

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

August 1, 2024

[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 05/21/2024 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:** 03/13/2025  
**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:** 2301 ROSECRANS AVE, SUITE 4170, EL SEGUNDO, CA, 90245  
**Phone:** 7173942208      **Email:** KEVIN.KASEFF@TREIG.COM

**Certificate(s) of Occupancy**

<b>Type:</b> I-1	<b>Date:</b> 02/05/2008	<b>Issued By:</b> Lancaster Township
<b>Type:</b> C-2 LP	<b>Date:</b> 06/15/2000	<b>Issued By:</b> L & I
<b>Type:</b> I-2	<b>Date:</b> 10/17/2019	<b>Issued By:</b> Lancaster Township

**Staffing Hours**

**Resident Support Staff:**      **Total Daily Staff:** 125      **Waking Staff:** 94

**Inspection Information**

**Type:** Partial      **Notice:** Unannounced      **BHA Docket #:** 0  
**Reason:** Complaint, Incident      **Exit Conference Date:** 05/21/2024

**Inspection Dates and Department Representative**

05/21/2024 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

**License Capacity:** 125      **Residents Served:** 91

**Secured Dementia Care Unit**

**In Home:** Yes      **Area:** SDU      **Capacity:** 13      **Residents Served:** 11

**Hospice**

**Current Residents:** 10

**Number of Residents Who:**

<b>Receive Supplemental Security Income:</b> 0	<b>Are 60 Years of Age or Older:</b> 91
<b>Diagnosed with Mental Illness:</b> 3	<b>Diagnosed with Intellectual Disability:</b> 1
<b>Have Mobility Need:</b> 34	<b>Have Physical Disability:</b> 3

**Inspections / Reviews**

05/21/2024 Partial

**Lead Inspector:** [REDACTED]      **Follow-Up Type:** POC Submission      **Follow-Up Date:** 06/10/2024

Inspections / Reviews (*continued*)

## 06/11/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 07/31/2024

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 06/18/2024

## 06/24/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 07/31/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 07/31/2024

## 08/01/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 07/31/2024

Reviewer: [REDACTED]

Follow Up Type: Not Required

## 42b - Abuse

**1. 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**

Approximately 2 months ago, Resident 1's upper denture went missing. The home did not assist the resident to secure health care to address this concern, resulting in Resident 1 choking on a piece of chicken nugget during lunch on [REDACTED]. Staff Member A had to repeatedly tap on the resident's back to dislodge the food from the resident's throat. Following the choking incident, the home did not attempt to get to get a new diet order for the resident until [REDACTED] when the Department was on-site to investigate the incident.

Repeated Violation - 11/7/23, et al

**Plan of Correction**

Directed [REDACTED] - 06/24/2024)

The home, made multiple attempts to find a mobile dentist who could assist the resident, the providers contacted where not willing or able to assist the resident based on her significant dementia related actions and behaviors including constantly walking. The resident is unsafe to go out to an appointment.

On [REDACTED] the [REDACTED] issued a new order for [REDACTED] diet which was determined by the Dr to be chopped, based on the choking incident in question.

An order for Speech Therapy was written on 5/7/2024 and the residents POA declined the Speech Consult as it was not covered under the resident's insurance

The last most recent dietary order was on 12/6/23 and stated chopped finger foods per the hospice provider.

The home will obtain dietary orders for any change of diet starting on 5/21/2024 for all residents requiring or requesting a diet change.

Residents will be provided their meal based on the current existing dietary order.

Going forward any resident needing a dietary change will be evaluated by their PCP or a licensed speech therapist. The Nurse audited all SDCU residents' Dietary orders on 6/15/2024.

Dinning staff was educated on dietary orders by the Administrator on 6/15/2024

The Nurse will update all SDCU resident RASPs for their dietary needs by 6/30/2024

Care staff was provided training by the Nurse on assisting resident with eating and monitoring for residents' dietary needs on 5/21/2024

The Nurse or Resident Care Coordinator will review quarterly all resident dietary order s to ensure they are accurate and up to date.

Proposed Overall Completion Date: 06/30/2024

Proposed Overall Completion Date: 07/05/2024

42b - Abuse (continued)

[Directed]

- The Director of Nursing or designee will update Resident 1's current RASP to ensure the following information is included: resident is "unsafe" to go out on appointments, the steps the home has taken to accommodating this need and current dietary information. This will be completed by 7/15/24.
- Beginning 7/15/24, the Director of Nursing or Resident Care Coordinator will review quarterly all resident dietary orders to ensure they are accurate and up to date.

Directed Completion Date: 07/15/2024

Implemented (████ - 08/01/2024)

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

Resident 2's current medical evaluation, dated █████, does not include special health or dietary needs of the resident.

Plan of Correction

Accept (████ - 06/24/2024)

The residents DME dates █████ was corrected to reflect the residents' dietary needs by the nurse.

The home will conduct an audit of the residents DME's over the next 45 days starting on 6/14 2024 to ensure the DME's contain the appropriate dietary information on them.

The DON, RCC, Administrator or another designated employee will review the DME's for completion status including dietary needs.

The home will conduct quarterly audits of the residents DME's.

The DON was provided remedial instruction on DME's reviewed and provided best practices on DME completion and hand outs from the RCG

Proposed Overall Completion Date: 07/31/2024

Licensee's Proposed Overall Completion Date: 07/31/2024

141a 1-10 Medical Evaluation Information *(continued)**Implemented* [REDACTED] - 08/01/2024)

## 161d - Dietary Needs

**3. Requirements**

2600.

161.d. A resident's special dietary needs as prescribed by a physician, physician's assistant, certified registered nurse practitioner or dietitian shall be met. Documentation of the resident's special dietary needs shall be kept in the resident's record.

**Description of Violation**

On [REDACTED] the home placed Resident 1 on a pureed diet per the request of a family member. However, the home did not get a physician's order for a pureed diet until [REDACTED]

**Plan of Correction***Directed* [REDACTED] - 06/24/2024)

The home had attempted to meet the resident's family request for a pureed diet. The kitchen staff and care staff were remediated on diets by the nurse on [REDACTED]

The home will follow the orders of the prescriber for residents' dietary needs. Effective 5/22/24 the home will not change a resident's diet without an active order for the diet.

The DME on 12/18/23 stated dietary needs as no concentrated sweets.

On 5/21/24 the DR issued a new order for her diet which was determined by the Dr to be chopped meats Finger Foods.

An order for Speech Therapy was written [REDACTED] and the residents POA declined the Speech Consult as it was not covered under the resident's insurance

The last most recent dietary order was on 12/6/23 and stated chopped finger foods per the hospice provider.

The home will obtain dietary orders for any change of diet starting on 5/21/2024 for all residents requiring or requesting a diet change.

Residents will be provided their meal based on the current existing dietary order.

Going forward any resident needing a dietary change will be evaluated by their PCP or a licensed speech therapist, to ensure the proper diet to meet the resident's needs.

The nurse will conduct an audit of the residents' dietary needs and orders, By 7/15/2024 The Nurse will provide education to the care and dining staff related to residents' dietary orders to the care staff.

The Administrator will provide on training on diets to the Kitchen staff by 6/18/24

The DON, RCC will conduct a quarterly audit of all residents' dietary orders to ensure compliance with the resident's dietary needs

[Directed]



## 181c - Self-administration Assessment (continued)

The checks will be completed during a separate room audit or during AM or PM care as assigned by the DON or RCC.

Residents and staff were educated on 181.c by the administrator on 6/12/2024

Licensee's Proposed Overall Completion Date: 08/10/2024

Implemented (█) - 08/01/2024)

## 187d - Follow Prescriber's Orders

## 5. Requirements

2600.

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

## Description of Violation

Resident 1 is prescribed █ nose spray, █ ) and █ daily. However, these medications were not administered to Resident 1 on █.

Resident 2 is prescribed █. However, these medications were not administered to Resident 2 on █.

Repeated Violation - 11/7/23, et al

## Plan of Correction

Accept (█) - 06/24/2024)

Both Resident 1 and Resident 2's MAR was corrected on █ by the resident care coordinator with the med tech. The Med Tech was remediated on properly documenting and administering medications and treatments on 6/1/2024 by the resident care coordinator.

The DON will be spot checking the MAR's weekly to ensure for the next 60 days and documenting the results Starting on 6/17/24

Proposed Overall Completion Date: 07/31/2024

Licensee's Proposed Overall Completion Date: 07/31/2024

Implemented (█) 08/01/2024)