11/2023*

Implemented ([redacted] - 09/25/2023)

101o Walls, Floors, Ceilings

4. Requirements

2600.
101.o. The bedrooms must have walls, floors and ceilings, which are finished, clean and in good repair.

Description of Violation

The floor in the bedroom occupied by Resident 2 had a large dark stain in the center of the carpet.

Plan of Correction ***Accept ([redacted] - 09/15/2023)***

On 8/22/23 the maintenance director cleaned the carpets using a hot water extractor to remove the carpet stain. The maintenance director and Administrator will check resident rooms in 1 hallway per week checking for carpet stains, rooms needing to be extracted will be completed by the maintenance director, designee or housekeeping staff. A monitoring tool is in place to monitor rooms inspected weekly including the date who completed the inspection problems identified and remedial actions taken the monitoring will continue for 3 months .

Licensee's Proposed Overall Completion Date: *09/11/2023*

Implemented [redacted] - 09/25/2023)

104b Dishes/Glassware/Utensils

5. Requirements

2600.

104b - Dishes/Glassware/Utensils *(continued)*

104.b. Dishes, glassware and utensils shall be provided for eating, drinking, preparing and serving food. These utensils must be clean, and free of chips and cracks. Plastic and paper plates, utensils and cups for meals may not be used on a regular basis.

Description of Violation

Plastic utensils and Styrofoam cups are regularly used in the P Hall.

Plan of Correction ***Accept (- 09/15/2023)***

On 8/18/23 the kitchen staff was reeducated on 2600.104.b regarding the use of plastic paper plates, cups and utensils.

Staff have been instructed by the chef and the administrator to not utilize or place disposable utensils on the dinning cart for the memory care unit.

Dinning staff will not utilize plastic, paper or Styrofoam items with out first obtaining the permission of the chef or Administrator prior to the use of disposable paper plates, cups, bowls or utensils.

The Administrator and or chef will spot check the main dining room and memory care wing for compliance with 2600.104.b during the week.

A monitoring auditing tool is in use to ensure compliance with 2600.104.b to including recording the date & time of the spot checks including any issues noted and remedial actions taken. Monitoring will occur for 3 month

Licensee's Proposed Overall Completion Date: *09/11/2023*

Implemented - 09/25/2023)

144c1 - Smoking Area Guidelines

6. Requirements

2600.
144.c. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following:
1. Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

Description of Violation

The home's designated smoking area is on the patio outside of the community room. There was a single smoking tower present for the entire patio that was located at the far end of the line of chairs. There were ashes on the patio and along the wall where there was no receptacle for smoking materials.

Plan of Correction ***Accept - 09/15/2023)***

On 8/18/23 the maintenance director cleaned the area around the smoking area.

A second smoking tower was ordered by the community to be placed in the smoking area. the anticipated delivery date for the tower in 9/5/2023 once delivered the 2nd smoking tower will immediately be placed in the smocking area.
On going the director of maintenance will ensure housekeeping cleans the smoking area on a weekly basis.

A tracking sheet has been created to ensure the weekly audit was completed by the Maintenance Director or

144c1 Smoking Area Guidelines (continued)

Administrator to ensure the smoking area is clean and neat. The sheet indicates date and time of check along with any concerns noted and actions taken to address the concerns.

Licensee's Proposed Overall Completion Date: *09/11/2023*

Implemented [redacted] - 09/25/2023)

183d - Prescription Current

7. Requirements

2600.
183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

On [redacted] a box of about 20 to 25 individual plastic vials of [redacted] prescribed for Resident 3 was in the home's P Hall medication cart. This medication had a manufacturer's label stating it expired May 2023.

Plan of Correction ***Accept ([redacted] - 09/15/2023)***

On 8/21/2023 med techs received additional remedial training on 2600.183.d
on 8/24/2023 the Resident Care Coordinator completed an audit of the med carts to ensure only current prescription, OTC, Cam and samples for current residents are on the carts.
Ongoing med carts will be checked monthly by the Resident Care Director or the Resident Care Coordinator and documented on a cart audit sheet kept in the Dir of Resident Care office.

The Remedial training was conducted by [redacted] LPN Dir of Resident Care on 8/21/2023

Licensee's Proposed Overall Completion Date: *09/11/2023*

Implemented [redacted] - 09/25/2023)

183e - Storing Medications

8. Requirements

2600.
183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

Resident 4 is prescribed [redacted] tablets. The resident had nine remaining, however, one of the tablets had been removed from the original blister and taped into another empty blister instead of being destroyed.

Plan of Correction ***Accept ([redacted] - 09/05/2023)***

On 8/18/2023 the nurse provide reeducation to the med techs regarding 2600.183.e
Staff was educated on the need to destroy the medication following proper medication destructions procedures.

Ongoing med carts will be checked monthly by the Resident Care Director or the Resident Care Coordinator and documented on a cart audit sheet kept in the Dir of Resident Care office.

Licensee's Proposed Overall Completion Date: *09/01/2023*

Implemented [redacted] 09/25/2023)

183e Storing Medications *(continued)*

184b - Labeling OTC/CAM

9. Requirements

2600.
184.b. If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

Description of Violation

The P Hall medication cart contained 14 bottles of [redacted]. None of the bottles were labeled with a resident name.

The West Hall medication cart contained a 180 count bottle of [redacted] tablets that was not labeled with a resident name.

Plan of Correction ***Accept [redacted] - 09/05/2023)***

The Med Techs were reeducated on 2600.184.b by the nurse on 8/19/2023 regarding labeling all requirements.
The staff was provided labels on 8/18/202 to be placed on OTC, CAM and any other medication which does not identify the resident.
Ongoing med carts will be checked monthly by the Resident Care Director or the Resident Care Coordinator and documented on a cart audit sheet kept in the Dir of Resident Care office.

Licensee's Proposed Overall Completion Date: *09/01/2023*

Implemented [redacted] - 09/25/2023)

185a - Implement Storage Procedures

10. 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

Resident 5, who no longer resides in the home, was prescribed [redacted]. The home failed to implement a system to properly account for this resident's medication as evidenced by discrepancies in the count sheets including:

on [redacted], there were 30 tablets. No tablets are marked as administered, however, on [redacted], 28 tablets remain on [redacted], 24 tablets remain although the count log doesn't show any tablets having been administered since [redacted]

Plan of Correction ***Accept [redacted] - 09/15/2023)***

On 8/23/23 staff was provided reeducation on 2600.185.a
The staff was educated on properly counting, recording, dispensing and destroying medications properly.
Ongoing med carts will be checked monthly by the Resident Care Director or the Resident Care Coordinator to ensure and documented on a cart audit sheet kept in the Dir of Resident Care office.

Kim Jackson LPN provided the remedial training to the staff on 8/23/23 related to 2600.185.a

Licensee's Proposed Overall Completion Date: *09/11/2023*

Implemented [redacted] - 09/25/2023)

225c - Additional Assessment

11. Requirements

2600.
225.c. The resident shall have additional assessments as follows:
2. If the condition of the resident significantly changes prior to the annual assessment.

Description of Violation

Resident 6's most recent assessment was completed on [redacted] and identifies the resident as being independent with bowel management. On the morning of [redacted] the resident's room had feces on the floor that was being cleaned by a staff person.

Plan of Correction ***Accept [redacted] - 09/15/2023)***

The residents care plan was updated to reflect the residents change in status.
The staff in the MCU was provided education on reporting significant changes in a resident's status to the Resident Care Director or the Resident Care Coordinator in a timely manner.
A sign has been placed in the MCU med room reminding staff to report resident change of statuses to the Resident Care Director or the Resident Care Coordinator immediately.
The Rasp was updated on 8/18/2023 by Kim Jackson LPN Dir of Resident Care
Kim Jackson LPN Dir of Resident Care Coordinator provided reeducation to the staff on resident change of status and reporting changes in status to the LPN or RCC on 8/17 and 8/18/2023.

A paper form has been created to be used by care staff to report changes in a resident status to the Dir of Care or RCC, tracking of the forms be kept in a binder in the Nursing Office

Licensee's Proposed Overall Completion Date: *09/11/2023*

Implemented [redacted] - 09/25/2023)

233c - Key-Locking Devices

12. Requirements

2600.
233.c. If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

Description of Violation

The directions for operating the home's locking mechanism are not conspicuously posted near the exit door closest to room P 111 in the Secure Dementia Care Unit (SDCU).

Plan of Correction ***Accept [redacted] - 09/15/2023)***

Immediately on [redacted] the administrator rehung the directions for the home locking mechanism on the exit door near the P1 room.

On [redacted] all of the signs directing how to operate the locking mechanism where secured to the walls near the entry doors to the secured unit with double-sided tape to reduce the potential of the signs not remaining in place. Ongoing the Administrator and maintenance director will routinely check the door sighs are remaining in place near each secured door

The community will conduct routine checks of all of the signs directing how to operate the locking mechanism for the next 90 days the checks will be completed by the Administrator or the Director of Maintenace. See attached

233c Key Locking Devices (continued)

tracking sheet

Licensee's Proposed Overall Completion Date: *09/11/2023*

Implemented [redacted] - 09/25/2023)