pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to **EVERGREEN ESTATES HOLDINGS LLC**
LEGAL ENTITY

To operate **EVERGREEN ESTATES RETIREMENT COMMUNITY**
NAME OF FACILITY OR AGENCY

Located at **1300 EAST KING STREET, LANCASTER, PA 17602**
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

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 **125**
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.
(MAXIMUM CAPACITY)

PROVISIONAL

Restrictions: **Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 13**

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 **August 11, 2026** until **February 11, 2027**,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **331931**

ISSUING OFFICER

DEPUTY SECRETARY

Pennsylvania
Department of Human Services

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: AUGUST 11, 2026

Evergreen Estates Holdings LLC
[redacted]

RE: Evergreen Estates Retirement Community
1300 East King Street
Lancaster, PA 17602
License #: 331931

[redacted]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing's (Department) licensing inspections on December 9, 2025, December 10, 2025, March 9, 2026, and March 24, 2026 of the above facility, the violations specified on the enclosed Licensing Inspection Summary (LIS) were found.

Based on violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), the Department hereby REVOKES your certificate of compliance, License #331930 dated March 13, 2026 until March 13, 2027, and issues you a FIRST PROVISIONAL license to operate the above facility. A FIRST PROVISIONAL license is being issued based on your acceptable plan to correct the violations as specified on the LIS. This decision is made pursuant to 62 P.S. § 1026 (b)(1) and 55 Pa. Code § 20.71(a)(2);(3);(4) (relating to conditions for denial, nonrenewal or revocation). Your FIRST PROVISIONAL license is enclosed and is valid from AUGUST 11, 2026 to FEBRUARY 11, 2027.

All violations specified on the LIS must be corrected by the dates specified on the report and continued compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) must be maintained. Failure to implement the plan of correction or failure to maintain compliance may result in a revocation of the license.

Pursuant to 62 P.S. 1085-1087 and 55 Pa. Code § 2600.261-268 (relating to enforcement), the Department intends to assess a fine for the following violation(s) unless fully corrected on or before the mandated correction date:

55 Pa. Code Chapter 2600 Section:	Class of Violation	Census at Inspection	Fine Per Resident X Per day	Calculated Fine = Per Day	Mandated Correction Date (to avoid Fine)
82(c)	III	89	$3	$267	15 calendar days from mailing date of this letter
183(b)	III	89	$3	$267	15 calendar days from mailing date of this letter

A fine will be assessed daily beginning with the date of this letter and will continue until the violation is fully corrected, and full compliance with the regulation has been achieved. If the violation is fully corrected and full compliance with the regulation has been achieved by the mandated correction date, no fine will be assessed. You must notify the Department's Regional Human Services Licensing office in writing as soon as each violation is fully corrected and submit written documentation of each correction. The Department will conduct an on-site inspection after the mandated correction date and within 20 calendar days of the date of this letter. If one or more violations is not fully corrected and full compliance with the regulation has not been achieved, you will periodically receive invoices from the Department's Bureau of Human Services Licensing with payment instructions. The fines will continue to accumulate until the violation is fully corrected and full compliance with the regulation has been achieved.

No fine is being assessed at this time; therefore, you may not appeal any fine at this time. If a violation is not corrected and full compliance with the regulation has not been achieved by the mandated correction date, a fine will be assessed and an invoice will be mailed. This invoice will contain the right to appeal the fine.

If you disagree with the decision to issue a PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa. Code Part II, Chapters 31-35. If you decide to appeal your PROVISIONAL license, a written request for an appeal must be received within 10 days of the date of this letter by:

Lestia Fetzer, Workload Manager
Pennsylvania Department of Human Services
Bureau of Human Services Licensing
Room 631, Health and Welfare Building
625 Forster Street
Harrisburg, Pennsylvania 17120
PH: [redacted]

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,

Juliet Marsala
Deputy Secretary
Office of Long-term Living

Enclosure
Licensing Inspection Summary

cc: [redacted]

Enclosure
License

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

Facility Information

Name: *EVERGREEN ESTATES RETIREMENT COMMUNITY* **License #**: *33193* **License Expiration**: *03/13/2026*

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: *Full* **Notice**: *Unannounced* **BHA Docket #**:

Reason: *Renewal, Complaint, Incident* **Exit Conference Date**: *12/10/2025*

Inspection Dates and Department Representative

12/09/2025 On Site: [redacted]

12/10/2025 On Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *125* **Residents Served**: *82*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *Pine* **Capacity**: *13* **Residents Served**: *13*

Hospice

Current Residents: *8*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *80*

Diagnosed with Mental Illness: *0* **Diagnosed with Intellectual Disability**: *1*

Have Mobility Need: *40* **Have Physical Disability**: *1*

Inspections / Reviews

12/09/2025 Full

Lead Inspector: [redacted] **Follow-Up Type:** *POC Submission* **Follow-Up Date:** *01/15/2026*

01/23/2026 - POC Submission

Submitted By: [redacted] **Date Submitted:** *02/18/2026*

Reviewer: [redacted] **Follow-Up Type:** *Document Submission* **Follow-Up Date:** *02/18/2026*

06/25/2026 - Document Submission

Submitted By: [redacted] **Date Submitted:** *02/18/2026*

Reviewer: [redacted] **Follow-Up Type:** *Enforcement*

17 - Record Confidentiality

1. Requirements

2600.
17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

On [redacted] at approximately 9:15am, Resident [redacted]s DNR status was posted publicly on the resident's room door.

On [redacted] at 9:25am, the door to the nursing office in the Secured Dementia Care Unit (SDCU) was observed unlocked, unattended, and accessible. There was a list of resident's names and special diets posted, including for resident's [redacted] and [redacted]

Plan of Correction ***Accept [redacted] - 01/16/2026)***

The Homes Administrator removed the DNR sign the residents POA put up on 12/10/2025.
The Dietary information was removed from the wall and reposed inside of a cabinet in the Med Room which if not accessible to others.
Staff in memory care will be reeducated by the DON or ED no later than 1/20/26, The home will conduct an audit for 30 days to ensure compliance with the regulation starting on 1/7/26

Licensee's Proposed Overall Completion Date: *02/28/2026*

Implemented [redacted] - 03/17/2026)

18 - Compliance With Laws

2. Requirements

2600.
18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

On [redacted], the carbon monoxide alarm in the boiler room is operable; however, the batteries do not include the date the batteries were last changed.

On [redacted] at approximately 12:00pm, there were two carbon monoxide alarms in the dining room, where the gas fireplace is turned on. One alarm is dated [redacted] and the other alarm was not dated nor were the batteries in both alarms dated.

On [redacted] there was a gas fireplace observed operating in the lobby; however, there was no carbon monoxide alarm present near the fireplace.

On [redacted] there was an operable gas fireplace observed in room [redacted] occupied by resident's [redacted] and [redacted] however, there was no carbon monoxide alarm present in the residents' room or in regulatory proximity of the fireplace.

18 - Compliance With Laws (continued)

On [redacted], there was no carbon monoxide alarm present in the kitchen which operates a gas stove.

Plan of Correction ***Accept ([redacted] - 01/23/2026)***

On 12/9/25 the carbon monoxide detector in the lobby was installed by the ED the batteries were labeled with blue tape and the date. for the install date and the date the batteries were installed.
The 2 CO2 detectors in the dining room had new batteries installed on 12/12/25
The CO2 unit in the boiler room had new batteries installed on 12/9/25
A CO2 unit was installed by the ED on 12/9/2025 in room C-29
The Administrator, Business Office Manager or Maintenance Director will conduct monthly inspections to ensure compliance with the regulation.

Licensee's Proposed Overall Completion Date: *01/31/2026*

Implemented [redacted] - 06/25/2026)

82a - Poisonous Materials

3. Requirements

2600.
82.a. Poisonous materials shall be stored in their original, labeled containers.

Description of Violation

On [redacted] at approximately 9:25am, there was a 2-gallon pump sprayer in the nursing office in the SDCU which contains an unidentified liquid.

On [redacted] at 12:45pm, there was a generic spray bottle of pink liquid in the nursing office of the SDCU; however, the bottle did not contain the manufacturer's label.

Plan of Correction ***Accept [redacted] - 01/23/2026)***

On 12/15/2025 the Maintenance Director was provided reeducation on 2600.82.a labeling poisonous materials.
The Administrator provided yellow tags to be used to identify the chemicals in the sprayer, on 12/25/2025
The spray bottle was labeled identifying the chemical cleaning solution in the spray bottle by the Administrator.
An Audit will be conducted of all dispensed chemicals not in an original container for 30 days ensuring the contents of the bottle is identified starting on 12/30/2025

Licensee's Proposed Overall Completion Date: *01/31/2026*

Implemented [redacted] - 03/17/2026)

82c - Locking Poisonous Materials

4. Requirements

2600.

82c - Locking Poisonous Materials *(continued)*

82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

Description of Violation

On [redacted] several medications with a manufacture's label indicating "Keep out the reach of children. If swallowed, get medical help or contact a Poison Control Center right away", was unlocked, unattended, and accessible to residents. Not all the residents of the home, including the residents indicated below, have been assessed capable of recognizing and using poisons safely.

- *On [redacted] at 12:45pm, there were two tubes of Remedy Zinc Oxide cream, observed on the sink in Resident [redacted] s bathroom.*
- *On [redacted], there was a bottle of Remedy anti fungal powder and Remedy Zinc Oxide paste in Resident [redacted] s bathroom.*
- *On [redacted] at 12:55pm, there was a tube of Remedy Zinc Oxide paste and a bottle of Remedy Anti fungal powder in resident [redacted] s bedroom.*

Repeated Violation - [redacted]

Plan of Correction ***Accept[redacted] - 01/23/2026)***

Staff removed the items from the resident's rooms.
The DON will provide Reeducation on 2600.82.c to all Care and housekeeping staff regarding.
Staff will conduct weekly audits of the residents' rooms for 30days and document the results on a tracking sheet to ensure compliance with the regulation.
All residents, their families and responsible person will receive a letter from the Administrator reminding the responsible person of the requirements of 2600.82.c

Licensee's Proposed Overall Completion Date: *02/28/2026*

Not Implemented[redacted] - 06/25/2026)

85a - Sanitary Conditions

5. Requirements

2600.
85.a. Sanitary conditions shall be maintained.

Description of Violation

On [redacted] and [redacted] Resident [redacted] s MAR shows blood sugar readings of [redacted] and [redacted] at 8:00am respectively. However, these readings were not found stored in resident [redacted] s OneTouch Ultra 2 glucometer but were found stored in resident [redacted] s OneTouch Ultra 2 glucometer for the dates and times indicated.

Plan of Correction ***Accept[redacted] - 01/23/2026)***

The DON provided reeducation to the MedTech's on 1/9/2026,
Additional Diabetic training will be provided by our diabetic trainer on 1/16/2026.
The RCC or DON will complete 10 per week for 30 days starting on 1/16/2026

Licensee's Proposed Overall Completion Date: *03/03/2026*

Implemented[redacted] - 03/18/2026)

85e - Trash Outside Home

6. Requirements

2600.
85.e. Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

Description of Violation

On [redacted] at 2:27pm, the home's dumpsters were both full of trash and the sliding doors on both sides were open.

Plan of Correction ***Accept [redacted] - 01/23/2026)***

The ED provided reeducation to chef re 2600.85.e Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents. on 12/9/2025.
Additional Education was provided to the Housekeepers re: the regulation.

Kitchen Staff will conduct an audit of the dumpster side doors for 30 days and document the results on a tracking sheet.

Licensee's Proposed Overall Completion Date: *02/01/2026*

Implemented [redacted] - 03/18/2026)

88a - Surfaces

7. Requirements

2600.
88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

On [redacted], the ceiling tile in the hallway near room [redacted] is extremely discolored with water damage.
The linoleum flooring in the men's common bathroom near the activities room is pulling up from the floor resulting in a gap of about 1" between the depressed drain and the surface of the flooring which poses a tripping hazard to anyone entering the bathroom.

Plan of Correction ***Accept [redacted] - 01/23/2026)***

The Linoleum floor in the men's room was replaced by our vendor on 1/8/26
The ceiling tile was replaced by the maintenance director on 1/6/26
The home will conduct an audit of resident rooms to ensure the floor covering is in good repair.
The home will conduct a monthly walkthrough checking for ceiling tiles for 30 days and documenting the results

Licensee's Proposed Overall Completion Date: *02/28/2026*

Not Implemented [redacted] - 06/25/2026)

89b - Hot Water Temperature

8. Requirements

2600.
89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

Description of Violation

On [redacted] at 11:42am, the hot water temperature at the bathroom sink in Resident [redacted]s bathroom measured 124.5 degrees Fahrenheit.

89b - Hot Water Temperature (continued)

On [redacted] at 12:06 PM, the hot water at the bathroom sink in Resident [redacted]s bathroom measures 123.8 degrees Fahrenheit.

Plan of Correction ***Accept[redacted] - 01/23/2026)***

The Administrator readjusted the hot water heater temperature down to a maximum water temperature at the hot water heater of 119 degrees on 12/9/25
A water temp log is being completed weekly by the Administrator, Chef or Maintenance Director, and will be documented on the water temp log for 30 days.

Licensee's Proposed Overall Completion Date: *02/28/2026*

Implemented[redacted] - 03/18/2026)

101j7 - Lighting/Operable Lamp

9. Requirements

2600.
101.j. Each resident shall have the following in the bedroom:
7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

Resident [redacted] does not have access to a source of light that can be turned on/off at bedside or elsewhere in her bedroom.

Plan of Correction ***Accept[redacted] - 01/23/2026)***

A lamp was placed in the resident's bedroom at the bedside by the Executive Director on 12/10/25.
An audit will be conducted by the home to ensure all residents have a working bedside light source which can be turned off and on by the resident at the bedside and documented on a tracking sheet.
Staff will be provided reeducation on the regulation to ensure they are checking resident's bedside light sources

Licensee's Proposed Overall Completion Date: *03/14/2026*

Implemented[redacted] - 03/18/2026)

101o - Walls, Floors, Ceilings

10. Requirements

2600.
101.o. The bedrooms must have walls, floors and ceilings, which are finished, clean and in good repair.

Description of Violation

The floor in resident [redacted]s bedroom is stained with light-colored swirls and there are also areas on the floor that have large, brown-colored stains

101o - Walls, Floors, Ceilings *(continued)*

Plan of Correction ***Accept [redacted] 01/23/2026)***

The home replaced the carpet in the resident's room on January 8, 2026, with new LVT plank flooring.
The home provided the maintenance director with education related to use of carpet cleaning procedures and chemicals used for cleaning carpet.

Licensee's Proposed Overall Completion Date: *01/13/2026*

Not Implemented[redacted] 06/25/2026)

101r - Bedroom - shades/drapes/window covering

11. Requirements

2600.
101.r. There must be drapes, shades, curtains, blinds or shutters on the bedroom windows. Window coverings must be clean, in good repair, provide privacy and cover the entire window when drawn.

Description of Violation

The horizontal miniblinds installed on the window in bedroom P6 occupied by Resident [redacted] were observed damaged and broken and therefore did not provide privacy.

The window in bedroom [redacted] occupied by Resident [redacted] and [redacted] occupied by Resident [redacted] have window shades installed on their windows; however, the window shades are unable to be raised automatically or manually as they are not properly installed on the window shade roller.

Plan of Correction ***Accept [redacted] 01/23/2026)***

The Administrator provided the Maintenance Director education on the regulation by the Administrator regarding shades and blinds being in good working order at all times
The Maintenance Director repaired the shaded in [redacted] on 12/12/2025
The Maintenance Director replaced the shade in [redacted] on 12/18/2025
The Maintenance Director replaced the shade in [redacted] on 12/18/2025
The Maintenance Director will conduct an audit of all blinds and shades to ensure compliance with 2600. 101.r

Licensee's Proposed Overall Completion Date: *01/14/2026*

Implemented[redacted] - 03/18/2026)

103d - Storing Food Off Floor

12. Requirements

2600.
103.d. Food shall be stored off the floor.

Description of Violation

On [redacted] at 2:20pm, there were several boxes stored on the floor of the walk-in freezer including a 10-pound box of "Holperns" pork loin; a 24lb box of carrots; and two large boxes of frozen vegetables.

Plan of Correction **Repeated Violation - [redacted] et. al.** ***Accept [redacted] 01/23/2026)***

The Chef was provided reeducation on 12/9/25 by the Administrator related to storing food on the floor. The chef

103d - Storing Food Off Floor (continued)

will educate all kitchen staff regarding food being stored on the floor by 1/30/2026/
The Chef will document the reeducation of the staff on a tracking sheet.
the Chef will monitor and document for 30 days starting 1/20/26 that food is not stored on the floor.

Repeated Violation - [redacted], et. al.

Licensee's Proposed Overall Completion Date: *02/01/2026* ***Implemented ([redacted] 06/25/2026)***

103e - Left Overs

13. Requirements

2600.
103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

Description of Violation

On [redacted] the following items were unlabeled and undated in the walk-in refrigerator:

- *Plastic container of hot dogs*
- *Plastic container of pork 'n beans*
- *Plastic container of tomato sauce*
- *Beef wrapped in a plastic wrapper*

Plan of Correction ***Accept [redacted] - 01/23/2026)***

The Chef was provided reeducation on 12/9/25 by the Administrator related to storing left over food in the refrigerator:
All leftover items in the refrigerator must be labeled with the date prepared and the contents of the food.
The chef will educate all kitchen staff regarding left over food by 1/30/2026

Licensee's Proposed Overall Completion Date: *01/30/2026*

Implemented [redacted] 03/18/2026)

103f - Refrigerator/Freezer Temps

14. 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 [redacted], there was no thermometer in the mini refrigerator on the dining room counter, which was filled with small containers of milk.

Plan of Correction ***Accept [redacted] - 01/23/2026)***

The Administrator placed a thermometer in the mini fridge to ensure the temperature is within the required temperature range on 12/12/25
The Chef, Sous Chef or designee will check the mini fridge daily to ensure the temperature is within the required range for refrigerated items.
The home will keep a log of all temperature in the min fridge.

103f - Refrigerator/Freezer Temps (continued)

Staff in the kitchen will be provided additional education by the Chef or Sous Chef no later than 1/30/2026. The chef, sous chef, or designee will check the temperature log for all refrigerators daily and record the results in the logbook.

Licensee's Proposed Overall Completion Date: *03/07/2026*

Implemented ([redacted] - 03/18/2026)

105g - Lint Removal and Duct Cleaning

15. Requirements

2600.
105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

Description of Violation

On [redacted] there was a large accumulation of lint in the lint traps of the home's three gas dryers. There were no clothes in the dryers at the time.

Plan of Correction ***Accept [redacted] - 01/23/2026)***

The Maintenance Director was provided reeducation on 12/18/2025 on the need to clean dryer vents regularly and remove any and all accumulated lint.
The Maintenance Director will check and clean the dryer vents every other week on Tuesdays and document the dryer duct.
The housekeeping staff will ensure the lint screens are cleaned daily.
A reminder notice will be placed in the Laundry Room on the Dryers

Licensee's Proposed Overall Completion Date: *01/15/2026*

Implemented [redacted] - 06/25/2026)

126b - Furnace Cleaning

16. Requirements

2600.
126.b. Furnaces shall be cleaned according to the manufacturer's instructions. Documentation of the cleaning shall be kept.

Description of Violation

The last inspection of the home's multiple forced air furnaces was conducted on 10/28/25 through 10/30/25. However, the furnaces are required to be inspected annually, and prior to this date, the furnaces were inspected 10/3/24.

Plan of Correction ***Accept [redacted] - 01/23/2026)***

The homes Administrator contacted the HVAC company on 1/14/26 and requested the vendor schedule the annual cleaning, inspection and servicing of the HVAC equipment is scheduled before 10/15/2026.

The HVAC provider is scheduled to complete the inspection and servicing of the HVAC equipment. Starting on 9/28/2026

126b - Furnace Cleaning (continued)

Licensee's Proposed Overall Completion Date: *01/14/2026*

Implemented [redacted] - 03/18/2026)

132a - Monthly Fire Drill

17. 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 held during the month of September 2025.

Plan of Correction ***Accept [redacted] - 01/23/2026)***

The home had a drill in Sept of 25 which was held on the last day of the month the drill failed and was not able to have been conduct a second time.
The home will complete all monthly fire drills between the 1st of the month and the 25th of the month to allow for rerunning a failed drill before the end of the month.

Licensee's Proposed Overall Completion Date: *02/28/2026*

Not Implemented [redacted] - 06/25/2026)

132c - Fire Drill Records

18. Requirements

2600.
132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Description of Violation

The fire drill record for the drill conducted on [redacted] at 7:59 does not include if the drill was conducted in the AM or PM. Repeated Violation - [redacted], et. al.

Plan of Correction ***Accept [redacted] - 01/23/2026)***

The 8/1/25 drill was completed at 7.PM though it was omitted on the fire drill record, the sign in sheet for the fire drills participants clearly shows the drill was conducted at 7:59PM.
Going forward the home will have 2 staff members also review the fire drill record to ensure compliance with the regulation

Licensee's Proposed Overall Completion Date: *02/13/2026*

Implemented [redacted] - 03/20/2026)

132d - Evacuation

19. Requirements

2600.

132d - Evacuation *(continued)*

132.d. Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. For purposes of this subsection, the fire safety expert may not be a staff person of the home.

Description of Violation

The fire drill conducted on [redacted] at 6:00pm, was completed in 18 minutes and 18 seconds, which exceeds the maximum safe evacuation time specified in writing by a fire safety expert of 14 minutes and 50 seconds.

Plan of Correction ***Accept [redacted] 01/23/2026)***

The home conducted the fire drill on 7/14/2025 at 6pm during the fire drill a 2resident required additional assistance to exit his room during the fire drill.
Staff requested additional assistance to get the resident to move to the firesafe areas.

The home will rerun any fire drill which exceeded the time allotted to be conducted on the next weekday and document the rerun fire drill to ensure residents can vacate in the allotted time

Licensee's Proposed Overall Completion Date: *02/28/2026*

Implemented [redacted] 03/20/2026)

141a 1-10 Medical Evaluation Information

20. 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

The medical professional information section on Resident [redacted]s medical evaluation dated [redacted], Resident [redacted]s dated [redacted] and Resident [redacted]s dated [redacted] are incomplete.

Plan of Correction ***Accept [redacted] - 01/23/2026)***

The community will provided additional education to the prescriber ensuring all required check boxes on page 4 of the DME are properly completed.
The home will complete an audit of all current DME's to ensure compliance with the regulation to be completed by 2/20/2026
The DON, RCC, or Administrator will check all new DMEs going forward to ensure compliance with the regulation.

Licensee's Proposed Overall Completion Date: *03/02/2026*

141a 1-10 Medical Evaluation Information *(continued)*

Implemented [redacted] ***- 03/18/2026)***

141b1 - Annual Medical Evaluation

21. Requirements

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

Description of Violation

Resident [redacted] *s most recent medical evaluation was completed on* [redacted] *The resident's previous medical evaluation was completed on* [redacted]. *Repeated Violation -* [redacted]*, et. al.*

Plan of Correction ***Accept*** [redacted] ***- 01/23/2026)***

Additional education on 141.b.1 was provided to the DON and RCC
The DON has an audit sheet of all DME and RASP completion dates.
The Home will conduct and audit of all residents RASP and DME dates to ensure compliance with the regulation.
The Audit will be completed by the Administrator DON, RCC. to be completed by February 20, 2026
The home will conduct a biannual review of all DME's to ensure ongoing compliance with the regulation and documented on a tracking log.

Licensee's Proposed Overall Completion Date: *02/28/2026*

Implemented [redacted] ***- 06/25/2026)***

171c - Home's Vehicle Documents

22. Requirements

2600.
171.c. The home shall maintain current copies of the following documentation for each of the home's vehicles used to transport residents: (4) Current Inspection

Description of Violation

The safety inspection certification for the home's Ford minivan used to transport residents, including on [redacted]*, expired as of* [redacted]

Plan of Correction ***Accept*** [redacted] ***- 01/23/2026)***

The Mechanic who serviced the vehicle returned the car to the community

The van was repaired and reinspected on 12/22/25 and has a current safety inspection sticker.
The home will ensure compliance by the ED or BOM verifying the inspections stickers are current annually

Licensee's Proposed Overall Completion Date: *01/30/2026*

Implemented [redacted] ***- 03/20/2026)***

183b - Meds and Syringes Locked

23. 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.

183b - Meds and Syringes Locked *(continued)*

Description of Violation

On [redacted] at 9:25am, the nursing office door in the (SDCU) was standing open allowing access to the room. The medication cart is unlocked, unattended and accessible permitting access to all of the medications in the SDCU.

On [redacted] at 12:10pm, there was an unlocked, unattended and accessible [redacted] in Resident [redacted]s bedroom.

On [redacted] at about 11:50am there is a loose [redacted] and [redacted] sitting on Resident [redacted]s nightstand. On [redacted] at 2:35pm there is a round white pill observed on the floor under resident [redacted]s bed.

On [redacted] staff discovered an unknown pill in the resident's room, and [redacted] staff found a [redacted] in one of the drawers in the resident's room.

Repeated Violation - [redacted] et. al., [redacted]

Plan of Correction ***Accept[redacted] - 01/23/2026)***

Staff in the MC unit was provided reeducation by the DON that the door to med room are to be closed at all times. A sign will be placed on the door reminding the staff to keep the door closed at all times.

Resident 15 has been spoken to previously by the DON and Administrator regarding her medications. The residents and the family has been addressed regarding bringing in medication to the home which the home does not have orders for. The DON is going to request an order for resident 15 to self-administer her Trelegy Ellipta inhaler.

Resident 17 the DON will provide reeducation to the aid who administered the medication ensuring the resident has taken their medications as prescribed.

Resident 19 has an order for meds crushed in applesauce; the staff will be reeducated by the DON on the regulation, to ensure all meds are crushed and administered in applesauce or pudding. The staff in memory care will conduct 2 room audits per week for 30 days begin on 1/19/2025

Licensee's Proposed Overall Completion Date: *03/07/2026*

Not Implemented ([redacted] - 06/25/2026)

185a - Implement Storage Procedures

25. 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] Resident [redacted]s glucometer read [redacted] at 5:30pm, however, the MAR documents a blood sugar reading of [redacted] at 4:00pm.

Repeated Violation - [redacted], et. al., [redacted]

185a - Implement Storage Procedures *(continued)*

Plan of Correction ***Accept [redacted] - 01/23/2026)***

The home will conduct glucometer audits biweekly for 50% of the residents each week.
The home will conduct biweekly med cart audits by the DON, RCC or designated Medtech to ensure only currently prescribed medications are on the med cart.

The home will conduct a biweekly audit of the med carts for 30 days and will conduct a monthly med cart audit after the 30 day period is completed.

Licensee's Proposed Overall Completion Date: *03/03/2026*

Not Implemented [redacted] - 06/25/2026)

187d - Follow Prescriber's Orders

26. Requirements

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

Description of Violation

Resident [redacted] is prescribed the following medications. However, resident [redacted] was not administered these medications on [redacted] at 8:00pm:

- [redacted]

On [redacted] Resident [redacted] was prescribed [redacted], take 1 tablet by mouth one daily for [redacted] On [redacted] at 8:00am, the medication was not in the home and was therefore not administered to the resident.

Resident [redacted] is prescribed [redacted] – Inject per sliding scale w/meals; [redacted] - [redacted] Call MD.

- *On [redacted] at 12:00pm the resident's blood glucose measured at [redacted] the resident was administered [redacted]*

Repeated Violation - [redacted], et. al., [redacted]

Plan of Correction ***Accept [redacted] 01/23/2026)***

The employee was reeducated by the DON on properly administer medications to resident based on the orders of the prescriber.

The DON or RCC will review 2 MARS per week for 30 days to ensure the Med Tech is properly administering medications following the prescribers' orders.

Licensee's Proposed Overall Completion Date: *03/04/2026*

Not Implemented [redacted] - 06/25/2026)

225a - Assessment 15 Days

27. 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] was admitted on [redacted]; however, the resident's assessment was not completed until [redacted]

Repeated Violation - [redacted] et. al., [redacted]

Plan of Correction ***Accept ([redacted] - 01/23/2026)***

Reeducation on 2600.225.a will be provided to the DON, SD and BOM on ensuring all residents moving into the community have an assessment completed within the required time frame of no more than 15 days after admission to the facility.

The home will conduct an audit of resident's initial assessment within 45 days to ensure compliance and document the results.

Going forward the Administrator and or the BOM will review the new resident's assessment form to ensure compliance with the regulation.

Licensee's Proposed Overall Completion Date: *01/30/2026*

Not Implemented ([redacted] - 06/25/2026)

227a - Support Plan 30 Days

28. Requirements

2600.
227.a. A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

Description of Violation

Resident [redacted] was admitted on [redacted]; however, the resident's initial support plan was not completed until [redacted]

Plan of Correction ***Accept [redacted] - 01/23/2026)***

The Administrator will provide reeducation as needed to ensure all new residents support plans are completed within the 30-day window.

The DON, BOM or Administrator will conduct an audit of all support plans to ensure the date was properly entered in the support plan.

All new support plans will be checked by 2 directors to ensure the support plan was completed within the 30-day window.

Licensee's Proposed Overall Completion Date: *03/03/2026*

Not Implemented [redacted] - 06/25/2026)

227d - Support Plan Medical/Dental

29. 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.

Description of Violation

The annual assessment for Resident [redacted] dated [redacted] indicates the resident's cognitive need assessment is minimal problem for [redacted] and moderate for [redacted]. The resident's support plan, dated [redacted] does not document the description of the service need but indicates none needed.

The significant change assessment for Resident [redacted] dated [redacted] indicates the resident has a need for some assistance with bladder management. The residents' support plan dated [redacted] does not document how this need will be met. On [redacted], 2-hour toileting checks were put in place to address the resident's incontinence; however, the documentation for the 2-hour checks is sporadic and does not indicate if the checks were completed daily.

The initial assessment for Resident [redacted] dated [redacted] indicates the resident's cognitive need assessment is minimal for [redacted], and [redacted]. The resident's support plan, dated [redacted] does not document the description of the service need but indicates none needed.

The annual assessment for Resident [redacted] dated [redacted] indicates the resident's cognitive need assessment is a minimal problem for [redacted] and [redacted]. The resident's support plan, dated [redacted], does not document the description of the service need but indicates none needed.

The initial assessment for Resident [redacted] dated [redacted] indicates resident's cognitive need assessment is minimal for [redacted], and [redacted]. The resident's support plan, dated [redacted] does not document the description of the service need but indicates none needed.

Plan of Correction ***Accept [redacted] 01/23/2026)***

The DON was provided education during the survey on the use of code B and its requirements by the surveyor.
The DON has since been utilize the appropriate code for the resident's needs on the RASP.
The DON will update the code on the support plans for the listed residents by 2/10/2026.
A full survey of all support plans will be conducted by the RCC or DON by 3/1/2026 and any corrections needed will be documented in the plan.

Licensee's Proposed Overall Completion Date: *03/01/2026*

Implemented [redacted] - 03/20/2026)

251b - Record Entries Legible

30. Requirements

2600.
251.b. The entries in a resident's record must be permanent, legible, dated and signed by the staff person making the entry.

Description of Violation

White-out correction fluid was used on Section 10 of Resident [redacted]s annual Medical Evaluation dated [redacted]

251b Record Entries Legible *(continued)*

Plan of Correction ***Accept [redacted] - 01/23/2026)***

All Staff will be educated by the Administrator, the DON or the BOM to ensure staff is not utilizing whiteout on any documentation which is completed by a staff member on a paper form.

An audit will be conducted of all Current Medical Evaluation forms within 45 days to ensure compliance with the regulation

Licensee's Proposed Overall Completion Date: *02/28/2026*

Implemented [redacted] - 03/20/2026)

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

Facility Information

Name: *EVERGREEN ESTATES RETIREMENT COMMUNITY* **License #**: *33193* **License Expiration**: *03/13/2027*

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**: *123* **Waking Staff**: *92*

Inspection Information

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

Reason: *Interim* **Exit Conference Date**: *03/09/2026*

Inspection Dates and Department Representative

03/09/2026 On Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *125* **Residents Served**: *86*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *Pine* **Capacity**: *13* **Residents Served**: *12*

Hospice

Current Residents: *8*

Number of Residents Who:

Receive Supplemental Security Income: *0*

Are 60 Years of Age or Older: *84*

Diagnosed with Mental Illness: *0*

Diagnosed with Intellectual Disability: *1*

Have Mobility Need: *37*

Have Physical Disability: *1*

Inspections / Reviews

03/09/2026 Partial

Lead Inspector: [redacted] **Follow-Up Type:** *POC Submission* **Follow-Up Date:** *04/03/2026*

04/09/2026 - POC Submission

Submitted By: [redacted] **Date Submitted:** *05/08/2026*

Reviewer: [redacted] **Follow-Up Type:** *POC Submission* **Follow-Up Date:** *04/17/2026*

04/28/2026 - POC Submission

Submitted By: [redacted] **Date Submitted:** *05/08/2026*

Reviewer: [redacted] **Follow-Up Type:** *Document Submission* **Follow-Up Date:** *05/08/2026*

06/25/2026 - Document Submission

Submitted By: [redacted] **Date Submitted:** *05/08/2026*

Reviewer: [redacted] **Follow-Up Type:** *Enforcement*

82c - Locking Poisonous Materials

1. Requirements

2600.
82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

Description of Violation

The following items were observed in the shared bathroom occupied by residents [redacted] and [redacted] V05 Kiwi Lime Shampoo, V05 Kiwi Lime Conditioner, TopCare Antiseptic Mouthwash, and Colgate Total toothpaste found in bathroom drawers and Remedy Fungi powder observed on the sink. The poison control sheet for the V05 shampoo and conditioner states "Do not ingest. Ingestion may cause gastrointestinal irritation, nausea, vomiting and diarrhea. Get medical attention if irritation develops or persists." The manufacturer's labels states for the other products states "Keep out the reach of children. If more than used for brushing is accidentally swallowed, get medical help or contact a poison Control Center right away."

Repeated Violation - [redacted]

Plan of Correction ***Accept [redacted] - 04/28/2026)***

Audits started 3.10.2025 [redacted] is the primary person conducting the audits
The items where removed from the residents room by employee [redacted] during the room audit on 3.10.25 and on an ongoing weekly basis

The home is conducting an audit of all residents rooms for a period of 30 days .
The Room audits will be completed primarily by Employee [redacted] and documented in a separate binder.
The Administrator conducted a meeting with the residents on 3/18/26 reminding them of the regulation related to medications and other prohibited items .

Audit will be ongoing for 30 days

Licensee's Proposed Overall Completion Date: *05/31/2026*

Not Implemented [redacted] - 06/25/2026)

132a Monthly Fire Drill

2. 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 held during the month of December 2025.

Plan of Correction ***Accept [redacted] 04/28/2026)***

I went through our Fire Drill records again . Yes there shows a 2024 Dec fire in the file the correct 2025 record is

132a - Monthly Fire Drill (continued)

attached behind the the old 2024 record.
Requesting it be updated.
The home has a schedule of fire drills which will be completed monthly rotating times and days of the week, The Administrator and the BOM have a copy of the Fire Drill schedule for 2026 it is scheduled by the week with the date to be determined the list included the planed time frame. Myself and our BOM are the only people who know the timeframe .

Licensee's Proposed Overall Completion Date: *04/30/2026*

Not Implemented [redacted] 06/25/2026)

183b - Meds and Syringes Locked

3. 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] at 9:54am, a tube of [redacted] was unlocked, and accessible in Resident [redacted]s room.

Repeated Violation - [redacted], et. al., [redacted]

Plan of Correction ***Accept ([redacted] - 04/09/2026)***

The resident was provided a lock box to safely secure any approved medications, cream, Etc by the provider The home is conducting weekly audits of the residents rooms for 60 Days starting on 3/20/26. There is also a self administer order for the nystatin.

The home will conduct routine weekly room autist for 30 days

Licensee's Proposed Overall Completion Date: *06/01/2026*

Not Implemented ([redacted] - 06/25/2026)

185a - Implement Storage Procedures

5. 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 [redacted] is prescribed the following medications which were not in the med cart or otherwise in the home:

- [redacted]
- [redacted]
- [redacted]
- [redacted]

Plan of Correction

Directed [redacted] - 04/28/2026)

Starting on 4/15/26 The RCC will conduct weekly checks of resident 4's current medication orders to ensure the residents meds are in the home for 30 days.
The home will reach out to our commercial pharmacy as needed if a med is not available and the resident be charged for the medications at the current pharmacy rate.

The home is further sending a 3rd reminder letter to the resident ant the family regarding the regulation that all medications including OTC must have a current order.

185a - Implement Storage Procedures (continued)

Proposed Overall Completion Date: 05/30/2026

(Directed)
-Beginning 5/1/26, the RCC will conduct weekly reviews of resident MARS and medications available in the medication cart to ensure that proper supply is stocked, medications will be reordered if necessary before stocks are depleted.

Directed Completion Date: *05/30/2026*

Not Implemented [redacted] - 06/25/2026)

187a - Medication Record

6. Requirements

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

Description of Violation

Resident [redacted] is prescribed [redacted] take 1 capsule four times a day as needed for [redacted]. However, resident [redacted]s medication administration record does not list this medication.

Repeated Violation - [redacted], et. al.

Plan of Correction ***Accept [redacted] 04/28/2026)***

The DON and the RCC will be reeducated by the Administrator on the regulations. by 4/18/26

The DON and or the RCC will review 5 Med Admin records weekly for 30 days starting on 4/15/26 to ensure medications are being administered as required by the Providers orders.

Starting 4/15/26 When new orders are entered the home will have a 2nd person LPN, RCC or Med Tech double check the order for accuracy in entering the order.

Licensee's Proposed Overall Completion Date: *05/30/2026*

Implemented [redacted] - 06/25/2026)

187d - Follow Prescriber's Orders

7. Requirements

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

Description of Violation

Resident [redacted]s blood sugar is prescribed to be checked daily in the morning; however the resident's blood sugar was not checked on [redacted] and [redacted] at 8:00am.

187d - Follow Prescriber's Orders (continued)

Resident [redacted]s blood sugar is prescribed to be checked once daily; however the resident's blood sugar was not checked on [redacted] and [redacted] at 8:00am.

Repeated Violation - [redacted], et. al., [redacted]

Plan of Correction ***Accept [redacted] - 04/28/2026)***

The DON will provided reeducation to the staff related to properly follow the Doctors orders.

Starting on 4/15/25 The DON or the RCC will conduct an audit of residents glucometers.

Starting on 4/15/25 The RCC, or Med Tech assigned will check the residents glucometers weekly for 30 day to ensure the reading on the glucometer matches the Blood Sugar result enter in the MAR for 30 days and document the findings on a tracking sheet

Licensee's Proposed Overall Completion Date: *05/25/2026*

Not Implemented [redacted] - 06/25/2026)

224a - Preadmission Screen Form

8. Requirements

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]s preadmission screening form, dated [redacted] does not include a determination that the resident can safely use and avoid poisonous materials nor if the needs of the resident can be met by the services provided by the home.

Plan of Correction ***Accept [redacted] - 04/28/2026)***

Resident 7 preadmission screening form was corrected by the Administrator showing the resident can safely use and avoid poisons .

During the week of 4/13/26 the Administrator will provided education to all of the directors and the RCC on the completion of the PA 2600 prescreening form.

Starting 4/13/26 the home will complete an audit of all resident prescreening forms within 45 days the RCC, DON, BOM or Administrator will conduct the audit and note corrections if required.

The ED, DON or another Director will review the Prescreen form to ensure the prescreen was completed fully.

Licensee's Proposed Overall Completion Date: *05/26/2026*

Implemented [redacted] 06/25/2026)

225a - Assessment 15 Days

9. 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

An assessment was not completed for resident [redacted] who was admitted to the home on [redacted]

Repeated Violation - [redacted], et. al., [redacted]

Plan of Correction ***Directed [redacted] 04/28/2026)***

The DON was provided education on the regulation, [redacted] was readmitted to the home on1/29/26 the assessment and Support plan are dated 1/29/26
[redacted] was a former resident of the home who moved out of the home on 9/30/2025 and moved back into the home on 1/29/2026
The DON or RCC will conduct and audit of all residents RASPs to ensure compliance with the regulation starting on 4/13/26 and to be completed and documents by 5/29/26

Starting on 4/9/26 any former resident looking to move back into the community after having been previously discharged, will be processed as a new resident and not a readmission, and will have a new prescreen, DME and RASP completed within the required time frame.

The Administrator will educate the DON, BOM and Sales Director on the regulation in a meeting on 4/17/26. Starting 4/13/26 any new assessments conducted will be reviewed by the Administrator to ensure compliance with the regulation .

Proposed Overall Completion Date: 05/29/2026

Directed Completion Date: *04/28/2026*

Not Implemented (- 06/25/2026)

227a - Support Plan 30 Days

10. Requirements

2600.
227.a. A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

Description of Violation

Resident [redacted] was admitted on [redacted] however, the resident's initial support plan was not completed.

Plan of Correction ***Directed [redacted] - 04/28/2026)***

Residents 8's was readmitted to the home on 1/29/26 from Abbeville NR , the resident was previously discharged from the home on 9/30/2025

227a - Support Plan 30 Days (continued)

Starting on 4/15/26 The home will conduct an audit of all residents RASPS within 60 days to ensure all residents have a current compliant RASP on file.

The Home will ensure all residents have there RASP reviewed and the resident signs the RASP or marks refused and is witnessed by a 2nd staff member.

The DON or RCC will provide the Administrator a copy of the residents RASP for review and to address any questions or concerns.

Proposed Overall Completion Date: 06/13/2026

Directed Completion Date: *04/28/2026*

Not Implemented [redacted] - 06/25/2026)

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

Facility Information

Name: *EVERGREEN ESTATES RETIREMENT COMMUNITY* **License #**: *33193* **License Expiration**: *03/13/2027*

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

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *126* **Waking Staff**: *95*

Inspection Information

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

Reason: *Complaint* **Exit Conference Date**: *03/24/2026*

Inspection Dates and Department Representative

03/24/2026 On Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *125* **Residents Served**: *89*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *Pine* **Capacity**: *13* **Residents Served**: *13*

Hospice

Current Residents: *7*

Number of Residents Who:

Receive Supplemental Security Income: *0*

Are 60 Years of Age or Older: *86*

Diagnosed with Mental Illness: *1*

Diagnosed with Intellectual Disability: *1*

Have Mobility Need: *37*

Have Physical Disability: *2*

Inspections / Reviews

03/24/2026 Partial

Lead Inspector: [redacted] **Follow-Up Type:** *POC Submission* **Follow-Up Date:** *04/23/2026*

04/24/2026 - POC Submission

Submitted By: [redacted] **Date Submitted:** *06/01/2026*

Reviewer: [redacted] **Follow-Up Type:** *POC Submission* **Follow-Up Date:** *05/01/2026*

05/01/2026 - POC Submission

Submitted By: [redacted] **Date Submitted:** *06/01/2026*

Reviewer: [redacted] **Follow-Up Type:** *Document Submission* **Follow-Up Date:** *06/01/2026*

06/25/2026 - Document Submission

Submitted By: [redacted] **Date Submitted:** *06/01/2026*

Reviewer: [redacted] **Follow-Up Type:** *Enforcement*

17 - Record Confidentiality

1. Requirements

2600.
17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

On [redacted] at approximately 9:30 AM, binders containing files for Resident [redacted] that included DNR status and Resident [redacted] that included DNR status and resident incident reports were unlocked, unattended, and accessible in the home's medication room.

Plan of Correction ***Accept ([redacted] - 05/01/2026)***

The home is covering the Med Room glass door with a covering to obscure the view into the medroom. The covering will be installed by the Maintenance Director on or before 4/20/26.

The home is replacing the door knob to the med room with a smart electronic door lock on or before 4/24/26 to ensure the door is secured to safeguard the residents records.

All care staff where provided education on securing and locking the door to prevent any other unauthorized access to the residents files. on and between 4/17/26 and 4/20/26 .

The Administrator provided directions on the use of the electronic door lock on 4/17/2026
The Administrator will check the electronic door lock 2 times per week at random times to ensure the look is working properly and document the results ***(Directed) The weekly audits will begin no later than 5/11/26 and will be documented-[redacted]***

Licensee's Proposed Overall Completion Date: *05/11/2026*

Not Implemented [redacted] - 06/01/2026)

25c2 - Fee Schedule

2. Requirements

2600.
25.c. At a minimum, the contract must specify the following:
2. A fee schedule that lists the specify the following: actual amount of allowable resident charges for each of the home's available services.

Description of Violation

The home charges specified amounts for individual personal needs services. The resident-home contract, dated [redacted], for Resident [redacted] did not include a fee schedule of actual amounts charged for available services.

Plan of Correction ***Directed ([redacted] - 05/01/2026)***

The Administrator will review the requirement with the BOM and the Marketing Director on the need to ensure all

25c2 - Fee Schedule (continued)

new residents have a copy of the current Schedule of Fees. No later than 4/17/26
The home will place a current fee schedule in each residents box by 4/30/26
B. Moss will be responsible for placing the file in the residents mail boxes.
Further the Home will send within 60 days a copy of the fee schedule to residents designated person. The BOM and the Receptionist will assist with mailing the fee schedule out to families through the next regular resident invoice.
The home will ensure the Rates page is attached to all copies of the resident contract.
The Contract will be reviewed by the Administrator or the BOM to ensure the signature and rates page are attached to the contract.

The Ancillary Charges (Fee Sheet updated 2/21/25) was mailed to all residents Families on or 4/14/26 which coincided with the residents monthly billing cycle. Resident invoices are sent out on or around the 10th to the 14th of the month

A copy of the Fee Sheet is also posted in outside of the Administrators Office

(Directed)
In addition to the above plan of correction:

- *An audit will be completed on all other resident contracts to ensure each resident contract specifies a fee schedule that lists the actual amount of allowable resident charges for each of the home's available services. Audit will be completed by the administrator or designee no later than 5/22/26.*
- *Beginning no later than 5/23/26, the administrator or designee will complete an audit on 10% sample of the current census monthly for at least 3 months to ensure continued compliance in accordance with regulation 2600.25(c)(2).*
- *Documentation of completed audits will be kept by the home and available for review by the Department.*

Directed Completion Date: *05/23/2026*

Not Implemented [redacted] - 06/01/2026)

25c11 - List of Rates

3. Requirements

2600.
25.c. At a minimum, the contract must specify the following:
11. A list of personal care services to be provided to the resident based on the outcome of the resident's support plan, a list of the actual rates that the resident will be periodically charged for food, shelter and services and how, when and by whom payment is to be made.

Description of Violation

The resident-home contract , dated [redacted] for Resident [redacted] did not include the list of personal care services to be provided to the resident based on the outcome of the resident's support plan and a list of actual rates that the resident will be charged for services. The contract indicated a [redacted] rate for Elder Care Services and included a list of services for Basic, Intermediate, Enhanced Level and Memory Care services. The contract indicated on page 3 that the additional fee for the intermediate and enhanced levels of care are posted on page 15. However, page 15 of the agreement lists the Complaint Procedure.

25c11 - List of Rates *(continued)*

Plan of Correction ***Directed (- 05/01/2026)***

The monthly fee is now listed in the body of the contract directly above the care level and indicating the associated fee. The contract also identifies exhibit A, page 23 shows all additional charges the home has. The con

The home will send a letter and a copy of Exhibit A the communities Fee Sheet will be distributed to all residents on by 4/30/26 and all residents POA's will receive a copy in the mail on the next billing cycle on or before 4/30/26

The Home additionally will post the fee sheet in the center of the building by 5/3/26

(Directed)
In addition to the above plan of correction:

- *An audit will be completed on all other resident contracts to ensure each resident contract includes a list of personal care services to be provided to the resident based on the outcome of the resident's support plan, list of actual rates that the resident will be periodically charged for food, shelter and services and how, when and by whom the payment is to be made by 5/22/26.*
- *Beginning no later than 5/23/26, the administrator or designee will complete an audit on 10% sample of the current census monthly for at least 3 months to ensure continued compliance in accordance with regulation 2600.25(c)(11).*
- *Documentation of completed audits will be kept by the home and available for review by the Department.*

Directed Completion Date: *05/23/2026*

Not Implemented (- 06/01/2026)

51 - Criminal Background Check

4. Requirements

2600.
51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

Staff Member B was hired on . The home did not obtain a Pennsylvania State Police Criminal Background Check for the staff member until .

Repeated Violation - , et al.

Plan of Correction ***Accept - 05/01/2026)***

The BOM was provided reeducation on the regulation by the Administrator on 4/14/26 2600.51 background checks. All new employees will have a submitted background check to the PSP on or before the first day of work. Effective 4/28/26 the BOM will inform and provide the Administrator a copy of all new employees background

51 Criminal Background Check (continued)

check prior to the employee starting work.

Licensee's Proposed Overall Completion Date: *05/28/2026*

Not Implemented (- 06/01/2026)

65f - Training Topics

5. 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

Staff member A, hired on , did not receive training in medication self administration during training year 2025.

Plan of Correction ***Directed - 05/01/2026)***

Staff Member A completed her initial MedTech training in order to pass meds on May 7, 2025, self administration is included in the med tech training course.
The home will conduct an audit audit of all med techs education to ensure the training required was completed according to the Medication Administration Training criteria

(Directed)

- *Education in Medication Self Administration is to be provided annually by the home and is not included in a staff member's initial medication administration training.*
  Staff Member A will receive education by the administrator or designee on the topic of Medication Self Administration by 5/11/26.
- *The administrator or designee will audit all other staff records in the home to ensure education has been provided in training year 2025 in accordance with regulation 2600.65(f). Audit will be completed by 5/15/26 and any staff members identified to have missed the education will have the education provided by 5/22/26.*
- *The administrator or designee will review the home's annual staff training plan and provide updates as needed to ensure the annual training includes Medication Self Administration by 5/11/26.*
- *Beginning no later than 5/23/26, the administrator or designee will complete audits on all staff training records once every 6 months to ensure training has been provided in accordance with 2600.65(f).*
- *Documentation of completed audits and education will be kept by the home and available for review by the Department.*

Directed Completion Date: *05/23/2026*

Not Implemented (06/01/2026)

65g - Annual Training Content

6. Requirements

2600.
65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

65g - Annual Training Content *(continued)*

1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.
3. Resident rights.

Description of Violation

Staff member A, hired on [redacted] did not receive training in fire safety and resident rights during training year 2025

Plan of Correction ***Directed[redacted] - 05/01/2026)***

The Department Heads will be reeducated on the Regulation by the Administrator no later than 5/1/26 on the Resident rights and the fire safety training the Home has a current arrangement to have Lafayette FD provide annual fire safety training for staff during the supervised fire drill.
The Executive Director will provide newly hired employees the required fire safety and residents rights training starting on 5/1/26 in the event the Administrator is out of the community the BOM will provided the required training.
The Administrator will educate the BOM on the requirements of 65g
Staff will be provided reeducation on Fire safety training on or before May 30, 2025

Staff member A will be educated on the regulation on or before 5/15/2026

An audit of all staff members records will be conducted by the DON and RCC by Between 4/27 and 5/30/26 and any missed training of current employees will be completed by 5/30/26
Starting on 5/1/26 staff completing initial or annual training will

(Directed)
In addition to the above plan of correction:

- *Beginning no later than 6/1/26, the administrator or designee will complete audits on all staff training records once every 6 months to ensure training has been provided in accordance with 2600.65(g).*
- *Documentation of completed audits and education will be kept by the home and available for review by the Department*

Directed Completion Date: *05/30/2026*

Not Implemented[redacted] 06/01/2026)

85a - Sanitary Conditions

7. Requirements

2600.
85.a. Sanitary conditions shall be maintained.

Description of Violation

On [redacted] at 2:3 7PM, mold was present on the ceiling of resident room [redacted]

Plan of Correction ***Accept[redacted] 05/01/2026)***

Room [redacted] Mold was treated by our drywall contractor The Patch Boys to repair the ceiling cutting out the effected spot and repairing the section removed with new drywall which was repaired patched and painted .

The home will conduct an inspection of all resident rooms and common areas by 5/15/26 to ensure there are no other similar issues in the building.

85a - Sanitary Conditions (continued)

Staff will be provided education on the regulation between 4/18/26 and 5/20/2026
Starting on 5/1/26 the Administrator and or the Director of Maintenance will conduct a monthly walk through of the community and all residents rooms to address any building issues or concerns and document the results

Licensee's Proposed Overall Completion Date: *05/31/2026*

Not Implemented [redacted] - 06/01/2026)

88a - Surfaces

8. Requirements

2600.
88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

On [redacted] at 2:30 PM, a hole measuring approximately 6" x 12" was present in the home's textured acoustic ceiling in the dining room by the exit to the H-hall.

Plan of Correction ***Accept [redacted] - 05/01/2026)***

The home had the textured ceiling tile in the Dinning room repaired on 4/9/2026 by our vendor the Patch boys the missing tile was an acoustic tile to help with sound which is glued to the physical drywall ceiling.

The home will monitor the Dinning Room ceiling for repairs on a monthly basis starting on 5/1/26 and record any needed repairs.

Staff will be educated by the Administrator on the regulation on or before 5/30/26 and document the training

Licensee's Proposed Overall Completion Date: *05/30/2026*

Not Implemented [redacted] - 06/01/2026)

101o - Walls, Floors, Ceilings

9. Requirements

2600.
101.o. The bedrooms must have walls, floors and ceilings, which are finished, clean and in good repair.

Description of Violation

On [redacted] at 2:37 PM, a T-shaped patch of stripped and cracked plaster measuring approximately 2' by 2.5' was present in resident room [redacted] where the ceiling had been damaged by leaking water.

Plan of Correction ***Accept [redacted] - 05/01/2026)***

The homes current drywall provider repair the t shaped area of the ceiling between the 5th and 10th of April the repaired part of the ceiling was also painted to match the ceiling.

The Administrator and the Maintenance Director will conduct an audit between 4/20/26 and 5/10/26 of all residents ceiling to ensure compliance with the regulation.

101o - Walls, Floors, Ceilings (continued)

On going the homes Administrator or Maintenances Director will check the ceilings monthly and document any concerns. starting on 4/30/2026

Staff will be provided education on the regulation starting on 4/30/26 and completed by 5/15/26

Licensee's Proposed Overall Completion Date: *05/31/2026*

Not Implemented [redacted] - 06/01/2026)

184a - Resident's Meds Labeled

10. Requirements

2600.
184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:
4. The prescribed dosage and instructions for administration.

Description of Violation

Resident [redacted] was prescribed [redacted], take 3 tablets by mouth 4 times a day. The medication sachet label for the [redacted] did not indicate the instructions for administration including route, dose, and frequency.

Resident [redacted] was prescribed [redacted], take two tablets by mouth twice a day. The medication sachet label for the [redacted] did not indicate the instructions for administration including route, dose, and frequency.

Repeated Violation - [redacted], et al.

Plan of Correction ***Directed [redacted] - 05/01/2026)***

The RCC will complete 5 med audit weekly for 30 days starting April 25th for 30day to ensure the required.

Med Techs will be reeducated on 184.a order change labels will be placed in the the med cart for use when a prescriber has changes the original med order. Education will take place between 4/25/26 and 5/25/2026

(Directed)
In addition to the above plan of correction:

- *Residents [redacted] and [redacted] will have their medication labels corrected no later than 5/15/26 by the administrator or designee.*
- *Documentation of completed audits and education will be kept by the home and available for review by the Department.*

Directed Completion Date: *05/25/2026*

Not Implemented ([redacted] - 06/01/2026)

187b - Date/Time of Medication Admin.

11. Requirements

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

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 [redacted] was prescribed [redacted], and [redacted], [redacted], and [redacted]. Resident [redacted]s March 2026 medication administration record did not include the initials of the staff person who administered these medications on [redacted] at 8:00 PM, [redacted] at 8:00 AM and [redacted] at 8:00 AM.

Plan of Correction ***Accept [redacted] - 04/23/2026)***

All Med Techs will be reeducated by the DON or RCC reminding the staff they must sign off on med admiration at the time of administration on or before May 10 2026

Starting on 4/1/26The RCC has been conducting med variances bi weekly to ensure compliance with the regulation

Licensee's Proposed Overall Completion Date: *05/01/2026*

Not Implemented [redacted] - 06/01/2026)

227g Support Plan Signatures

12. Requirements

2600.
227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident [redacted] participated in the development of [redacted]r support plan on [redacted] However, the resident and the assessor did not sign the support plan.

Repeated Violation - [redacted]et al.

Plan of Correction ***Directed [redacted] - 05/01/2026)***

All Directors and Med Techs will be reeducated by the Administrator on 227.g
The resident has now signed his support plan after the DON reviewed the support plan with the resident .

Starting on 4/15/26 all residents will have there support plan reviewed by the DON, RCC, Administrator or designee

The home will conduct an audit of all support plans by 5/30/26 to ensure the support plans where reviewed and signed by the resident or if the resident refuses to sign the refused to sign check box will be marked .

The directors will be provided education on support plans and support plan signatures by the administrator on 4/28/2026
The DON, RCC or designee will conduct and audit of all resident support plans to

(Directed)
In addition to the above plan of correction:

- *Resident [redacted] will have been provided the opportunity to review and sign his/her support plan by 5/15/26.*
- *The assessor will also sign Resident [redacted]s support plan by 5/15/26.*

227g Support Plan Signatures (continued)

- *An audit will be completed by the administrator or designee by 5/30/26 to ensure the support plan has been signed by the resident and the assessor.*
- *Beginning no later than 6/1/26, the administrator or designee will complete quarterly audits of all resident support plans to ensure individuals who participate in the development of the support plan has signed and dated the support plan including the resident and assessor.*
- *Documentation of completed audits and education will be kept by the home and available or revie by the Department.*

Directed Completion Date: *05/30/2026*

Not Implemented (- 06/01/2026)