

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

October 15, 2024

[REDACTED]
PERSONAL CARE AT EVERGREEN INC
[REDACTED]

RE: PERSONAL CARE AT EVERGREEN
336 NORTH MAIN STREET
WASHINGTON, PA, 15301
LICENSE/COC#: 40578

[REDACTED],
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/16/2024 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: PERSONAL CARE AT EVERGREEN License #: 40578 License Expiration: 04/20/2025
 Address: 336 NORTH MAIN STREET, WASHINGTON, PA 15301
 County: WASHINGTON Region: WESTERN

Administrator

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

Legal Entity

Name: PERSONAL CARE AT EVERGREEN INC
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: C 2 LP Date: 01/12/1999 Issued By: L&I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 32 Waking Staff: 24

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Complaint, Incident Exit Conference Date: 09/16/2024

Inspection Dates and Department Representative

09/16/2024 On Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 48 Residents Served: 28

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

Hospice
 Current Residents: 6

Number of Residents Who:
 Receive Supplemental Security Income: 6 Are 60 Years of Age or Older: 27
 Diagnosed with Mental Illness: 2 Diagnosed with Intellectual Disability: 1
 Have Mobility Need: 4 Have Physical Disability: 0

Inspections / Reviews

09/16/2024 - Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 10/03/2024

09/25/2024 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 10/11/2024
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 10/02/2024

Inspections / Reviews (*continued*)

10/02/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/11/2024

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 10/09/2024

10/15/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/11/2024

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 2:20 a.m., direct care staff person A entered resident room [REDACTED] belonging to resident [REDACTED] and found resident [REDACTED] present in the same room and resident [REDACTED] reported that resident [REDACTED] had punched [REDACTED] in the face. However, the incident of resident-to-resident abuse was not immediately reported to Adult Protective Services and was not verbally reported to Adult Protective Services until [REDACTED] at approximately 9:46 a.m.

On [REDACTED] at approximately 8:00 a.m., ancillary staff person B and direct care staff person C witnessed direct care staff person D engage in shouting with resident [REDACTED] the morning medication pass. However, the incident of suspected verbal abuse was not immediately reported to Adult Protective Services until [REDACTED] at approximately 1:00 p.m.

Plan of Correction

Accept [REDACTED] 10/02/2024)

Resident [REDACTED] has been discharged from the facility effective [REDACTED]. Staff Person D has been terminated effective [REDACTED].

All staff will be educated on 10/16/2024 on Older Adult Protective Services and abuse reporting by OSPTA. Documentation will be attached once the training is completed.

Executive Director will be creating a flowchart with the proper directions on how and when to file abuse. This information will be updated and placed in our new hire packets, included in yearly training and also posted within the facility.

Executive Director or Designee will interview 3 residents a week for 2 months to ensure abuse is being reported correctly.

Executive Director will audit any abuse allegation and make sure that the abuse is reported immediately.

Monitoring will be completed by 11/13/2024

Licensee's Proposed Overall Completion Date: 10/02/2024

Implemented [REDACTED] - 10/15/2024)

15b - Supervisor Plan

2. Requirements

2600.

15.b. If there is an allegation of abuse of a resident involving a home's staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

Description of Violation

On [REDACTED] at approximately 8:00 a.m., ancillary staff person B and direct care staff person C witnessed direct care staff person D engage in shouting with resident [REDACTED] during the morning medication pass. However, direct care staff person D was not immediately suspended or placed on a plan of supervision approved by the Department and Adult Protective Services, and continued to provide direct care services to residents of the personal care home until the end of the shift at approximately 3:00 p.m. Direct care staff person D returned to work on [REDACTED] from approximately 11:00 p.m. until approximately 7:00 a.m. on [REDACTED], worked again on [REDACTED] from approximately 7:00 a.m. until approximately 3:00 p.m. and from approximately 11:00 p.m. until approximately 7:00 a.m. on [REDACTED]. Direct care

15b - Supervisor Plan (continued)

staff person D continued to provide direct care services to the home's residents during each shift and was not suspended until the evening of [REDACTED] at approximately 11:00 p.m.

Plan of Correction

Accept [REDACTED] 10/02/2024)

Staff Person D was suspended as soon as the Executive Director was notified of the abuse. Staff person D has been terminated effective [REDACTED]. All staff will be educated on 10/16/2024 on Older Adult Protective Services and abuse reporting by OSPTA. They will also be educated on Regulation 2600.15(b) which includes the staff person will be suspended immediately or placed on a plan of supervision submitted in writing and approved by DHS and Area Agency on Aging. Documentation will be attached once the training is completed. Executive Director will be creating a flowchart with the proper directions on how and when to file abuse. This information will be updated and placed in our new hire packets, included in yearly training and also posted within the facility. Executive Director will update the yearly training and the initial training to inform staff that during an abuse investigation, they will be suspended pending investigation. They will also not be permitted on facility grounds pending investigation. Executive Director or Designee will interview 2 staff members a week for 2 months to ensure they have correct knowledge on reporting abuse correctly. Monitoring will be completed by 11/13/2024

Licensee's Proposed Overall Completion Date: 10/02/2024

Implemented [REDACTED] - 10/15/2024)

16c - Written Incident Report

3. Requirements

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On [REDACTED] at approximately 2:20 a.m., direct care staff person A entered resident room [REDACTED] belonging to resident [REDACTED] and found resident [REDACTED] present in the same room and resident [REDACTED] reported that resident [REDACTED] had hit [REDACTED] in the face. However, the incident of resident-to-resident abuse was not reported to the Department's personal care home regional office or the Department's personal care home complaint hotline until [REDACTED] at 10:19 a.m.

On [REDACTED] at approximately 8:00 a.m., ancillary staff person B and direct care staff person C witnessed direct care staff person D engage in shouting with resident [REDACTED] during the morning medication pass. However, the incident of suspected verbal abuse was not reported to the Department's personal care home regional office or the Department's personal care home complaint hotline until [REDACTED] at approximately 6:40 p.m.

Plan of Correction

Accept [REDACTED] 10/02/2024)

Executive Director / Designee understands they are required to report this information within 24 hours to DHS and APS. All staff will be educated on 10/16/2024 on Older Adult Protective Services and abuse reporting by OSPTA. They will also be educated on Regulation 2600.16(c) by Executive Director on 10/16/24. Documentation will be attached once the training is completed.

16c - Written Incident Report (continued)

Executive Director will be creating a flowchart with the proper directions on how and when to file abuse. This information will be updated and placed in our new hire packets, included in yearly training and also posted within the facility.

Executive Director or Designee will monitor the next 10 incident reports beginning 10/2/24.

Monitoring will be completed by 11/13/2024

Licensee's Proposed Overall Completion Date: 10/02/2024

Implemented (redacted) - 10/15/2024)

141a 1-10 Medical Evaluation Information

4. 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 (redacted)'s initial medical evaluation, dated (redacted), did not indicate whether the resident has medications or not, that area of the form was left blank and there was no medication list attached.

Plan of Correction

Accept (redacted) - 10/02/2024)

Resident (redacted) Medical Evaluation has been corrected by Executive Director on

Executive Director will audit all current resident medical evaluations for accuracy, completeness, and timeliness and will begin on 10/7/24.

Beginning 9/25/24 Executive Director will monitor the next ten admission resident Medical Evaluation's to ensure all forms and necessary attachments are in compliance with regulation 2600.141(a).

The only individual to ensure compliance with regulation 2600.141(a) is the Executive Director.

Attached is a copy of the Audit tool.

Signed Physician Orders has been attached to this DME

Proposed Overall Completion Date: 9/30/2024

Licensee's Proposed Overall Completion Date: 09/30/2024

Implemented (redacted) - 10/15/2024)

224a - Preadmission Screen Form

5. Requirements

224a - Preadmission Screen Form (*continued*)

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 [REDACTED] preadmission screening form, dated [REDACTED], did not indicate that the needs of the resident can be met by the services provided by the home. This section was blank.

Plan of Correction**Accept [REDACTED] - 10/02/2024)**

Resident [REDACTED] Prescreen has been corrected by Executive Director on Executive Director will complete an audit of all current and newly completed resident preadmission screenings for accuracy and completeness starting 10/7/24.

Beginning 9/25/24 Executive Director will monitor the next ten admission resident Pre-Admission Screening's to ensure all forms in compliance with regulation 2600.224(a).

The only individual to ensure compliance with regulation 2600.224(a) is the Executive Director.

Attached is a copy of the Audit tool.

Ed went back and corrected Pre-Admission Screening and properly marked the box that was left open.

Attached is Resident [REDACTED] initial Pre-Screening

Proposed Overall Completion Date: 9/30/2024

Licensee's Proposed Overall Completion Date: 09/30/2024

Implemented ([REDACTED] - 10/15/2024)