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

March 18, 2026

PERSONAL CARE AT EVERGREEN INC

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

,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/18/2025, 11/20/2025 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,

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *PERSONAL CARE AT EVERGREEN* **License #**: *40578* **License Expiration**: *07/23/2026*

Address: *336 NORTH MAIN STREET, WASHINGTON, PA 15301*

County: *WASHINGTON* **Region**: *WESTERN*

Administrator

Name: **Phone**: **Email**:

Legal Entity

Name: *PERSONAL CARE AT EVERGREEN INC*

Address:

Phone: **Email**:

Certificate(s) of Occupancy

Staffing Hours

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

Inspection Information

Type: *Partial* **Notice**: *Unannounced* **BHA Docket #**:

Reason: *Complaint* **Exit Conference Date**: *11/20/2025*

Inspection Dates and Department Representative

11/18/2025 On Site:

11/20/2025 On Site:

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: *3*

Number of Residents Who:

Receive Supplemental Security Income: *1* **Are 60 Years of Age or Older**: *27*

Diagnosed with Mental Illness: *1* **Diagnosed with Intellectual Disability**: *1*

Have Mobility Need: *4* **Have Physical Disability**: *0*

Inspections / Reviews

11/18/2025 - Partial

Lead Inspector: **Follow Up Type**: *POC Submission* **Follow Up Date**: *12/11/2025*

Inspections / Reviews *(continued)*

12/11/2025 POC Submission

Submitted By: [redacted] **Date Submitted:** *01/09/2026*

Reviewer: [redacted] **Follow Up Type:** *POC Submission* **Follow Up Date:** *12/17/2025*

12/16/2025 POC Submission

Submitted By: [redacted] **Date Submitted:** *01/09/2026*

Reviewer: [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *01/09/2026*

03/18/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *01/09/2026*

Reviewer: [redacted] **Follow Up Type:** *Not Required*

16c - Written Incident Report

1. 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 or around [redacted] at approximately 1:00pm, resident [redacted] left the home alone and unattended and was found by another employee approximately 0.2 miles away from the home; however, this incident was not reported to the Department. According to resident [redacted] assessment, dated [redacted] resident [redacted] requires extensive supervision and cannot leave the home unattended and resident [redacted] support plan, dated [redacted], indicates resident [redacted] requires supervision while outside of the facility grounds.

Plan of Correction ***Directed [redacted] - 12/16/2025)***

Resident [redacted] no longer resides at the facility, resident [redacted] was discharged to a higher level of care on 12/4/25. Incident involving resident [redacted] was reported to the department today, December 11th, 2025. Documentation attached.
All staff will be educated on regulation 16c by Administrator/Designee by December 22nd, 2025. Documentation of staff education will be kept.
Administrator/Designee will review all incident reports daily Monday through Friday indefinitely to ensure compliance. Documentation will be kept. (DIRECTED: The internal incident reviews shall begin on 12/18/25. [redacted] 12/16/25).
Administrator/Designee will have a QA meeting by December 31st, 2025, to review all items specified in 2600.26b and documentation of the meeting will be kept.

Proposed Overall Completion Date: 12/31/2025

Directed Completion Date: *12/31/2025*

Implemented ([redacted] 03/18/2026)

23a - Activities of Daily Living Assistance

2. Requirements

2600.
23.a. A home shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.

Description of Violation

On or around [redacted] at approximately 1:00pm, resident [redacted] left the home unattended. Direct care staff person A, who was off duty at the time, observed resident [redacted] walking unattended in the UniMart parking lot, which is approximately 0.2 miles away from the home. According to resident [redacted] assessment, dated [redacted] resident [redacted] requires extensive supervision and cannot leave the home unattended and resident [redacted]'s support plan, dated [redacted] indicates resident [redacted] requires supervision while outside of the facility grounds.

23a - Activities of Daily Living Assistance *(continued)*

Plan of Correction ***Directed (- 12/16/2025)***

Resident # had a diagnosis of . Resident prior to 10/9/25 had never made an attempt to leave the facility. Resident dementia was getting worse therefore, resident no longer resides at the facility, resident was discharged to a higher level of care on 12/4/25.
All staff will be educated on regulation 23a by Administrator/Designee by December 22nd, 2025. Documentation will be kept.
Administrator/Designee will do an initial audit of support plans to identify if there are any other resident's that require supervision outside of the home, and if there are we will implement a monitoring tool for the staff to monitor those residents by December 22nd, 2025. Monitoring tool will be used ongoing to ensure residents receive assistance with all required ADL's in accordance with regulation 2600.23a. Documentation will be kept.
Administrator/Designee will have a QA meeting by December 31st, 2025, to review all items specified in 2600.26b and documentation of meeting will be kept.

DIRECTED: Beginning on 12/22/25: The administrator/designee shall interview at least 3 residents per week for 2 months then monthly thereafter to ensure residents are receiving assistance with ADL's in accordance with 2600.23a. The interviews shall be conducted in private and shall include a review of each resident's current assessment and support plan during each interview. Documentation of the resident interviews shall be kept for 2 months. 12/16/25

Proposed Overall Completion Date: 12/31/2025

Directed Completion Date: *01/09/2026*

Implemented (- 03/18/2026)

42c - Treatment of Residents

3. Requirements

2600.
42.c. A resident shall be treated with dignity and respect.

Description of Violation

On or around , direct care staff person B posted a photograph of resident without resident s permission or knowledge, on direct care staff person B's personal Facebook account with a laughing emoji and a caption indicating, "Peekaboo". Direct care staff person B tagged 2 previously employed staff persons in the Facebook post, which one of the former staff persons commented and stated, "..... made me wanna punch a puppy at the end of my shift every time after dealing with ". According to the home's social media and networking policy, ...Under no circumstances should an employee post a photograph, video, or recording taken within the facility or of any residents regardless of where obtained unless expressly authorized by the facility administrator".

Plan of Correction ***Directed - 12/16/2025)***

Resident no longer resides at the facility, resident was discharged to a higher level of care on 12/4/25.
Staff Person B was disciplined on 11/12/25, given a final warning by Administrator. Documentation was kept.
All staff will be educated on regulation 42c and the home's social media and networking policy by Administrator/Designee by December 22nd, 2025. Documentation will be kept.
Administrator/Designee will round the home daily Monday through Friday to ensure resident privacy is protected

42c - Treatment of Residents (continued)

and staff persons are adhering to the homes policies, which include the homes social media/cell phone policy starting December 22nd, 2025, and ending February 28th, 2025. Documentation will be kept.
Administrator/Designee will interview three residents weekly, starting December 29th, 2025, and ending February 28th, 2025, and then quarterly after indefinitely to ensure residents are treated with dignity and respect. Documentation will be kept.
Administrator/Designee will have a QA meeting by December 31st, 2025, to review all items specified in 2600.26b and documentation of meeting will be kept.

Proposed Overall Completion Date: 02/28/2026

Directed Completion Date: *01/09/2026*

Implemented - 03/18/2026)

132a - Monthly Fire Drill

4. Requirements

2600.
132.a. An unannounced fire drill shall be held at least once a month.

Description of Violation

An unannounced fire drill was not conducted in October, 2025.

Plan of Correction ***Directed (- 12/16/2025)***

Fire Drill was conducted on 11/25/2025. (DIRECTED: Documentation of the fire drill conducted on 11/25/25 shall be kept in accordance with 2600.132c. 12/16/25).
Administrator is responsible for conducting monthly fire drills. During the month of October, we had a few changes in management, therefore the fire drill was missed.
All staff will be educated on regulation 132a by Administrator/Designee by December 22nd, 2025. Documentation will be kept.
Administrator/Designee will review fire drill records monthly indefinitely, to ensure an unannounced fire drill is conducted in the home per regulation 132a and documentation will be kept. (DIRECTED: The administrator monthly fire drill log reviews shall begin on 12/18/25. 12/16/25).
Administrator/Designee will have a QA meeting by December 31st, 2025, to review all items specified in 2600.26b and documentation of meeting will be kept.

Proposed Overall Completion Date: 12/31/2025

Directed Completion Date: *12/31/2025*

Implemented 03/18/2026)

141b1 - Annual Medical Evaluation

5. Requirements

2600.
141.b.1. A resident shall have a medical evaluation: At least annually.

141b1 Annual Medical Evaluation *(continued)*

Description of Violation

Resident ’s most recent medical evaluation, dated , does not include a determination that resident s needs can be met safely at the personal care home. This section of resident s medical evaluation is blank.

Resident most recent medical evaluation, dated , does not include a determination that resident needs can be met safely at the personal care home. This section of resident medical evaluation is blank.

Plan of Correction ***Directed 12/16/2025)***

Resident and Resident most recent medical evaluation have been corrected by physician Doctor on 11/24/2025.
Doctor will be educated on the medical evaluation forms to ensure all sections are filled out correctly per regulation 141b1 by Administrator/Designee by Monday December 22nd, 2025. Documentation will be kept.
Administrator/Designee will do an initial audit on all medical evaluations by December 31st, 2025. Starting January 1st, 2026 Administrator/Designee will monitor medical evaluations monthly ongoing to ensure compliance. (DIRECTED: The monthly medical evaluation reviews shall begin on 1/1/26 and include a review of all new admission medical evaluations for those residents admitted the previous month. 12/16/25). Documentation will be kept.
Administrator/Designee will have a QA meeting by December 31st, 2025, to review all items specified in 2600.26b and documentation of meeting will be kept.

Proposed Overall Completion Date: 03/31/2026

Directed Completion Date: *01/09/2026*

Implemented (- 03/18/2026)

183b - Meds and Syringes Locked

6. 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 at approximately 11:50am, a plastic cup containing two round, white tablets with the marking "PH020" were unlocked, unattended and accessible on a dresser in resident and shared bedroom. Resident indicated the cup containing the tablets had been left there by a direct care staff person the previous night. According to resident s most recent medical evaluation, dated , and resident s most recent medical evaluation, dated , neither resident or can self administer medications.

REPEAT VIOLATION:

Plan of Correction ***Directed 12/16/2025)***

The plastic cup containing two round, white tablets in resident and resident room on 11/20/25 were

183b Meds and Syringes Locked (continued)

removed from the room on 11/20/25 by Administrator.
Administrator/Designee will do a weekly walkthrough of the home to ensure compliance starting December 29th, 2025, and ending February 28th, 2026, after they will perform monthly walkthroughs ongoing to ensure compliance. Documentation will be kept.
All medication Technicians were educated on 12/4/25 by Medication Trainer/ Practicum Observer/RN [redacted] They were educated on proper medication administration according to facility policy and procedure. Documentation is attached.
[redacted] Med Trainer/Practicum Observer/RN will be performing medication administration observations by December 31st, 2025, on all medication technicians. Documentation will be kept.
Administrator/Designee will have a QA meeting by December 31st, 2025, to review all items specified in 2600.26b and documentation of meeting will be kept.

Proposed Overall Completion Date: 02/28/2026

Directed Completion Date: *01/09/2026*

Implemented [redacted] 03/18/2026)

184a - Resident's Meds Labeled

7. Requirements

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 [redacted] is currently prescribed [redacted] 3 times a day with meals in accordance with sliding scale: [redacted]; however, on [redacted] no pharmacy label was present on resident [redacted]'s [redacted].

REPEAT VIOLATION: [redacted]

Plan of Correction ***Directed [redacted] - 12/16/2025)***

Resident [redacted] [redacted] was labeled appropriately on 11/20/25 by Administrator.
All medication Technicians were educated on 12/4/25 by Medication Trainer/ Practicum Observer/RN [redacted] They were educated on all medications shall be kept in their original containers with labels as distributed by the pharmacy. Documentation is attached.
[redacted] Med Trainer/Practicum Observer/RN will be performing medication cart audits weekly starting December 8th, 2025, until March 31st, 2026 and will review 5 residents each week. Once weekly audits are complete, monthly cart audits will be performed by Administrator/Designee to ensure ongoing compliance. Documentation will be kept.

184a - Resident's Meds Labeled (continued)

Administrator/Designee will have a QA meeting by December 31st, 2025, to review all items specified in 2600.26b and documentation of meeting will be kept.

Proposed Overall Completion Date: 03/31/2026

Directed Completion Date: *01/09/2026*

Implemented (█ - 03/18/2026)

185a - Implement Storage Procedures

8. 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 █, the following medications currently prescribed to resident █ were not present in the home and available for administration:

- *█ by mouth every 2 hours as needed for shortness of breath or pain*
- *█ by mouth every 4 hours as needed for congestion*

REPEAT VIOLATION: █

Plan of Correction ***Directed (█ 12/16/2025)***

Resident █ medications were re-ordered by the home they had just not been delivered by the pharmacy yet at time of inspection. Resident █ medications are now present in the home to be administered. Morphine was delivered on 11/20/25. The codeine was delivered on 11/6/25. Please see documentation attached. (DIRECTED: Within 24 hours of receipt of the plan of correction: The administrator shall review all of resident █s current medications to ensure all prescribed medications are present and available in the home for administration█ 12/16/25).
All medication Technicians were educated on 12/4/25 by Medication Trainer/ Practicum Observer/RN █
They were educated on all medications shall be kept in their original containers with labels as distributed by the pharmacy. Documentation is attached.
A missed medication report form has been devised by █ RN to alert physician/administrator daily of any medication that has been refused or unavailable for administration, starting December 4th, 2025. █ will review the form daily and be sent to the physician via fax. Documentation will be kept.
Administrator/designee will re-order all medications in a timely manner to ensure medications are available to administer.
█ Med Trainer/Practicum Observer/RN will be performing medication cart audits weekly starting December 8th, 2025, until March 31st, 2026, five residents will be looked at weekly. Carts will be audited monthly ongoing after March 31st, 2026, to ensure compliance.
Administrator/Designee will have a QA meeting by December 31st, 2025, to review all items specified in 2600.26b and documentation of meeting will be kept.

DIRECTED: By 12/31/25: The administrator shall re-educate all staff persons qualified to administer medications on the home's medication procedures, which includes the home's procedures for re-ordering medications prior to the

185a Implement Storage Procedures (continued)

depletion of the current supply to ensure resident medications are present in the home and available for administration in accordance with prescribers' orders. Documentation of the staff education shall be kept in accordance with 2600.65i. 12/16/25

Proposed Overall Completion Date: 03/31/2026

Directed Completion Date: *01/09/2026*

Implemented - 03/18/2026)

187a - Medication Record

9. Requirements

2600.
187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

1. Resident’s name.
2. Drug allergies.
3. Name of medication.
4. Strength.
5. Dosage form.
6. Dose.
7. Route of administration.
8. Frequency of administration.
9. Administration times.
10. Duration of therapy, if applicable.
11. Special precautions, if applicable.
12. Diagnosis or purpose for the medication, including pro re nata (PRN).
13. Date and time of medication administration.
14. Name and initials of the staff person administering the medication.

Description of Violation

Resident is currently prescribed tablet Take 1 tablet by mouth every 4 hours as needed; however, this medication is not indicated on resident’s November 2025 medication administration record (MAR).

Resident is currently prescribed subcutaneously 3 times a day with meals in accordance with sliding scale: ; however, resident 's November 2025 MAR does not include resident s blood glucose readings or the number of units that were administered, if any, on the following dates/times:

- *On at 5:00pm*
- *On at 8:00am*

Plan of Correction ***Directed - 12/16/2025)***

Resident MAR has been corrected; the was added to the MAR on 11/25/2025. corrected the MAR. Please see attached documentation.
All medication Technicians were educated on 12/4/25 by Medication Trainer/ Practicum Observer/RN

187a - Medication Record (continued)

They were educated on updating resident MAR immediately upon receipt of a new order. Please see attached training documentation.
A missed medication report form has been devised by RN to alert physician/administrator daily of any medication that has been refused or unavailable for administration, starting December 4th, 2025. RN is reviewing this form and notifying the physician via fax. Documentation will be kept.
Administrator/designee will re-order all medications in a timely manner to ensure medications are available to administer.
Med Trainer/Practicum Observer/RN will be performing medication cart audits weekly starting December 8th, 2025, until March 31st, 2026, five residents will be pulled weekly, and the resident MAR will be reviewed during the cart audit. (DIRECTED: The audits shall also include reviews of residents prescribed blood glucose checks and insulin to ensure accurate and complete documentation is present on resident MAR's, which includes resident blood sugar readings and the number of units of insulin administered. 12/16/25). Carts will be audited monthly ongoing after March 31st, 2026, to ensure compliance.
Administrator/Designee will have a QA meeting by December 31st, 2025, to review all items specified in 2600.26b and documentation of meeting will be kept.

Proposed Overall Completion Date: 03/31/2026

Directed Completion Date: *01/09/2026*

Implemented - 03/18/2026)

187b - Date/Time of Medication Admin.

10. Requirements

2600.
187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident November 2025 MAR does not include the initials of the staff person who administered numerous medications to resident on numerous dates/times, to include the following:

- *by mouth once daily, which was not documented as administered on or*
- *-Take 1 tablet by mouth once daily, which was not documented as administered on or*
- *-Take 1 capsule by mouth once daily, which was not documented as administered on or*

Resident is currently prescribed -Inject subcutaneously 3 times a day with meals in accordance with sliding scale; however, resident s November 2025 MAR does not include the initials of the staff person who tested resident 's blood glucose or the number of units of insulin that were administered, if any, on the following dates/times:

- *On at 5:00pm*
- *On at 8:00am*

187b - Date/Time of Medication Admin. (continued)

Resident November 2025 MAR does not include the initials of the staff person who administered numerous medications to resident on numerous dates/times, to include the following:

- *-Take 1 tablet by mouth twice daily in the afternoon and at bedtime, which was not documented as administered on the afternoon of*
- *tablet-Take 1 tablet by mouth twice daily, which was not documented as administered on the evenings of or*
- *-Take 1 tablet by mouth 3 times daily, which was not documented as administered on the afternoon of*

Resident is currently prescribed -Take 2 tablets by mouth daily. On , this medication was not present in the home and direct care staff person C indicated the medication was not administered on the morning of ; however, direct care staff person C documented on resident November 2025 MAR that the medication was administered to resident on at 9:00am.

REPEAT VIOLATION:

Plan of Correction ***Directed - 12/16/2025)***

Staff Person C no longer works at the facility.
Resident medication was re-order just not delivered by the time of inspection.
Resident medication is now present in the home; it was delivered by pharmacy on 11/20/2025. Please see attached documentation.
All medication Technicians were educated on 12/4/25 by Medication Trainer/ Practicum Observer/RN
They were educated on documentation of medication administration on resident MAR's immediately following medication administration to a resident, includes documentation when a resident refuses a medication or if a resident is not available in the home. Please see attached documentation.
Med Trainer/Practicum Observer/RN will be performing medication cart audits weekly starting December 8th, 2025, until March 31st, 2026, five residents will be pulled weekly, and the resident MAR will be reviewed during the cart audit. Carts will be audited monthly ongoing after March 31st, 2026, to ensure compliance. Administrator/Designee will have a QA meeting by December 31st, 2025, to review all items specified in 2600.26b and documentation of meeting will be kept.

Proposed Overall Completion Date: 03/31/2026

Directed Completion Date: *01/09/2026*

Implemented 03/18/2026)

187d - Follow Prescriber's Orders

11. Requirements

2600.
187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident is prescribed -Take 1 capsule by mouth at bedtime; however, according to resident November 2025 MAR, this medication was not administered to resident on numerous occasions, to include the following dates:

-

187d - Follow Prescriber's Orders (continued)

-
-
-
-

Resident is currently prescribed tablet-Take 2 tablets by mouth daily; however, this medication was not administered to resident on , because the medication was not available in the home for administration.

Plan of Correction ***Directed 12/16/2025)***

Resident medication was not available in the home. (DIRECTED: Within 24 hours of receipt of the plan of correction: The administrator shall review all of resident # current medications to ensure all prescribed medications are present and available in the home for administration, including resident Melatonin. 12/16/25).
Resident medication was re-order just not delivered by the time of inspection.
Resident medication is now present in the home; it was delivered by pharmacy on 11/20/2025. Please see attached documentation.
All medication Technicians were educated on 12/4/25 by Medication Trainer/ Practicum Observer/RN They were educated on following prescriber's order, as well as the home's procedures for re-ordering medications prior to depletion of the current supply to ensure all resident medications are present in the home and available for administration. Please see attached documentation.
A missed medication report form has been devised by RN to alert physician/administrator daily of any medication that has been refused or unavailable for administration, starting December 4th, 2025. RN is reviewing this form and notifying the physician via fax. Documentation will be kept.
Med Trainer/Practicum Observer/RN will be performing medication cart audits weekly starting December 8th, 2025, until March 31st, 2026, five residents will be pulled weekly, and the resident MAR will be reviewed during the cart audit. Carts will be audited monthly ongoing after March 31st, 2026, to ensure compliance. Administrator/Designee will have a QA meeting by December 31st, 2025, to review all items specified in 2600.26b and documentation of meeting will be kept.

Proposed Overall Completion Date: 03/31/2026

Directed Completion Date: *01/09/2026*

Implemented - 03/18/2026)

227d - Support Plan Medical/Dental

12. Requirements

2600.
227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

227d - Support Plan Medical/Dental *(continued)*

Description of Violation

Resident [redacted] is currently receiving hospice services; however, resident [redacted]'s support plan, dated [redacted], does not include the specific hospice services resident [redacted] is receiving or the frequency of hospice services.

Plan of Correction ***Directed ([redacted] 12/16/2025)***

Resident [redacted] no longer resides at the facility, resident [redacted] was discharged to a higher level of care on 12/4/25.
Administrator is responsible for creating/updating resident assessment and support plans.
All staff will be educated on regulation 227d by Administrator/Designee by December 22nd, 2025. Documentation will be kept.
All current residents in the home on hospice will have their support plan reviewed by the Administrator/Designee by December 31st, 2025.
Starting January 1st, 2026, Administrator/Designee will monitor five support plans monthly for three months ending March 31st, 2026, and then five support plans quarterly ongoing to ensure compliance.
Administrator/Designee will have a QA meeting by December 31st, 2025, to review all items specified in 2600.26b and documentation of meeting will be kept.

Proposed Overall Completion Date: 03/31/2026

Directed Completion Date: *01/09/2026*

Implemented [redacted] - 03/18/2026)