

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

March 10, 2025

[REDACTED]
EVERGREEN ESTATES HOLDINGS LLC
[REDACTED]

RE: EVERGREEN ESTATES RETIREMENT
COMMUNITY
1300 EAST KING STREET
LANCASTER, PA, 17602
LICENSE/COC#: 33193

[REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/28/2025 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: [REDACTED]
Phone: [REDACTED] **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP **Date:** 06/15/2000 **Issued By:** Dept of Labor & Industry
Type: I-2 **Date:** 10/17/2019 **Issued By:** Lancaster Township
Type: I-1 **Date:** 02/05/2008 **Issued By:** Lancaster Township

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 122 **Waking Staff:** 92

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Complaint, Interim **Exit Conference Date:** 01/28/2025

Inspection Dates and Department Representative

01/28/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
License Capacity: 125 **Residents Served:** 95
Secured Dementia Care Unit
In Home: Yes **Area:** Pine **Capacity:** 15 **Residents Served:** 14
Hospice
Current Residents: 4
Number of Residents Who:
Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 93
Diagnosed with Mental Illness: 1 **Diagnosed with Intellectual Disability:** 1
Have Mobility Need: 27 **Have Physical Disability:** 5

Inspections / Reviews

01/28/2025 Partial
Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 02/22/2025

Inspections / Reviews (*continued*)

02/24/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/10/2025

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 02/28/2025

02/28/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/10/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 03/10/2025

03/10/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/10/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

183b - Meds and Syringes Locked

1. Requirements

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

On [redacted], [redacted] and [redacted] was found unlocked, unattended, and accessible on the bedside nightstand in Resident [redacted] room. Resident [redacted] cannot self-administer medications as per the resident's Assessment and Support Plan dated 6/11/2024.

Plan of Correction

Accept [redacted] - 02/28/2025)

The home is conducting additional training on 2600.183.b through 4 separate all staff meetings, on 2/24 & 2/26.

The home is conducting a meeting with the residents related to 183.b on 2/26

The Home will conduct room audits for the next 30 days and document the results.

The home is sending another letter to all families reminding them of the requirement regarding the storage and administration of medications including OTC and CAM

The Administrator removed the anti-fungal powder and cream during the room check on 1/29/25.

The residents and Families where sent a letter on 2/18/25 as well as previous letter sent to families on 11/10/24 and 12/1/24.

The room audits began on 2/5/25

Licensee's Proposed Overall Completion Date: 02/28/2025

Implemented [redacted] - 03/10/2025)

185a - Implement Storage Procedures

2. 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

On [redacted] at 7:11 PM, Resident [redacted] has a blood glucose level of [redacted] recorded on the Medication Administration Record. The glucometer reading on [redacted] at 7:49PM was [redacted].

On [redacted] at 11:26AM, Resident [redacted] has a blood glucose level of [redacted] recorded on the Medication Administration Record. The glucometer reading on [redacted] at 12:26PM was [redacted].

The January 2025 Medication Administration Record for Resident [redacted] has no recorded readings on [redacted] at 4:00PM, [redacted] at 8:00AM or 12:00PM, or [redacted] at 8:00AM or 12:00PM.

There are no blood glucose readings showing on Resident [redacted] glucometer prior to [redacted]

On [redacted] at 8:00AM, Resident [redacted] has a blood glucose level of [redacted] recorded on the Medication Administration Record. The glucometer reading on [redacted] at 9:50AM was [redacted].

185a Implement Storage Procedures (continued)

Plan of Correction

Accept [REDACTED] - 02/28/2025)

The DON provided reeducation to the employees who failed to report the correct blood glucose reading in the MAR on [REDACTED]

The DON or her designee will conduct weekly audits of the MAR blood Glucose readings for 30 days starting on [REDACTED]

Licensee's Proposed Overall Completion Date: 02/28/2025

Implemented [REDACTED] - 03/10/2025)

187c - Refusal of Medication

3. Requirements

2600.

187.c. If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

Description of Violation

Resident [REDACTED] refused to take the following scheduled doses of medication:

- [REDACTED] tablet [REDACTED] 4:00AM, [REDACTED] 8:00PM, [REDACTED] 12:00AM, 4:00AM, 8:00PM
- [REDACTED] tablet [REDACTED] 8:00PM, [REDACTED] 8:00PM

The home did not report these refusals to the prescriber.

Plan of Correction

Accept [REDACTED] - 02/28/2025)

The Med Techs who failed to enter the refusals were remediated by the DON on documenting medication refusals in the appropriate book for residents seen by the homes visiting providers, and the requirement to fax for all other providers. 2 were reeducated on [REDACTED] and 2 on [REDACTED]

The DON, RRC Administrator or designee will check the refusal binder weekly and document on a tracking sheet for 30 days. Starting on 2/1/25 for 30 days

Licensee's Proposed Overall Completion Date: 02/28/2025

Implemented [REDACTED] - 03/10/2025)

187d - Follow Prescriber's Orders

4. Requirements

2600.

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

187d Follow Prescriber's Orders (continued)

Description of Violation

Resident [REDACTED] is prescribed [REDACTED] capsules take 1 capsule by mouth daily. Resident [REDACTED] did not receive this medication as ordered on [REDACTED] at 8:00AM as this medication was not available in the home.

Resident [REDACTED] is prescribed [REDACTED] tablet take one tablet by mouth twice a day before meals. Resident #4 did not receive this medication as ordered on [REDACTED] at 8:00AM and 5:00PM and [REDACTED] at 8:00AM as this medication was not available in the home.

Resident [REDACTED] is prescribed [REDACTED] take two tablets by mouth 3 times a day. Resident [REDACTED] did not receive this medication as ordered on [REDACTED] at 5:00PM and [REDACTED] at 8:00AM as this medication was not available in the home.

Repeated Violation [REDACTED]

Plan of Correction

Accept [REDACTED] - 02/28/2025)

The 3 Med Techs who failed to administer the medications as prescribed where reeducated by the DON on 2/21/25

The 3 med techs were also given a written warning on 2/21/25

The DON, RRC Administrator or designee will check the MAR weekly and document on a tracking sheet for 30 days starting 2/25/25

The Med Techs will be educated on reordering medications by the DON between 2/26/25 and 3/5/2025.

I spoke with our pharmacy on 2/24/25 to review medication ordering and reordering with the Pharmacist. The home does have a backup pharmacy if needed in the event of an emergency.

The DON, RCC, ED or designee will conduct 2 spot checks weekly for 30 days and document the results on a tracking sheet to ensure medications are in stock and being reordered timely, starting on 2/25/25

Licensee's Proposed Overall Completion Date: 03/05/2025

Implemented [REDACTED] - 03/10/2025)

225a - Assessment 15 Days

5. Requirements

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

Resident [REDACTED] utilizes a bedside mobility device. The resident's most current assessment and support plan, dated [REDACTED], does not include the use of nor the specific need for the resident's enabler bar, the intended use for the resident's enabler bar, any risks associated with the use, the resident's ability to use the device safely for the purpose it was intended, identification of the specific device to be used nor whether a cover is required to meet FDA guidelines. The plan also does not indicate the resident's supervision needs nor mobility needs.

225a Assessment 15 Days (continued)

Plan of Correction**Accept** [REDACTED] **02/28/2025)**

Attached is the updated Residents RASP including the required information related to the use of enabler bars.

Going Forward any resident who requires an Enabler Bar will speak with a Physical or Occupational Therapist to ensure the resident can safely use the enabler bar and is aware of the safety risks.

In addition to all residents who currently have and any new residents requiring an enabler bar will complete the attached form informing the resident and the POA of the benefits and inherent risks associated with the use of an enabler bar.

Resident [REDACTED] RASP was updated by the Administrator on 2/20/25

The start date for PT and OT to eval and recommend a bedrail was 2/1/25

The Administrator will conduct the audit of all bedside mobility devices, and their current RASP will be updated by 3/10/25

Prior to a new enabler being installed for a resident the PT/OT recommending the enabler bar will review the need for the enabler bar with the DON and Administrator beginning on 2/24/25 through 3/5/25 to ensure the enabler bar is properly documented.

Licensee's Proposed Overall Completion Date: 03/10/2025

Implemented [REDACTED] **- 03/10/2025)**