

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to LUCINDA AND RANDALL JEWART
LEGAL ENTITY

To operate JEWART'S WHISPERING PINES MANOR
NAME OF FACILITY OR AGENCY

Located at P.O. BOX 249, 8 WEST CHURCH ST. SAGAMORE, PA 16250
(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 8
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 March 26, 2013 until March 26, 2014,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 426850

Robert E. Robinson
ISSUING OFFICER

[Signature]
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.



MAR 26 2013

Ms. Lucinda Jewart, Administrator
Lucinda and Randall Jewart
P.O. Box 166, 8 West Church Street
Sagamore, Pennsylvania 16250

RE: Jewart's Whispering Pines Manor
P.O. Box 249, 8 West Church Street
Sagamore, Pennsylvania 16250

Dear Ms. Jewart:

As a result of the Department of Public Welfare's (Department) licensing inspection on November 30, 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 Human Services 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", with a horizontal line extending to the right.

Ronald Melusky
Director

Enclosures
License
Violation Report

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

PCH Name: JEWART S WHISPERING PINES MANOR		License Number: 426850
Address: P O BOX 249 8 WEST CHURCH ST, SAGAMORE, PA 16250		County: Armstrong
Administrator: Lucinda Jewart		Region: WEST
Legal Entity Name: LUCINDA AND RANDALL JEWART		
Legal Entity Address: P.O. BOX 166 8 WEST CHURCH ST., SAGAMORE, PA 16250		RECEIVED
Certificate(s) of Occupancy Other L & I		FEB 11 2013 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours Resident Support: 0	Total Daily Staff: 8	Waking Staff: 6
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 11/30/2012 McConnell, Deb		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details Partial or Full Triggers: _____ Random Indicators: _____		
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 8 Number of Residents Served: 8 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: <div style="background-color: black; width: 100%; height: 20px; margin-top: 5px;"></div>	Number of Residents who: <div style="background-color: black; width: 100%; height: 100px; margin-top: 5px;"></div>	

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FEB 11 2013

Page 2 of 15

Violation Report: 42685 - 11/30/2012 - McConnell, Deb

PCH Name: JEWART S WHISPERING PINES MANOR

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.25(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees

2a. DESCRIPTION OF VIOLATION

The contract for resident #1 and #2, has a notation on the side of the contract indicating that on 1/1/12 a rate increase from \$1016.30 to \$1056.30 will be applied. The residents have not signed the contracts or an addendum for the rate increase.

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.

Will have a residents sign when there is a rate change, will continue to monitor regularly

2-9-13 - Residents #1 and #2 contracts updated.

Immediately

Residents receiving SSI will have contracts reviewed at least annually to ensure contract reflects actual room and board. All required signatures will be obtained.

[Handwritten initials]
2-1-13

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

[Handwritten signature]

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

Lucinda Jewart admin

Date 2-9-13

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

The above plan of correction is approved as of

3-1-13
(Date)

Plan of correction implementation status as of

3-1-13
(Date)

The above plan of correction was approved by

[Handwritten initials]
(Initials)

- Fully Implemented *[Handwritten mark]*
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 42685 - 11/30/2012 - McConnell, Deb
 PCH Name: JEWART S WHISPERING PINES MANOR

1. REGULATION 55 Pa. Code §2600

2600.26(b) - The quality management plan shall address the periodic review and evaluation of the following:

- (1) The reportable incident and condition reporting procedures.
- (2) Complaint procedures
- (3) Staff person training.
- (4) Licensing violations and plans of correction, if applicable.
- (5) Resident or family councils, or both, if applicable.

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FEB 11 2013

**WEST REGION FIELD OFFICE
 Human Services Licensing**

2a. DESCRIPTION OF VIOLATION

The home did not complete a quality management review for 2011.

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.

2-9-13:
 We have no formal staff. We are small and family owned & operated. I have included a plan. I have been operating for over 15 yrs and never had a quality management plan. But will continue now to use one will continue to monitor + update when needed.

By 4/30/13:
 The administrator will have an annual quality management review to include all required topics under 26b. The administrator will note what date review is held and what was reviewed.

2-1-13

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Date

Lucinda Jewart Admin 2-9-13

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

The above plan of correction is approved as of 3-1-13 (Date)

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

Plan of correction implementation status as of 3-1-13 (Date)

- Fully Implemented [Signature]
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 42685 - 11/30/2012 - McConnell, Deb
PCH Name: JEWART S WHISPERING PINES MANOR

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa. Code §2600

2600.51 - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (OAPSA) (35 P.S. §§ 10225.101-10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults)

2a. DESCRIPTION OF VIOLATION

Staff person, A, hired 12/28/11, provides unsupervised ancillary services in the home. The criminal history background clearance was completed on 9/10/06.

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

Have new criminal background check on staff person A hired 12-28-11. will continue to obtain on any new employees upon hire. Completed criminal background check will be obtained and reviewed no later than 30 days after hire. A previously completed criminal background check will only be accepted if it is no more than 1 year old.

3-1-13

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page)			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)			Date
Lucinda Jewart A. Admin			2-9-13

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

The above plan of correction is approved as of	<u>3-1-13</u> (Date)	Plan of correction implementation status as of	<u>3-1-13</u> (Date)
The above plan of correction was approved by	 (Initials)	<input checked="" type="checkbox"/> Fully Implemented 	
		<input type="checkbox"/> Partially Implemented - Adequate Progress	
		<input type="checkbox"/> Partially Implemented - Inadequate Progress	
		<input type="checkbox"/> Not Implemented	

Violation Report: 42685 - 11/30/2012 - McConnell, Deb
 PCH Name: JEWART S WHISPERING PINES MANOR

RECEIVED

1. REGULATION 55 Pa.Code §2600
 2600.85(a) - Sanitary conditions shall be maintained.

FEB 11 2013

**WEST REGION FIELD OFFICE
 Human Services Licensing**

2a. DESCRIPTION OF VIOLATION
 On 11/30/12 at 11:00 a.m., in the first floor bathroom:

- The base of the toilet was wet and had black and yellow stains on the floor around the toilet and a black film on the wall behind the toilet.
- There was a strong odor of urine and feces.
- Dirt, hair and mold were on the floor around the base of the sink.
- Three used razors were on the shelf above the sink not labeled with residents' names.

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.

2-9-13
 Have done complete cleaning, we are putting in a new bathroom in the Spring we have the new items waiting to be installed. The inspector checked them out we will continue to inspect regularly ^{at least 3 times per day} and correct any unclear areas when needed. All residents have been trained not to leave their shoes + all personal items in the bathroom

Repeat Violation: Yes	Date(s) of Previous Violation(s):	03/15/2012
Signature of Legal Entity Representative (Required on EVERY Page)		
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date
Linda Jewart Admin		2-9-13

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

The above plan of correction is approved as of 3-1-13
 (Date)

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

Plan of correction implementation status as of 3-1-13
 (Date)

Fully Implemented

Partially Implemented - Adequate Progress

Partially Implemented - Inadequate Progress

Not Implemented

Violation Report: 42685 - 11/30/2012 - McConnell, Deb
PCH Name: JEWART S WHISPERING PINES MANOR

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.85(e) - Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

2a. DESCRIPTION OF VIOLATION

The outside dumpster, which contained several bags of garbage, had an open lid.

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.

The staff & family have been told to keep the lids closed. We will continue to monitor through out the day & correct if needed

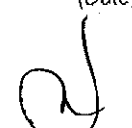
Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page) 


Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Lucinda Jewart *Admin* Date 2-9-13

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

The above plan of correction is approved as of 3-1-13
(Date)

The above plan of correction was approved by 
(Initials)

Plan of correction implementation status as of 3-1-13
(Date)

- Fully Implemented 
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

FEB 11 2013

Violation Report: 42685 - 11/30/2012 - McConnell Deb
PCH Name: JEWART S WHISPERING PINES MANOR

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.88(a) - Floors, walls, ceilings, windows, doors and other surfaces must be clean in good repair and free of hazards

2a. DESCRIPTION OF VIOLATION

There is a 3" x 3" hole in the wall next to the toilet in the first floor bathroom

There is exposed electrical wiring above the lights in the first floor bathroom

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

This was correct shortly after the inspectors left. will continue to monitor, we are remodeling restroom in spring

By 3-15-13

The administrator will perform a walk-through of the home to inspect the physical condition of the home to include walls, ceilings and other surfaces, at least once per month.

2/11/13

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Admin*
Lucinda Jewart Date *2-9-13*

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

The above plan of correction is approved as of _____ (Date)	Plan of correction implementation status as of _____ (Date)
The above plan of correction was approved by _____ (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

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Violation Report: 42685 - 11/30/2012 - McConnell, Deb
PCH Name: JEWART S WHISPERING PINES MANOR

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.101(j)(2) - Each resident shall have the following in the bedroom: A chair for each resident that meets the resident's needs.

2a. DESCRIPTION OF VIOLATION
Bedroom #2 has two residents and only one chair.

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.

We put another chair in bedroom
will continue to monitor daily & replace
if resident removes

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page)			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Admin	Date 2-9-13

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The above plan of correction is approved as of 3-1-13
(Date)

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

Plan of correction implementation status as of 3-1-13
(Date)

- Fully Implemented [Signature]
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 42685 - 11/30/2012 - McConnell, Deb
PCH Name: JEWART S WHISPERING PINES MANOR

FEB 11 2013

1. REGULATION 55 Pa.Code §2600
2600.103(g) - Food shall be stored in closed or sealed containers.

WEST REGION FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

A five pound bag of sugar in the cupboard near the stove was opened and unsealed.

An eleven ounce bag of potato chips in the microwave was opened and unsealed.

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.

Sugar was placed in plastic resealable bag - will use clips or twisties on chips etc. will continue to monitor and correct when needed - daily

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Date

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

The above plan of correction is approved as of 3-1-13
(Date)

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

Plan of correction implementation status as of 3-7-13
(Date)

- Fully Implemented [Signature]
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 42685 - 11/30/2012 - McConnell, Deb
PCH Name: JEWART S WHISPERING PINES MANOR

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.105(g)(1) - To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use.

2a. DESCRIPTION OF VIOLATION

On 11/30/12, there was an accumulation of lint behind the dryer and lint hanging on the electrical wiring in the basement.

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.

11/30/12 This was corrected right after inspection left will continue to monitor on a regular basis + clean + correct when needed

By 3-15-13 - A designated staff person will monitor the lint trap, and area behind the dryer daily to ensure there is no lint build-up.

By 3-15-13 - All staff will be reeducated on the risk of fire due to lint build-up

J
3-1-13

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Date

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

The above plan of correction is approved as of 3-1-13 (Date)

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

Plan of correction implementation status as of 3-1-13 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

RECEIVED

Violation Report: 42686 - 11/30/2012 - McConnell, Deb
PCH Name: JEWART S WHISPERING PINES MANOR

FEB 11 2013

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

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.

2a. DESCRIPTION OF VIOLATION

On 11/30/12, the two cupboards containing residents' medications were unlocked, accessible and unsupervised in the kitchen pantry.

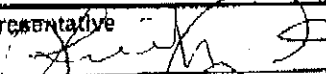
On 11/30/12, the nebulizer medication Budesonide prescribed to staff person B, was unlocked, accessible and unsupervised on the microwave in the kitchen.

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

11-30-13 - I just got finished with meds for the morning, these cupboards are never unsupervised there is Always someone in that area. They are locked when we are not using them. They were left unlocked when the inspectors came because they always inspect them. Staff persons sub-med have been placed in med cabinets & locked will continue to monitor & when inspectors come out the doors will be locked & can be repaired

Repeat Violation: Yes Date(s) of Previous Violation(s): 03/15/2012

Signature of Legal Entity Representative (Required on EVERY Page) 


Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Lucinda Jewart Date 2-9-13

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

The above plan of correction is approved as of 3-1-13 (Date)



Plan of correction implementation status as of 3-1-13 (Date)

- Fully Implemented 
- Partially Implemented - Adequate Progress

RECEIVED

FEB 11 2013

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Violation Report: 42685 - 11/30/2012 - McConnell, Deb
PCH Name: JEWART S WHISPERING PINES MANOR

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa. Code §2600

2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

2a. DESCRIPTION OF VIOLATION

Resident #3 was admitted into the home on 10/26/12. No initial assessment was completed.

Resident #4 was admitted into the home on 6/1/12. The initial assessment was not completed until 7/1/12.

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

Found resident #3 init assessment - copy included
Resident #4 was completed within 30 days
6-1- to 7-1 30 days. Will make sure all forms are
replaced where they belong and will do before the
30th day. Will continue to monitor + complete
all forms.

By 3-15-13: The administrator will create and
implement a system to ensure resident assessments
for new residents are completed within 15 days of
admission and annually thereafter.

P-345

Repeat Violation: Yes	Date(s) of Previous Violation(s):	03/15/2012	08/10/2012
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Signature of Legal Entity Representative
(Required on EVERY Page)

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Lucinda Jewart* Admin Date *2-9-13*

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

The above plan of correction is approved as of 3-1-13
(Date)

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

Plan of correction implementation status as of 3-1-13
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *J*
- Partially Implemented - Inadequate Progress
- Not Implemented

RECEIVED

FEB 11 2013

Page 13 of 15

Violation Report: 42685 - 11/30/2012 - McConnell, Deb
PCH Name: JEWART S WHISPERING PINES MANOR

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa. Code §2600

2600.227(a) - A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

2a. DESCRIPTION OF VIOLATION

Resident #3 was admitted to the home on 10/26/12. No initial support plan was completed. 3-1-13

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.

This form was misplaced - found it in my office in Basement w/ some of his other info. Will put papers in residents folder when completed. will continue to monitor folders

W. Thakuram
3-1-13

Repeat Violation: Yes

Date(s) of Previous Violation(s): 08/10/2012

Signature of Legal Entity Representative
(Required on EVERY Page)

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

Admin

Date: 2-9-13

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

The above plan of correction is approved as of _____ (Date)

Plan of correction implementation status as of _____ (Date)

The above plan of correction was approved by _____ (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 42685 - 11/30/2012 - McConnell, Deb
PCH Name: JEWART S WHISPERING PINES MANOR

FEB 11 2013

1. REGULATION 55 Pa.Code §2600

WEST REGION FIELD OFFICE

2600.227(h) - If a resident or designated person is unable or chooses not to sign the support plan, a notation of inability or refusal to sign shall be documented

Human Services Licensing

2a. DESCRIPTION OF VIOLATION

Resident #1's support plan, dated 8/1/12 and resident #4's support plan, dated 7/1/12, were not signed by the resident.

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.

These forms were signed shortly after inspectors left. I will make sure all support plans are signed by residents will continue to monitor all forms.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

Lucinda Jewart Admin

Date: 2-9-12

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


The above plan of correction is approved as of

3-1-13
(Date)

Plan of correction implementation status as of

3-1-13
(Date)

The above plan of correction was approved by


(Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 42685 - 11/30/2012 - McConnell, Deb
PCH Name: JEWART S WHISPERING PINES MANOR

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.252 - Each resident's record must include the following information: (1) through (26)

2a. DESCRIPTION OF VIOLATION
Resident #3's and #4's records do not include a photograph of the resident.

The photograph in the file for resident #2 is dated 6/2010, more than two years old.

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.

Have updated all photos will take them at the same time each yr. unless a new admit. Resident #3 moved out. Took photo w/him. Will continue to monitor + up date yrly

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Admin* Date *2-9-13*

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

The above plan of correction is approved as of 3-1-13 (Date)

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

Plan of correction implementation status as of 3-1-13 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented