



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to **PERSONAL CARE AT EVERGREEN INC**
LEGAL ENTITY

To operate **PERSONAL CARE AT EVERGREEN**
NAME OF FACILITY OR AGENCY

Located at **336 NORTH MAIN STREET, WASHINGTON, PA 15301**
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

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To provide **Personal Care Homes**
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed **48**
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.
(MAXIMUM CAPACITY)

Restrictions: _____

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from **July 23, 2025** until **July 23, 2026**,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **405780**

Janette Biderup
ISSUING OFFICER

Juliet Marsala
DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.



Pennsylvania Department of Human Services

Emailing Date: July 23, 2025

██████████
Personal Care at Evergreen Inc.
336 North Main Street
Washington, Pennsylvania 15301

RE: Personal Care at Evergreen
License/COC #: 405782

Dear ██████████:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department), licensing inspection on June 25, 2025, and the corrections you have made after our inspections, we have found the above facility to be in compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes). Therefore, a regular license is being issued. Your license is enclosed.

Sincerely,

A handwritten signature in black ink that reads "Juliet Marsala".

Juliet Marsala
Deputy Secretary
Office of Long-term Living

Enclosures
License
Licensing Inspection Summary

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

Facility Information

Name: *PERSONAL CARE AT EVERGREEN* License #: *40578* License Expiration: *09/18/2025*
Address: *336 NORTH MAIN STREET, WASHINGTON, PA 15301*
County: *WASHINGTON* Region: *WESTERN*

Administrator

Name: [REDACTED]

Legal Entity

Name: *PERSONAL CARE AT EVERGREEN INC*
Address: *336 NORTH MAIN STREET, WASHINGTON, PA, 15301*
Phone: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *01/12/1999* Issued By: *Dept. of Labor and Industry*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *30* Waking Staff: *23*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal, Complaint, Provisional* Exit Conference Date: *06/25/2025*

Inspection Dates and Department Representative

06/25/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *48* Residents Served: *27*

Secured Dementia Care Unit

In Home: *No* Area: Capacity: Residents Served:

Hospice

Current Residents: *5*

Number of Residents Who:

Receive Supplemental Security Income: *6* Are 60 Years of Age or Older: *25*
Diagnosed with Mental Illness: *2* Diagnosed with Intellectual Disability: *1*
Have Mobility Need: *3* Have Physical Disability: *0*

Inspections / Reviews

06/25/2025 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *07/07/2025*

Inspections / Reviews (*continued*)

07/08/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 07/17/2025

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 07/21/2025

07/17/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 07/17/2025

Reviewer: [REDACTED]

Follow-Up Type: *Exception*

65f - Training Topics

1. Requirements

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

1. Medication self-administration training.

Description of Violation

Direct care staff persons A and B did not receive training in Medication Self-Administration during the April 1, 2024 to March 31, 2025 training year.

Plan of Correction

Accept [REDACTED] - 07/07/2025)

Facility Administrator has scheduled the Medication Self-Administrator for 7/9/25 with OSPTA Home Health & Hospice (Orthopedic and Sports Physical Therapy Associates, Inc). Staff Person A and B will be trained on 7/9/25.

Facility Administrator will add this training to our yearly training schedule.

Facility Administrator will review the current employee charts for all training and will monitor the next 10 new hires for training for the next 2 months starting 7/18/2025. All items specified in 2600.65.f will be reviewed at the next quality management review on July 11, 2025. Documentation will be kept.

Licensee's Proposed Overall Completion Date: 07/18/2025

Implemented [REDACTED] - 07/17/2025)

95 - Furniture and Equipment

2. Requirements

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

The front panel of the drawer in the cabinet under the sink in the activities side of the second floor dining room was missing.

Plan of Correction

Accept [REDACTED] - 07/07/2025)

Facility Administrator and Company CEO will address the broken drawer with maintenance and have the drawer in working order by 7/7/2025. Staff members will have training on reporting broken furniture or equipment on 7/9/2025

Facility Administrator / Designee will complete daily rounds on Monday through Friday in the building to monitor that all furniture and equipment is in good working order. All items specified in 2600.95 will be reviewed at the next quality management review on July 11, 2025. Documentation will be kept.

Licensee's Proposed Overall Completion Date: 07/07/2025

Implemented [REDACTED] - 07/17/2025)

103f - Refrigerator/Freezer Temps

3. Requirements

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

On 6/25/2025 at approximately 10:30 am the temperature in freezer #1 measured 4°F, and at 2:12 pm, 6°F.

103f - Refrigerator/Freezer Temps (continued)

On 6/25/2025 at approximately 10:30 am, two thermometers inside freezer #3 measured 20°F, though the digital thermometer with a remote display on the exterior of the unit indicated -6° F. At 2:11 pm, the two interior thermometers indicated 14°F and 16°F, though the exterior thermometer indicated -6° F.

REPEAT VIOLATION 1/8/2025

Plan of Correction

Accepted (redacted) - 07/07/2025

2 New Freezer / Refrigerators were purchased and installed on 7/7/25. All staff will be educated on regulation 103.f Refrigerator/Freezer Temps by Facility Administrator on 7/9/25. Documentation will be kept. Facility Administrator/Designee will check the temperatures on all freezer/refrigerators daily beginning 7/7/2025 for two months and then weekly indefinitely to ensure proper temperatures are kept starting 7/9/2025. Documentation will be kept. All items specified in 2600.103.f will be reviewed at the next quality management review on July 11, 2025. Documentation will be kept.

Licensee's Proposed Overall Completion Date: 07/18/2025

Implemented (redacted) - 07/17/2025

183d - Prescription Current

4. 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

There was a bottle of Lactulose Solution in the medication cart marked with resident #1's name and open date of 6/20/2025. The pharmacy label for the medication was removed. According to staff person C, resident #1 does not have a current order for Lactulose.

Plan of Correction

Accepted (redacted) - 07/07/2025

Facility Designee removed the bottle of Lactulose Solution from the cart on day of inspection. All medication technicians will be educated on regulation 2600.183.d Resident's Meds Labeled and facility policy on medication labels by facility Administrator on 7/9/25. Documentation will be kept. When new orders are sent to the facility the Facility Administrator/Designee is to check the pharmacy label to order to ensure accuracy. Beginning 7/14/25 Three Residents will be selected from each medication cart (four carts total) and will be audited biweekly for two months and then monthly indefinitely by Facility Administrator/Designee to ensure medications are labeled correctly per physician order. All items specified in 2600.183.d will be reviewed at the next quality management review on July 11, 2025

Licensee's Proposed Overall Completion Date: 07/18/2025

Implemented (redacted) - 07/17/2025

184a - Resident's Meds Labeled

5. Requirements

184a - Resident's Meds Labeled (*continued*)

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

1. The resident's name.
2. The name of the medication.
3. The date the prescription was issued.
4. The prescribed dosage and instructions for administration.
5. The name and title of the prescriber.

Description of Violation

Resident #1 is prescribed Milk of Magnesia 400 mg/5ml, take by mouth 30 cc at bedtime if no bowel movement in 3 days, if no results in AM repeat X 1, if still no results notify MD. The pharmacy label with these specific instructions was removed from the bottle of Milk of Magnesia.

Resident #2 is prescribed Ondansetron 4 mg tablet, take 1 tablet by mouth every 6 hours as needed. Resident #2 has 2 different cards containing Ondansetron tablets in the medication cart. The label on one of the cards indicates Ondansetron 4 mg tablet, take 1 tablet by mouth every 6 hours.

REPEAT VIOLATION 1/8/2025

Plan of Correction

Accept [REDACTED] - 07/07/2025)

All medication technicians will be educated on regulation 2600.184.a Resident's Meds Labeled and facility policy on medication labels by facility Administrator on 7/9/25. Documentation will be kept. When new orders are sent to the facility the Facility Administrator/Designee is to check the pharmacy label to order to ensure accuracy.

Beginning 7/14/25 Three Residents will be selected from each medication cart (four carts total) and will be audited biweekly for two months and then monthly indefinitely by Facility Administrator/Designee to ensure medications are labeled correctly per physician order.

All items specified in 2600.183.d will be reviewed at the next quality management review on July 11, 2025

Licensee's Proposed Overall Completion Date: 07/18/2025

Implemented [REDACTED] - 07/17/2025)

185a - Implement Storage Procedures

6. 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 #1 is prescribed Tussin 100mg/5ml, take by mouth 400 mg (20ml) every 4 hours as needed, however, the medication was not available in the home.

The following medications prescribed to Resident #3 were not available in the home:

- Albuterol HFA Inhaler, inhale 2 puffs by mouth every 4 hours as needed
- Mucinex ER 600 mg, take 1 tablet by mouth twice daily as needed for congestion
- Antacid 500 mg chew, chew and swallow 1 tablet by mouth twice daily with meals

185a - Implement Storage Procedures (continued)**Plan of Correction****Accept** [REDACTED] - 07/08/2025)

Facility Designee re-ordered the missing medication on day of inspection.

All medication technicians will be educated on regulation 2600.185.a by facility Administrator on 7/9/25.

Documentation will be kept.

Beginning 7/14/25 Three Residents will be selected from each medication cart (four carts total) and will be audited biweekly for two months and then monthly indefinitely by Facility.

All items specified in 2600.185.a will be reviewed at the next quality management review on July 11, 2025

Licensee's Proposed Overall Completion Date: 07/18/2025

Implemented [REDACTED] - 07/17/2025)**225c - Additional Assessment****7. Requirements**

2600.

225.c. The resident shall have additional assessments as follows:

1. Annually.

Description of Violation

Resident #1's most recent assessment was completed on [REDACTED]/2024.

Plan of Correction**Accept** [REDACTED] - 07/08/2025)

An all staff training will be completed on 7/9/25. Facility Administrator will have the RASP completed by 7/11/2025 Facility Administrator & Designee will review each chart to make sure current resident support plans are up to date by 7/18/25.

Facility Administrator / Facility Assistant Executive Director will be responsible for updating RASP's as resident care needs change, that is the home's policy.

At the next Quality Management meeting (7/11/2025) will review all items specified in regulation 2600.225.c and documentation will be kept.

Licensee's Proposed Overall Completion Date: 07/18/2025

Implemented [REDACTED] - 07/17/2025)