

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

March 30, 2026

[REDACTED],
PERSONAL CARE AT EVERGREEN INC
[REDACTED]

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

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 12/12/2025, 01/15/2026 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,

[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: PERSONAL CARE AT EVERGREEN License #: 40578 License Expiration: 07/23/2026
 Address: 336 NORTH MAIN STREET, WASHINGTON, PA 15301
 County: WASHINGTON Region: WESTERN

Administrator

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

Legal Entity

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

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: Total Daily Staff: 31 Waking Staff: 23

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Complaint, Incident Exit Conference Date: 01/15/2026

Inspection Dates and Department Representative

12/12/2025 On Site [REDACTED]
 01/15/2026 On Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 48 Residents Served: 27

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

Hospice
 Current Residents: 1

Number of Residents Who:
 Receive Supplemental Security Income: 1 Are 60 Years of Age or Older: 26
 Diagnosed with Mental Illness: 2 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 4 Have Physical Disability: 0

Inspections / Reviews

12/12/2025 - Partial
 Lead Inspector: [REDACTED] Follow Up Type: POC Submission Follow Up Date: 02/06/2026

Inspections / Reviews (*continued*)

02/13/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/10/2026

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 02/20/2026

02/24/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/10/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 03/10/2026

03/30/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/10/2026

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 [REDACTED] resident [REDACTED] accused direct care staff person A of leaving them on the toilet for over an hour and forcing them to go to bed. On [REDACTED] at 1:03pm, this incident was reported to the home; however, the home did not report the incident to the Department until [REDACTED]

Plan of Correction

Accept [REDACTED] - 02/13/2026)

Incident involving resident [REDACTED] was reported to the department on December 1st, 2025. It was reported late.

All staff were already educated on regulation 16c by Administrator/Designee on December 22nd, 2025.

Documentation of education was kept.

Administrator/Designee is already reviewing all incident reports daily Monday through Friday indefinitely to ensure compliance. Documentation is being kept.

Administrator/Designee already had a QA meeting on December 31st, 2025, to address all items specified in 2600.26b and documentation of the meeting was kept.

Licensee's Proposed Overall Completion Date: 02/06/2026

Implemented [REDACTED] - 03/27/2026)

42b - Abuse

2. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On [REDACTED] at approximately 7:00am, resident [REDACTED] was found lying in bed, covered in [REDACTED] and [REDACTED]. Direct care staff persons had to clean and change resident [REDACTED] as well as change resident [REDACTED]'s bed linens, which were also soiled with urine and feces. According to numerous direct care staff persons, it is common occurrence to find resident [REDACTED] covered in urine and feces at the start of the daylight shift.

On [REDACTED] at approximately 7:00am, resident [REDACTED] was found lying in bed, covered in [REDACTED] and [REDACTED]. Direct care staff persons had to clean and change resident [REDACTED], as well as change resident [REDACTED]'s bed linens, which were also soiled with urine and feces. According to numerous direct care staff persons, it is common occurrence to find resident [REDACTED] covered in urine and feces at the start of the daylight shift.

Plan of Correction

Directed [REDACTED] - 02/24/2026)

Resident [REDACTED] no longer resides in facility.

Directed: Within 5 days of receipt of the plan of correction - The administrator will review and, if needed, update assessments and support plans (RASPs) for all residents with incontinence-related needs, including residents [REDACTED] and [REDACTED] (if still served), to ensure they're accurate and sufficient for care and services related to bladder and bowel management needs. The RASPs will include the staff rounds and any other care and services deployed to meet the residents' specific needs. B.S. 2/24/2026

42b Abuse (continued)

As of 2/16/2026, all staff completed an Abuse, Neglect, & Personal Hygiene training. Documentation of staff education will be kept. Immediately effective on 1/15/2026, all facility staff began 2 hour rounds on all residents with bowel and bladder incontinence needs. Administrator/designee will perform rounds once daily Monday through Friday with staff to ensure resident's incontinence needs are met, effective 2/16/2026 for the next 3 months. Documentation will be kept.

Directed: By 3/6/2026 The administrator will conduct a quality management plan review and evaluation covering all of the requirements of §2600.26(b)(1) (5). All direct care staff will be educated on any RASP changes. Measures will be developed and implemented to address any areas needing improvement that are identified during the quality management plan review and evaluation. The review will be documented and submitted to the Department for verification.

Proposed Overall Completion Date: 05/16/2026

Directed: The overall completion date is 3/6/2026. B.S. 2/24/2026

Directed Completion Date: 03/06/2026

Implemented  - 03/30/2026)