

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to JAMESON CARE CENTER, INC.

LEGAL ENTITY

To operate JAMESON PLACE

NAME OF FACILITY OR AGENCY

Located at 3345 WILMINGTON ROAD, NEW CASTLE, PA 16105

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

To provide Personal Care Homes

TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 70
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Restrictions: _____

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

55 Pa. Code Chapter 2600: Personal Care Homes

(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from August 23, 2012 until August 23, 2013,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **401280**

Robert E. Robinson

ISSUING OFFICER

R. C. King

DIRECTOR

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.

PW 628 - 01/11



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

AUG 16 2012

Mr. Kenneth L. Garver, Jr., 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 July 16, 2012 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 black ink, appearing to read "R. Melusky".

Ronald Melusky
Director

Enclosures
License
Violation Report

RECEIVED Page 2 of 2

Violation Report: 40128 - 07/16/2012 - Phillips, Joseph
POH Name: JAMESON PLACE

1. REGULATION 55 Pa.Code §2600

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

AUG 1 2012

Western Field Office
Adult Residential Licensing

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

2a. DESCRIPTION OF VIOLATION

The medication administration record for resident #1 does not include diagnosis for Lisinopril 20 mg and Ammonium Lactate 12% lotion .

The medication administration record for resident #2 does not include diagnosis for Levothroxine 112 mcg, Plavix 75 mg, Sertraline HCL 50 mg, and Propranolol 20 mg.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

*Please see attached letter, + map
Thank you*

See pgs 2A

Repeat Violation: No Date(s) of Previous Violation(s): 7-16-12

Signature of Legal Entity Representative
(Required on EVERY Page) *Sandra L Black*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Sandra L Black, Manager* Date 8-1-2012

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 8-2-12
(Date)

Plan of correction implementation status as of 8-2-12
(Date)

The above plan of correction was approved by [Signature]
(Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress *8-2-12*
- Partially Implemented - Inadequate Progress
- Not Implemented

PAGE 2 A.

Black, Sandra

To: thlaskey@pa.gov.
Cc: Black, Sandra
Subject: Violation Report and plan

Jameson Place Personal Care Home
 3345 Wilmington Road, New Castle Pa 16105
 Licence # 401280
 County Lawrence
 Region West

Dear Sirs,

The following information is regarding my correction and plan for the Violation on:

Resident number 1 [REDACTED] Medication Lisinopril 20mg had no diagnosis stated along with the med.
 (Med Ammonium Lactate 12% lotion had no diagnosis)

Resident number 2 [REDACTED] Medication Levothroxine 112MCG, Plavix 75 mg, Sertraline HCL 50mg, and
 Propranolol 20mg had no diagnosis

Resident number 1: [REDACTED] (Correction) Immediate correction for Resident number 1 is Nursing staff
 will write the diagnosis under each medication according to the Doctors orders. This correction will be placed in
 the Mar by the Nursing Staff. Ex. Lisinopril 20 mg diagnosis (B/P) EX. Ammonium Lactate 12 % lotion diagnosis
 (Rash) [REDACTED] 7-16-2012

Resident number 1: [REDACTED] (Prevention) I [REDACTED] have spoke to the Pharmacy regarding the
 situation, asking them to make sure the diagnosis has been typed into the new Mar under each medication. Also
 Nursing Staff will work together as to making sure when a new Dr. order is received that the order has been
 placed in the Mar along with the diagnosis, we check each other. Also at the end of the Month as we receive the
 new Mar for the following month we work (two Nursing Staff together) making sure the Mar is correct from the
 Pharmacy. This procedure will be an on going program and I [REDACTED] Manager will also check the Mar.
 I will conduct a retraining class with the Nursing Staff. [REDACTED] 8-1-2012

Resident number 2 [REDACTED] (Correction) Immediate correction for Resident number 2 is Nursing Staff
 will write the diagnosis under each medication according to the Doctors orders. This correction will be placed in
 the Mar by the Nursing Staff. Ex. Levothroxine 112 mcg diagnosis (hypothyroid) Plavix 75mg diagnosis (TIA)
 Sertraline HCL 50mg diagnosis (depression) and Propranolol 20mg diagnosis (tremors) [REDACTED] 7-16-12

Resident number 2 [REDACTED] (Prevention) I [REDACTED] have spoke to the Pharmacy regarding the
 situation, asking them to make sure the diagnosis has been typed into the new Mar under each medication. Also
 Nursing Staff will work together as to making sure when a new Dr. order is received, the order has been placed in
 the Mar along with the diagnosis, Nursing Staff will check each other. Also at the end of the Month as we receive
 the new Mar for the following month we work (two Nursing Staff together) making sure the Mar is correct form the
 Pharmacy. This procedure will be an on going program and I [REDACTED] will also check the Mar.
 8-1-2012

I [REDACTED] will fax you a copy of the Mar regarding Resident number 1 and 2. You will be able to see the
 immediate corrections the Nursing Staff applied to the Mar for each Resident.

Thank you,
 Respectfully,
 Sandra L Black, Jameson Place Manager

Sandra L Black, Manager 8/1/2012

8/1/2012