

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

September 28, 2026

[REDACTED]
EVERGREEN ESTATES HOLDINGS LLC
[REDACTED]
[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 08/26/2026 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]
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: EVERGREEN ESTATES RETIREMENT COMMUNITY

License #: 33193

License Expiration: 02/11/2027

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: Labor & Industry

Type: I-1

Date: 02/05/2008

Issued By: Lancaster Township

Type: I-2

Date: 10/17/2019

Issued By: Lancaster Township

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 130

Waking Staff: 98

Inspection Information

Type: Partial

Notice: Unannounced

BHA Docket #: 0

Reason: Fine

Exit Conference Date: 08/26/2026

Inspection Dates and Department Representative

08/26/2026 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 125

Residents Served: 94

Secured Dementia Care Unit

In Home: Yes

Area: Pine

Capacity: 13

Residents Served: 13

Hospice

Current Residents: 5

Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 92

Diagnosed with Mental Illness: 0

Diagnosed with Intellectual Disability: 1

Have Mobility Need: 36

Have Physical Disability: 4

Inspections / Reviews

08/26/2026 Partial

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission

Follow-Up Date: 09/20/2026

Inspections / Reviews (*continued*)

09/14/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/18/2026

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 09/21/2026

09/17/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/18/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 10/09/2026

09/28/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/18/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

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

On [REDACTED], at 9:42 AM, the following items were unlocked, unattended and accessible in Resident [REDACTED]'s room in the Secure Dementia Care Unit:

- A container of Lysol all-purpose cleaner, with a manufacturer's label indicating "Harmful, if swallowed to contact physician immediately."
- Disinfectant wipes, with a manufacturer's label indicating "Harmful, if swallowed to contact physician immediately."
- A can of 2-in-1 glass cleaner, with a manufacturer's label indicating "Harmful, if swallowed to contact physician immediately."

All residents, including Resident [REDACTED], in the Secure Dementia Care Unit have been assessed as incapable of recognizing and using poisons safely.

On [REDACTED] at 9:44 AM, the "pine" closet located in the Secure Dementia Care Unit was unlocked, unattended and accessible. The following items were located in the closet:

- Colgate toothpaste with a manufacturer's label indicating "If accidentally swallowed get medical help or contact poison control center right away."
- Crest pro health toothpaste with a manufacturer's label indicating "If accidentally swallowed get medical help or contact poison control center right away.",
- A bottle of Sea Isle cotton bath and body soap with a Material Safety Data Sheet (MSDS) indicating "If swallowed call your poison control center at 1-800-222-1222."
- and Sea isle cotton bath and body soap. This is in the SDCU area where residents are not safe with poisonous materials.

All the residents in the Secure Dementia Care Unit have been assessed as incapable of recognizing and using poisons safely.

On [REDACTED] at 11:30 AM, there was a tube of Calmoseptine ointment unlocked, unattended and accessible at Resident [REDACTED] bedside. The medication label for the Calmoseptine ointment indicates "to contact poison control center if ingested." Resident #8 has been assessed as incapable of recognizing and using poisons safely.

On [REDACTED] at 2:52 PM, a tube of Remedy Clinical Zinc Oxide paste with a manufacturer's label indicating "If swallowed, get medical help or contact poison control center right away" was unlocked, unattended and accessible on Resident [REDACTED] nightstand in the Secure Dementia Care Unit. All residents, including Resident [REDACTED] in the Secure Dementia Care Unit have been assessed as incapable of recognizing and using poisons safely.

Repeated Violation - [REDACTED] et al.

Plan of Correction

Directed ([REDACTED] - 09/17/2026)

2600.82c Locking Poisonous Materials cited 8-26-2026

Immediate action:

- 1) Container of Lysol all-purpose cleaner, Disinfectant wipes and can of 2 in 1 glass cleaner was removed from

82c Locking Poisonous Materials (continued)

Resident [REDACTED] room.

2) The closet in memory care labeled Pine is for linen only, all prohibited items have been removed and secured in the appropriate locked closet.

3) Calmoseptine ointment was removed from Resident [REDACTED] room and secured.

4) Remedy Zinc Oxide paste was removed from Resident [REDACTED] room and secured.

5) All resident rooms were inspected to ensure that there were no other Poisonous Materials that were not locked up. Plan:

1) Staff educated that all Poisonous Materials must be secured in a locked room, that residents in the SDCU do not have access to education started on 9/9/2026

2) Resident rooms are to be inspected daily for Poisonous Material that is out and not secured. Items to be removed and taken to the DON. All locked and unlocked rooms/closets in SDCU are included in this audit. Daily audit will continue for 2 weeks, then will go 3 times per week for 2 weeks, then 1 time a week for 3 months.

1 resident in PC room will be audited with SDCU. Start of these audits have been ongoing, 9/9/2026 audits included locked and unlocked spaces in SDCU. 1 room PC added on 9/12/2026.

3) Inspections will be documented on audit tool.

ED and DON are responsible for ensuring that this plan is followed.

[Directed]

- In addition to the above steps, the Administrator or designee will educate all staff on regulation 2600.82(c) including any resident, living in personal care or the SDCU, that is assessed as not being able to safely use and avoid poisonous material cannot have access to poisonous materials. This education will be completed by 10/9/26. Documentation of this education will be kept and available for review by the Department.

Directed Completion Date: 10/09/2026

Implemented [REDACTED] - 09/28/2026)

183b - Meds and Syringes Locked**2. 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 9:20 AM, at 11:22 AM and at 3:44 PM, Resident [REDACTED] and cough drops were unlocked, unattended and accessible in Resident's [REDACTED] room.

On [REDACTED], at 11:21 AM, Resident [REDACTED] and [REDACTED] were unlocked, unattended and accessible in Resident's [REDACTED] room.

On [REDACTED], at 11:24 AM, two boxes of [REDACTED] and 3 boxes of [REDACTED] suspensions were unlocked, unattended and accessible in Resident's [REDACTED] room.

On [REDACTED], at 12:29 PM, there was a crushed pink substance located on the floor in the Secured Dementia Care Unit dining area. Staff confirmed it had been a pill.

183b Meds and Syringes Locked (continued)

On [REDACTED], at 2:52 PM, a tube of [REDACTED] prescribed to Resident [REDACTED] was unlocked, unattended and accessible on Resident [REDACTED] nightstand in the Secure Dementia Care Unit. Resident [REDACTED] has not been assessed to be able to self administer medications.

Repeated Violation [REDACTED], et al.

Plan of Correction**Directed [REDACTED] - 09/17/2026)**

2600.183b Meds and Syringes Locked cited 8 26 2026

Immediate action:

- 1) Resident [REDACTED] and cough drops were removed from the room. Resident was provided with education that this item requires a doctor's order to self administer and that they must be locked in a secure lock box when not using.
- 2) Resident [REDACTED], and Vita fusion Men's multivitamins were removed from the room. Resident was provided with education that these items require a doctor's order to self administer and that they must be locked in a secure lock box when not using.
- 3) Resident [REDACTED] the 2 boxes of [REDACTED] and 3 boxes of [REDACTED] were removed from the room. Resident was provided with education that these items require a doctor's order to self administer and that they must be locked in a secure lock box when not using.
- 4) The crushed pick substance that was on the floor in SDCU was cleaned up.
- 5) Resident [REDACTED] was removed from the room. Resident was provided with education that this item requires a doctor's order to self administer and that they have to be locked in a secure lock box when not using.

Plan:

- 1) Education provided to staff that residents can not have prescription medication nor OTC medication sitting in room unsecured. These items must be removed and given to DON or designee. Started on 9 9 2026
- 2) Resident [REDACTED] received an order from [REDACTED] doctor that states that resident can safely self administer medication on 9 11 2026, lock box provided for resident to keep medication in. Resident [REDACTED] educated on the requirement of locking all medications up when not in use.
- 3) Education will be provided to the residents if a prescription medication or OTC is found in room and not secured.
- 4) DON or designee will complete a daily audit of resident rooms x 2 weeks then weekly x4 weeks then monthly on going. Starting 9 9 2026
- 5) Audits will be documented on audit tool.

ED and DON are responsible for ensuring that this plan is followed.

Licensee's Proposed Overall Completion Date: 9 20 2026

[Directed]

- In addition to the above steps, the Administrator or designee will educate all residents on regulation 2600.183(b). This education will be completed by 10/9/26. Documentation of this education will be kept and available for review by the Department.
- Beginning no later than 10/9/26, the Administrator, med techs or designee will complete daily audits of the SDCU for loose pills. These audits will be kept and available for review by the Department.

Directed Completion Date: 10/09/2026

Implemented ([REDACTED] - 09/28/2026)