

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

July 2, 2024

[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 05/21/2024 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: *EVENING STAR PERSONAL CARE HOME* License #: *44715* License Expiration: *12/05/2024*
 Address: *200 CALDWELL AVENUE, WILMERDING, PA 15148*
 County: *ALLEGHENY* Region: *WESTERN*

Administrator

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

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: *18* Waking Staff: *14*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal, Complaint* 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: *19* Residents Served: *16*

Secured Dementia Care Unit
 In Home: *No* Area: Capacity: Residents Served:

Hospice
 Current Residents: *0*

Number of Residents Who:
 Receive Supplemental Security Income: *4* Are 60 Years of Age or Older: *16*
 Diagnosed with Mental Illness: *5* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *2* Have Physical Disability: *1*

Inspections / Reviews

05/21/2024 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *06/07/2024*

06/12/2024 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *07/02/2024*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *06/18/2024*

Inspections / Reviews *(continued)*

06/17/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 07/02/2024

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 07/01/2024

07/02/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 07/02/2024

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

65e - 12 Hours Annual Training

1. Requirements

2600.

65.e. Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.

1. Staff person orientation shall be included in the 12 hours of training for the first year of employment.
2. On the job training for direct care staff persons may count for 6 out of the 12 training hours required annually.

Description of Violation

The records of training for the following direct care staff persons do not include the length of time for each training course, so it is unable to be determined if the direct care staff persons received at least 12 hours of annual training during the 2023 training year:

- Direct Care Staff A, hired on [REDACTED]
- Direct Care Staff B, hired on [REDACTED]
- Direct Care Staff C, hired on [REDACTED]

Plan of Correction

Directed ([REDACTED] - 06/17/2024)

On 5/22/24, PCHA updated annual trainings to indicate the date, start & finish time & the length of the training for staff A, B & C.

On 5/22/24, PCHA audited all DCS annual training to ensure total hours were captured, one finding was found of another DCS, the hours were updated

*PCHA verified annual training for staff A, B & C equals to 12 hrs annual.

*PCHA will be responsible in ensuring all annual training are completed by staff.

*On the next QA meeting to be held on 6/20/24, staff will be educated by PCHA that it's mandatory to complete 12 hrs of annual DCS inservice, trainings will be done monthly, (DIRECTED: Beginning on 7/1/24: The administrator shall review all training records monthly to ensure all direct care staff persons receive at least 12 hours of annual training during each training year. [REDACTED] 6/17/24). PCHA will be responsible to ensure they are completed & filed. Inservice materials will be provided by Medi Home Health.

Starting on 5/22/24, PCHA will audit all DCS annual training to ensure length of time is captured, daily X 1 Week, 2/week X 1 Week, then Weekly X 4 Weeks then Monthly X 1 Month. (See attached completed audit)

Proposed Overall Completion Date: 06/17/2024

Directed Completion Date: 07/01/2024

Implemented ([REDACTED] - 07/02/2024)

65i - Training Record

2. Requirements

2600.

65.i. A record of training including the staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.

Description of Violation

The records of training for direct care staff person A's 2023 annual trainings do not include the dates of the trainings,

65i - Training Record (continued)

the training sources or length of each course.

The records of training for direct care staff person B's 2023 annual trainings do not include the dates of the trainings, the training sources or length of each course.

The records of training for direct care staff person C's 2023 annual trainings do not include the dates of the trainings, the training sources or length of each course.

Plan of Correction**Directed (█) - 06/17/2024)**

On 5/22/24, PCHA updated annual trainings to indicate the date & source of training, Medi Home Health for staff A, B & C.

On 5/22/24, PCHA audited all DCS annual training to ensure the dates & source of training were captured, one finding was found of another DCS, the date and source of training was updated.

**PCHA verified annual training for staff A, B & C equals to 12 hrs annual.*

**PCHA will be responsible in ensuring all annual training are completed by staff.*

**On the next QA meeting to be held on 6/20/24, staff will be educated by PCHA that it's mandatory to complete 12 hrs of annual DCS inservice, trainings will be done monthly, PCHA will be responsible to ensure they are completed & filed. Inservice materials will be provided by Medi Home Health. (DIRECTED: Beginning on 7/1/24: The administrator shall review all training records monthly to ensure all training records include all items specified in 2600.65i. █ 6/17/24).*

Starting on 5/22/24, PCHA will audit all DCS annual training to ensure the date & source of training is captured, daily X 1 Week, 2/week X 1 Week, then Weekly X 4 Weeks then Monthly X 1 Month. (See attached completed audit)

Proposed Overall Completion Date: 06/17/2024

Directed Completion Date: 07/01/2024

Implemented (█) - 07/02/2024)**101j2 - Bedroom Chairs****3. Requirements**

2600.

101.j. Each resident shall have the following in the bedroom:

2. A chair for each resident that meets the resident's needs.

Description of Violation

3 residents reside in the █ 2nd floor bedroom █; however, only 2 chairs are present in the bedroom.

Plan of Correction**Accept (█) - 06/12/2024)**

On 5/21/24, at the present of the inspector, PCHA placed a chair for the resident thus ensuring the 3 residents had

101j2 - Bedroom Chairs (continued)

3 chairs.

On 5/22/24, PCHA audited all rooms to ensure all individual residents had a chair, no other findings were found. Starting on 5/22/24, DCS will make rounds at 8 AM to ensure all residents have a chair in their rooms, daily X 1 Week, 2/week X 1 Week, then Weekly X 4 Weeks then Monthly X 1 Month. (See attached completed audit) DCS were educated by PCHA that all residents must have an individual chair during our QA meeting held on 5/23/24 at 11 AM. (See attachment)

Licensee's Proposed Overall Completion Date: 06/11/2024

Implemented (████) - 07/02/2024)

103g - Storing Food

4. Requirements

2600.

103.g. Food shall be stored in closed or sealed containers.

Description of Violation

At 9:59 AM, an open and unsealed box of Frosted Mini Wheats, which was approximately 1/2 full, was present in an upper kitchen cabinet.

At 10:01 AM, an open and unsealed bag of Lay's potato chips. which was approximately 1/2 full, was present in an upper kitchen cabinet.

REPEAT VIOLATION: 10/4/2022; 9/12/2023

Plan of Correction

Directed (████) - 06/17/2024)

On 5/21/24, PCHA sealed all open foods and made rounds to all food storage areas, no further findings were found. Starting on 5/22/24, DCS will audit all food storage areas to ensure all open foods are sealed at the beginning and end of each shift daily X 1 Week, 2/week X 1 Week, then Weekly X 4 Weeks then Monthly X 1 Month. (See attached completed audit)

Starting 5/22/24, PCHA will also audit all food storage areas to ensure all foods are sealed daily at 9AM X 7 days, then weekly X 4 weeks, 2/Week X 1 Week then Weekly ██████████: (UNACCEPTABLE PORTION OF PLAN OF CORRECTION. █████ 6/17/24) (DIRECTED: Immediately following the 2x/week checks, the administrator shall check all food storage areas weekly to ensure all food items are kept in closed or sealed containers. █████ 6/17/24). (See attached completed audit)

DCS were educated by PCHA that all open food must be sealed and we've had 3 repeated violations. Thus we need to be intentional with all efforts to avoid repeating the violation during our QA meeting held on 5/23/24 at 11 AM. (See attachment)

*All DCS staff attended QA meeting (DIRECTED: Documentation of the quality management review shall be kept. Documentation of the staff education shall be kept in accordance with 2600.65i. █████ 6/17/24).

Proposed Overall Completion Date: 06/17/2024

Directed Completion Date: 06/17/2024

Implemented (████) - 07/02/2024)

103g - Storing Food (*continued*)