



**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
11 Stanwix Street
Room 230
Pittsburgh, Pennsylvania 15222**

ADULT RESIDENTIAL LICENSING

JUL 27 2010

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www.dpw.state.pa.us

Ms. Lucinda Jewart, Administrator
Lucinda and Randall Jewart
Jewart's Whispering Pines Manor
PO Box 166, 8 West Church Street
Sagamore, Pennsylvania 16250

Dear Ms. Jewart:

As a result of the Department of Public Welfare's licensing inspection on March 10, 2010, March 27, 2010, June 17, 2010, and July 23, 2010 of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.


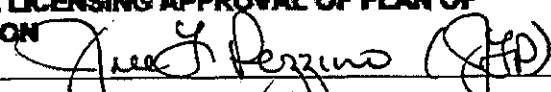
All violations specified on the enclosed Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Adult Residential Licensing so that compliance can be verified.

Sincerely,

Jill Pezzino
Regional Licensing Administrator

Enclosure(s)

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME Jewart's Whispering Pines Manor P.O. Box 186, 8 West Church Street Sagamore, PA 16250		CURRENT LICENSE NUMBER 426850	
INSPECTION DATE(S) (include all dates of the inspection) March 10, 2010, March 27, 2010 June 17, 2010		REGIONAL REPRESENTATIVE Jan Cutter (March 10, 2010, March 27, 2010, June 17, 2010) Trula Hollywood (June 17, 2010)	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE 	DATE 6-28-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 7-26-10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
20b1 The home shall keep a record of financial transactions with the resident, including the dates, amounts of deposits, amounts of withdrawals and the current balance.	According to staff person A, the administrator, he/she purchases tobacco products for residents #1 and #2 with the residents' cash; however, there is no documentation or receipts regarding these transactions.	6-17-10 8-15-10	will keep receipts copies for all items purchased for residents receipts were given to residents The home will keep a record of all financial transactions with the resident, including all amounts of deposits and withdrawals and the current balance 7-14-10 JJP	7/26/10 JJP


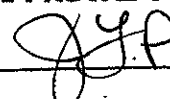
8-15-10 The administrator will review all resident financial transactions weekly to ensure all components of regulation 2600.20b1 are being adhered to. 7-14-10 JJP

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

P.03

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JUN-28-2010 05:03 PM LUCINDA, JEWART


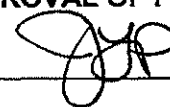
NAME AND ADDRESS OF PERSONAL CARE HOME Jewart's Whispering Pines Manor P.O. Box 166, 8 West Church Street Sagamore, PA 16250		CURRENT LICENSE NUMBER 426859	
INSPECTION DATE(S) (Include all dates of the inspection) March 10, 2010, March 27, 2010 June 17, 2010		REGIONAL REPRESENTATIVE Jan Cutler (March 10, 2010, March 27, 2010, June 17, 2010) Trula Hollywood (June 17, 2010)	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE	DATE	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE
	6-28-10		7-26-10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
20b3 The home shall obtain a written receipt from the resident for cash disbursements at the time of disbursement.	The home is not obtaining written receipts for the disbursement of cash for Residents # 1, 2, 3, 4, and 5 for whom they are maintaining cash accounts.	6-28-10	Here are copies of money disbursements as for #2 resident. [redacted] is a new resident. we are waiting for funds. They get there money at the beginning of	7/26/10 JJP

Western Region
JUN 28 2010

8-15-10
 The home will obtain a written receipt from the resident for cash disbursements at the time of disbursement and will be kept on file for inspectors review. 7-14-10 JJP
 The administrator will review all financial transactions weekly to ensure that receipts are obtained from the resident if a cash disbursement has been made. 7-14-10 JJP
 worth to do what they wish


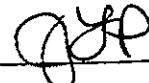
VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME Jewart's Whispering Pines Manor P.O. Box 166, 8 West Church Street Sagamore, PA 16250		CURRENT LICENSE NUMBER 426850	
INSPECTION DATE(S) (Include all dates of the inspection) March 10, 2010, March 27, 2010 June 17, 2010		REGIONAL REPRESENTATIVE Jan Cutter (March 10, 2010, March 27, 2010, June 17, 2010) Trula Hollywood (June 17, 2010)	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE 	DATE 7-23-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 7-26-10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
23a A home shall provide each resident with assistance with activities of daily living as indicated in the resident's assessment and support plan.	Resident #6's assessment dated 12/12/09 indicates that the resident requires daily help with bathing. The resident stated that he/she would have to wait four or five days to get a shower. According to the Visiting Nurse, resident #6 was found to be malodorous, disheveled and sitting in BM at a visit on 3/1/10.	8-15-10 8-15-10 8-15-10	The home will provide all residents with assistance with activities of daily living as indicated in the resident's assessment and support plan. The administrator will monitor weekly by checking each residents assessments and support plans to ensure all services are being provided as indicated in their assessment and support plan. The administrator will hire additional staff persons as needed to meet the needs of all residents as documented in the assessments and support plans.	Steps have been taken to correct violation; full compliance is not verified. <u>7/26/10</u> <u>SLP</u> Date Initials (DPW)

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

JUN-28-2010 05:21 PM LUCINDA.JEMART

NAME AND ADDRESS OF PERSONAL CARE HOME Jewart's Whispering Pines Manor P.O. Box 166, 8 West Church Street Sagamore, PA 16250		CURRENT LICENSE NUMBER 426850	
INSPECTION DATE(S) (include all dates of the inspection) March 10, 2010, March 27, 2010 June 17, 2010		REGIONAL REPRESENTATIVE Jan Cutter (March 10, 2010, March 27, 2010, June 17, 2010) Truda Hollywood (June 17, 2010)	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
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42b A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.	According to the Visiting Nurse, Resident #6 was found to be malodorous, disheveled and sitting in bowel movement at a visit on 3/1/10. There were feces on his/her bed. Resident #6 states that he/she is verbally and emotionally abused by staff person A, the administrator. The administrator continually yells and swears at him/her and refers to him/her as lazy and overweight. The administrator chastises the	6-28-10	Resident #6 is no longer in Home. Room will be monitored daily and beds changed. Staff person B has completed 2 hrs abuse training by source approved by The Dept. on 3/31/10. Refer to page 4A	Steps have been taken to correct violation; full compliance is not verifiable. 7/26/10 Date Initials (DPW)

Western Region

JUN 29 2010

Adult Residential Licensing

10/30/10

Staff person B will complete 3 hours training in Mental Health and positive interventions from an outside source approved by The Dept. in addition to administrator training requirements in 2600.64(e).



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VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2800

P-09

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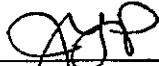
JUN-28-2010 05:25 PM LUCINDA.JEWART

NAME AND ADDRESS OF PERSONAL CARE HOME Jowart's Whispering Pines Manor P.O. Box 166, 8 West Church Street Sagamore, PA 16250		CURRENT LICENSE NUMBER 426850	
INSPECTION DATE(S) (include all dates of the inspection) March 10, 2010, March 27, 2010 June 17, 2010		REGIONAL REPRESENTATIVE Jan Cutler (March 10, 2010, March 27, 2010, June 17, 2010) Truda Hollywood (June 17, 2010)	
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1 REGULATION 55 Pa.Code § 2800.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
	resident for having bladder and bowel accidents.	6-28-10		

Western Region
 JUN 29 2010
 Adult Residential Licensing

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME Jewart's Whispering Pines Manor P.O. Box 166, 8 West Church Street Sagamore, PA 16250		CURRENT LICENSE NUMBER 426850	
INSPECTION DATE(S) (Include all dates of the inspection) March 19, 2010, March 27, 2010 June 17, 2010		REGIONAL REPRESENTATIVE Jan Cutler (March 19, 2010, March 27, 2010, June 17, 2010) Trula Hollywood (June 17, 2010)	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
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			DATE 7-26-10

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141a-2 The medical evaluation shall include the following: (5) Allergies. (7) Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.	The medical evaluation for Resident #6 was missing allergies, medication regimen and was not dated when signed by the physician.	6-28-10 8-15-10	will monitor the eval papers regularly. And ✓ to make sure all areas are filled in.	7/26/10 SLP

8-20-10 The administrator will review all current resident's medical evaluations to ensure they are completed in their entirety and if any information is missing the medical evaluation will be returned to the physician to be updated. 7-14-10
