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

July 15, 2026

[redacted]
EVERGREEN ESTATES HOLDINGS LLC
[redacted]

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

[redacted]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/12/2026 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: *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-2*	**Date**: *10/17/2019*	**Issued By**: *Lancaster Township*
Type: *I-1*	**Date**: *02/15/2008*	**Issued By**: *Lancaster Township*
Type: *C-2 LP*	**Date**: *05/07/2002*	**Issued By**: *Labor & Industry*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *138* **Waking Staff**: *104*

Inspection Information

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

Reason: *Complaint* **Exit Conference Date**: *05/12/2026*

Inspection Dates and Department Representative

05/12/2026 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *125* **Residents Served**: *96*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *Memory Care* **Capacity**: *13* **Residents Served**: *13*

Hospice

Current Residents: *6*

Number of Residents Who:

Receive Supplemental Security Income: *0*

Are 60 Years of Age or Older: *95*

Diagnosed with Mental Illness: *0*

Diagnosed with Intellectual Disability: *1*

Have Mobility Need: *42*

Have Physical Disability: *3*

Inspections / Reviews

05/12/2026 Partial

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *06/11/2026*

Inspections / Reviews *(continued)*

06/11/2026 POC Submission

Submitted By: [redacted] **Date Submitted:** *07/14/2026*

Reviewer: [redacted] **Follow Up Type:** *POC Submission* **Follow Up Date:** *06/17/2026*

06/16/2026 POC Submission

Submitted By: [redacted] **Date Submitted:** *07/14/2026*

Reviewer: [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *07/15/2026*

07/15/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *07/14/2026*

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

82a - Poisonous Materials

1. Requirements

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

Description of Violation

On [redacted] at 9:07 AM there were 9 spray bottles filled with unidentified substances varying in colors stored in the housekeeping closet. Staff Member A was not able to identify the substances contained in all of the bottles.

Plan of Correction ***Directed[redacted] - 06/16/2026)***

The Administrator placed hand written labels on the bottles Identifying the manufacturer the and the specific cleaning chemical in the spray bottle on 5/12/26.

The lead house keeper was provided education on labeling chemicals by the Administrator on 5/12/26

The Home will conduct an audit of all bulk dispensed chemical to ensure they are properly labeled for 30 days .

The home was able to identify the chemicals based on the color of the chemical ECOLAB chemicals we purchase and are dispensed from a cartridge system the cartridges are labeled.

Ecolab was contacted 6.12.26 and informed the labels for the ecolab chemicals will arrive on or about 6.19.26 Once they arrive the lead housekeeper will libel of the bottles with the provided ecolab labels

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

- *The home will complete an initial audit of the entire home to all other poisonous materials are stored in their original, labeled containers. Initial audit will be completed by 6/30/26. Any unlabeled poisonous item will be removed from the home immediately until proper labels can be obtained and placed on the material.*
- *Beginning no later than 7/1/26, the home will complete weekly audits for a minimum of 2 months to ensure all poisonous materials are properly labeled.*
- *Documentation of completed audits and education will be kept by the home and available for review by the Department.*

Directed Completion Date: *07/01/2026*

Implemented[redacted] - 07/15/2026)

82c - Locking Poisonous Materials

2. 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

On [redacted] at 9:08 AM the following poisonous materials were observed unlocked, unattended, and accessible to residents in the housekeeping closet:

82c Locking Poisonous Materials (continued)

A 24 fl. oz. bottle of Clorox toilet bowl cleaner with a manufacturer's label indicating "Danger: Corrosive. Causes irreversible eye damage. Causes skin irritation.", "If swallowed call a Poison Control Center of doctor immediately for treatment advice."

A 32 fl. oz. bottle of Genuine Joe Acid Bowl Cleaner with a manufacturer's label indicating "Danger! Causes severe skin burns and eye damage." "If swallowed immediately call a Poison Control Center or physician."

On 5/12/26 at 9:11 AM an 18 oz. can of Excel stainless steel cleaner was observed unlocked, unattended, and accessible to residents in the electrical storage room. The manufacturer's label of this product indicated "Keep out of reach of children.", "Harmful or fatal if swallowed."

Not all the residents of the home, including Resident #1 and Resident #2, have been assessed capable of recognizing and using poisons safely.

Repeated Violation [redacted]

Plan of Correction ***Accept*** [redacted] ***- 06/16/2026)***

The Administrator immediately had the chemical bottles labeled on5/12 and 5/13/2026
The Administrator provided education to the lead housekeeper on 5/12/26 all carts when not in use must be stored in the electrical mechanical room at the end of the main hallway in the housekeeping closet.

The home will conduct a weekly audit of the housekeeping carts being properly stored and secured when not in active use for 30 days starting on 6/15/2026

Licensee's Proposed Overall Completion Date: *06/16/2026*

Implemented [redacted] ***- 07/15/2026)***

85a - Sanitary Conditions

3. Requirements

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

Description of Violation

On [redacted] *at 1:17 PM, several dark brown spots were on the carpet of Resident* [redacted] *'s room, and a strong odor of urine was present. Resident* [redacted] *indicated the stains on the floor were caused by a bucket of urine spilling onto the floor.*

On [redacted] *at 2:30 PM, a strong odor of urine was present in the bedroom of Resident* [redacted].

On [redacted] *at 2:42 PM, a strong odor of urine was present in the bedroom of Resident* [redacted] *Two urinals were hanging from a walker within the room. One urinal contained 4 oz. of urine, the other contained 1 oz. of urine.*

Plan of Correction ***Directed*** [redacted] ***- 06/16/2026)***

The carpet was extracted
Resident [redacted] *s room was cleaned and sanitized.*

85a - Sanitary Conditions (continued)

The home has reached out to our flooring vendor they will be out to measure rooms 3 and 5. to replace the carpet with sheet vinyl floor to improve cleanup of soiled floors.
Carpet was replaced with Sheet vinyl flooring in Resident 3 and Resident 5s room on the 16th of June

(Directed)

- *Resident [redacted]s needs for incontinence will be reassessed by the home and proper supports will be implemented by the home to prevent buckets of urine from spilling in Resident [redacted]'s bedroom by 7/1/26.*
- *The administrator or designee will provide education to all staff on the need to empty and sanitize the urinals in Resident [redacted]s room after each use in order to maintain sanitary conditions. Education to be completed by 7/1/26.*
- *Beginning no later than 7/1/26, the administrator or designee will complete a 10% audit of resident bedrooms to ensure proper sanitary conditions. Audits will include the room audited, the results and the home's plan to correct the sanitation concern.*
- *Documentation of completed education and audits will be kept by the home and available for review by the Department.*

Directed Completion Date: *06/19/2026*

Implemented [redacted] - 07/15/2026)

101o - Walls, Floors, Ceilings

4. Requirements

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

Description of Violation

Large dark brown stains were observed on the bedroom carpets of Resident [redacted] Resident [redacted], and Resident [redacted]

Plan of Correction ***Accept [redacted] - 06/16/2026)***

The flooring in both rooms is being completed for resident [redacted]'s room on 6/10/26 by our vendor Sherwin Williams Floor covering.

Resident [redacted]room was sanitized on 5/13/26 by housekeeping.
Resident[redacted] room was extracted on 5/14/26 by housekeeping
The Administrator or designee will conduct an audit of all residents rooms and document the results on a tracking sheet. The initial audit will be completed by July 9, 2026
An audit of 50% of the buildings rooms will be completed monthly for 90 day ***(Directed) The audits will begin no later than 7/1/26)-[redacted]***

Licensee's Proposed Overall Completion Date: *07/09/2026*

Implemented [redacted] - 07/15/2026)

227d - Support Plan Medical/Dental

5. Requirements

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

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 assessment for Resident [redacted], dated [redacted], indicated the resident has a personal care need related to transferring. The resident has a Wonder Pole installed in [redacted] bedroom to assist with transferring; however, the resident's support plan was not updated to reflect the use of this device.

Plan of Correction ***Directed ([redacted] - 06/16/2026)***

The RASP was updated to include the use of the floor to ceiling pole to aid in transfers for the residents mobility needs on 5/13/26

An audit will be conducted of all Rasps for assist bars by 7/15/26

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

- *An initial audit will be conducted on all resident support plans to ensure they accurately reflect supports provided by the home by 7/15/26.*
- *Education be provided to all staff responsible for resident support plans on ensuring all supports provided are properly documented in each resident's assessment and support plan by 7/1/26.*
- *Beginning no later than 7/16/26, the administrator or designee will complete an audit on 10% of the current census resident support plans monthly for 6 months.*
- *Documentation of completed education and updates will be kept by the home and available for review by the Department.*

Directed Completion Date: *07/16/2026*

Implemented [redacted] - 07/15/2026)

233c - Key-Locking Devices

6. Requirements

2600.
233.c. If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

Description of Violation

Accurate directions for operating the home's locking mechanism are not conspicuously posted within the therapy area of the Secure Dementia Care Unit (SDCU).

Plan of Correction ***Accept [redacted] - 06/16/2026)***

The administrator placed a label with the correct code over the previous existing code on 5/12/26
the initial check of all doors in the SDCU was conducted on 5/12/26
The Administrator conducted a walk through of the secured memory care doors to ensure all 4 doors on both sides of they entry have the current secured door lock code .

233c - Key-Locking Devices (continued)

The home will conduct an audit of the locked doors in the memory care home for 30 days starting on 5/15/26

Licensee's Proposed Overall Completion Date: *06/16/2026*

Implemented [redacted] - 07/15/2026)