





COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE  
PO BOX 2675  
HARRISBURG, PENNSYLVANIA 17105-2675

ADULT RESIDENTIAL LICENSING

OCT 15 2010

PHONE: (717) 783-3670

FAX: (717) 783-5662

Mr. Kenneth Garver, Administrator  
Jameson Care Center, Inc.  
Jameson Place  
3345 Wilmington Road  
New Castle, Pennsylvania 16105

Dear Mr. Garver:

As a result of the Department of Public Welfare's licensing inspection on August 30, 2010 and October 1, 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.

A regular license is being issued based on the enclosed Violation Report. Your license is enclosed.

Sincerely,

A handwritten signature in cursive script that reads "Kevin T. Casey".

Kevin T. Casey  
Deputy Secretary

Enclosures  
License  
Violation Report

**VIOLATION REPORT <sup>Western Region</sup>**  
**PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

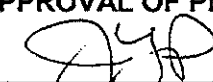
SEP 23 2010

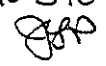
<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> Jameson Place <del>Assisted Living</del> 3345 Wilmington Road New Castle, PA 16105		<b>CURRENT LICENSE NUMBER</b> 401280
<b>INSPECTION DATE(S) (Include all dates of the inspection)</b> August 30 and September 1, 2010		<b>REGIONAL REPRESENTATIVE</b> Jason Williams (August 30 and September 1, 2010) Nancy Mandock (August 30, 2010)
<b>PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)</b> Kathleen A. Mazzei, DIRECTOR – Jameson Place		
<b>SIGNATURE OF LEGAL ENTITY REPRESENTATIVE</b> <i>Kathleen A. Mazzei, NHA</i>	<b>DATE</b> 9/22/10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> 
<b>SIGNATURE OF LEGAL ENTITY REPRESENTATIVE</b> (Signature)		<b>DATE</b> 10-5-10

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
14c If a building is structurally renovated or altered after the initial fire safety approval is issued, the home shall submit the new fire safety approval, or written certification that a new fire safety approval is not required, from the appropriate fire safety authority. This documentation shall be submitted to the Department within 15 days of the	The home's first floor had some flooding damage on July 7, 2003. The clean-up and renovation required the removal of the walls on the first floor down to the support beams. The home did not obtain a new certificate of occupancy as a result of this renovation. Their most current certificate is from 1998.	11/30/10	Labor and Industry called by Director 9/15/10 Referred to local municipality code enforcement dept for a new permit. Calls made - 9/16 - 9/21 Spoke with officer 9/22 s/he will meet to go over plans and do application to get new permit. continued	10-5-10 JJP

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

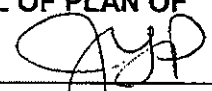
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		<b>DATE</b> 10-5-10

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completion of the renovation or alteration.		11/30/10	When new permit comes in it will be forwarded to DPW. If any other situations warrant a review Code Enforcement will be contacted. A new certificate of occupancy has been given to the home. 10-5-10 	

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<b>SIGNATURE OF LEGAL ENTITY REPRESENTATIVE</b> <i>Kathleen A. Maggi, NHA</i>	<b>DATE</b> 9-22-10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> 
		<b>DATE</b> 10-5-10

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102d-1 Toilet and bath areas shall have grab bars, hand rails or assist bars.	The toilet in the bathroom of room 300 does not have a grab bar.	9/2/10	A new grab bar installed (attachment A). Director inspected all rooms to assure compliance. Manager will check all rooms if repairs have been made to assure compliance.	10-5-10 JJP

Quarterly, all rooms will be inspected by mgr. to assure no repairs are necessary.

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SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Kathleen A. Maggini, NHA Director</i>	DATE 9-22-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>JJP</i>	DATE 10-5-10

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143a The home shall have a written emergency medical plan that includes the following:  (3) An emergency-staffing plan.	The home's emergency medical plan does not contain an emergency staffing plan.	10/22/10	The current Emergency Medical Plan has been amended with the following: "Emergency staff will be called from Wing A and Wing B of the Jameson Care Center to help in the event of a medical emergency along with staff from Jameson Hospital. The procedure will be presented for approval by the board on 10/22/10. A final copy will be sent to DPW when approved."	10-5-10 <i>JJP</i>

**VIOLATION REPORT Western Region**  
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<b>SIGNATURE OF LEGAL ENTITY REPRESENTATIVE</b> <i>Robert P. Mappin, NHA, Dir</i>	<b>DATE</b> 9-22-10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> 	<b>DATE</b> 10-5-10

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187a A medication record shall be kept to include the following for each resident for whom medications are administered:  (4) Strength.  (12) Diagnosis or purpose for the medication, including pro re nata (PRN).	-Resident #1 is prescribed Tylenol Arthritis. The strength of the medication is not listed in the MAR.  -Resident #1 had no diagnosis on the MAR for the following medications: Plavix 75 mg Cyanocobalamin 1000 mcg/ml Avapro 150 mg  -Resident #2 had no diagnosis on the MAR for the following medications: Aspirin 81 mg Prilosec 20 mg	9/2/10 Attachment B  9/2/10  9/2/10 Attachment C	Attachment B - C - D All pertinent staff were retrained on MAR preparation on 9/2/10. All MAR's were checked by lead LPCA to assure compliance on 9-2-10 Doctors were notified re: diagnosis and all were corrected and sent to pharmacy. Lead LPCA will check each month before using new MAR to check for compliance.	Steps have been taken to correct violation; full compliance is not verifiable 10/5/10 Date:  Initials (DPW)

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

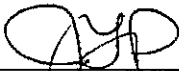
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	Erythromycin ointment <i>should be Res.#5</i> -Resident #3 had no diagnosis on the MAR for the following medications: Benazepril HCL 20 mg Namenda 10 mg Synthroid 50 mcg. Lantus 100 units/M <i>(error)</i> <i>should be Res.#5</i>	9/2/10 Attachment E	Any non-compliance issues will be dealt with immediately to make sure the monthly MAR is correct. This involves the physician and pharmacist. They will be contacted by lead LPCA for corrective action.	

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187b The information in subsections 187a13 and 187a14 shall be recorded at the time the medication is administered.	-Resident #1 is prescribed eye-lid scrubs daily in the AM. There is no documentation that this was done on 8/28/10. - Error - was resident #2 -Resident #3 is prescribed Coumadin 1 mg and 2 mg given on alternating days. They are listed in separate entries in the MAR. The initials for the 2 mg administration were put in a box for the 1 mg dose on 8/25, 8/27 and 8/30/10.	9-2-10	Employee on shift questioned and reported she did do eye scrub. However it was Resident # 2 and not #1. (Attachment D) Pertinent staff were trained again in proper MAR reporting on 9/2/2010 MAR's will be checked monthly by Mgr. to assure compliance. Resident #3 received the	Steps have been taken to correct violation; full compliance is not verifiable 10-5-10 Date Initials (DPW)

Correct dosage of Coumadin 10-30-10 the MAR for resident #3 will be checked weekly by mgr. to ensure correct doses are documented.  
 10-5-10 JJP

Westlun Region  
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252 Each resident's record shall include the following information:  (3) A photograph of the resident that is no more than 2 years old.	Resident #1, #3, #4, and #5 have undated pictures in their charts. The age of these photos cannot be verified.	<i>9/2/10</i>	<i>Dated pictures attached with residents name. All charts were checked for compliance. Manager will make sure all new residents are photographed, dated and redo pictures to keep in compliance with timelines. Attachment F</i>	<i>10-5-10 JJP</i>