



**pennsylvania**  
DEPARTMENT OF PUBLIC WELFARE

JUL 19 2013

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 June 3, 2013 and June 6, 2013, 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.

Your regular license for the period of August 23, 2013 to August 23, 2014 was issued on June 13, 2013. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink, appearing to read "R. Melusky".

Ronald Melusky  
Director

Enclosure  
Violation Report

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

<b>PCH Name:</b> JAMESON PLACE		<b>License Number:</b> 40128
<b>Address:</b> 3345 WILMINGTON ROAD, NEW CASTLE, PA 16105		<b>County:</b> Lawrence
<b>Administrator:</b> Sandy Black		<b>Region:</b> WEST
<b>Legal Entity Name:</b> JAMESON CARE CENTER INC		
<b>Legal Entity Address:</b> 3345 WILMINGTON ROAD, NEW CASTLE, PA 16105		
<b>Certificate(s) of Occupancy</b> I-2 10/21/2010 Neshannock Twpt.		
<b>Staffing Hours</b> <b>Resident Support:</b> 0 <b>Total Daily Staff:</b> 37 <b>Waking Staff:</b> 28		
<b>Type of Inspection:</b> Ind - Full <b>BHA Docket Number:</b> <b>Notice:</b> Unannounced		
<b>Reason(s) for Inspection(s)</b> Indicator		
<b>On-Site Inspections Dates and Department Representatives On-Site</b> 06/03/2013: Williams, Jason 06/06/2013: Williams, Jason		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>		
<b>Other Details</b> <b>Partial or Full Triggers:</b> 65d, 65b <b>Random Indicators:</b> 86a, 102a, 102i, 103d, 184a		
<b>Resident Demographic Data as of Inspection Dates</b>		
<b>Licensed Capacity:</b> 70 <b>Number of Residents Served:</b> 37 <b>Secured Dementia Care Unit in Home:</b> No <b>Area:</b> <b>Secured Dementia Unit Capacity, if Applicable:</b> <b>Number of Residents Served in Secured Dementia Care Unit, if applicable:</b> <b>Number of Current Hospice Residents:</b> 0 <b>Number of Hospice Residents in past year:</b> 0	<b>Number of Residents who:</b> <b>Receive Supplemental Security Income:</b> 0 <b>Are 60 Years of Age or Older:</b> 37 <b>Have Mental Illness:</b> 0 <b>Have an Intellectual Disability:</b> 0 <b>Have a Mobility Need:</b> 0 <b>Have a Physical Disability:</b> 0	

Violation Report: 40128 - 06/03/2013 - Williams, Jason

PCH Name: JAMESON PLACE

06-18-2013

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, or 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 [redacted] dated 8/21/12, is 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.

*Please see attached letter and contract, see page 2A*

*Thank you*

*7-30-13 the administrator or designated staff person will review all current resident's contracts for completion including see required signatures. 6-28-13 JSP*

Repeat Violation: No

Date(s) of Previous Violation(s):

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

*6-18-2013*

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

The above plan of correction is approved as of

*6-28-13*  
(Date)

Plan of correction implementation status as of

*6-28-13*  
(Date)

Fully Implemented

Partially Implemented - Adequate Progress *JSP*

Partially Implemented - Inadequate Progress

Not Implemented

The above plan of correction was approved by

*JSP*  
(Initials)

To: [thlaskey@pa.gov](mailto:thlaskey@pa.gov)  
Cc: Black, Sandra  
Subject: Violation Report and plan

Final IVEE

JUN 18 2013

WEST REGIONAL OFFICE  
Human Services Licensing

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

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Dear Sirs,

The following information is regarding my correction and plan for the Violation Report:40128

This violation has been corrected by having the Resident sign the contract. Report:4012 (Prevention) Jameson Place will make sure the Resident will sign or if not able to sign that he or she will place a mark on the contract in the proper place. Also knowing only a Guardian/not a POA is able to sign for the Resident.

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

*Sandra L Black Manager*

6/18/2013

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Violation Report: 40128 - 06/03/2013 - Williams, Jason  
 PCH Name: JAMESON PLACE

JUN 21 2013

1. REGULATION 55 Pa.Code §2600

WEST REGION FIELD OFFICE  
 Planning, Compliance & Licensing

2600.54(a) - Direct care staff persons shall have the following qualifications:

- (1) Be 18 years of age or older, except as permitted in § 2600.54(b).
- (2) Have a high school diploma, GED diploma, or active registry status on the Pennsylvania nurse aide registry.
- (3) Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

2a. DESCRIPTION OF VIOLATION

Direct care staff person [redacted] hired 10/8/12, does not have a high school diploma, GED diploma or active registration status on the PA nurse aide registry.

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, correction, and solution. See page 3A*

*Thank you,*

*7-30-13 the administrator will review all current staff records to ensure all staff persons meet the qualifications.*

*7-30-13 the administrator or designated staff person will verify all new direct care staff documentation to assure the staff person meets the qualifications prior to starting work in the home. JPP 6-28-13*

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

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 *6-18-2013*

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

The above plan of correction is approved as of *6-28-13*  
 (Date)

Plan of correction implementation status as of *6-28-13*  
 (Date)

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

The above plan of correction was approved by *JPP*  
 (Initials)

To: [thlaskey@pa.gov](mailto:thlaskey@pa.gov)  
Cc: Black, Sandra  
Subject: Violation Report and plan

RECEIVED

JUN 21 2013

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

WEST REGION FIELD OFFICE  
Human Services Licensing

Dear Sirs,

The following information is regarding my correction and plan for the Violation on staff person [REDACTED] [REDACTED] was hired as a Direct care staff person and could not show proper documentation as of having a Diploma or GED.

[REDACTED] (Correction):  
With the knowledge of this [REDACTED] was terminated on 6/5/13.

[REDACTED] (Prevention)  
Jameson Place will follow closely, Regulation 55 Pa. code 2600  
Regulation 2600.54 (a) which states Direct care staff shall have the following  
qualifications:

1. Be 18 years of age of older, except as permitted in 2600.54(b)
2. Have a high school diploma, GED diploma, or active registry status on the Pennsylvania nurse aide registry
3. Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care service with reasonable skill and safety.

Thank you,  
Respectfully,  
Sandra L Black, Manager

*Sandra L Black, Manager*

6/18/2013

JUN 21 2013

Violation Report: 40128 - 06/03/2013 - Williams, Jason  
PCH Name: JAMESON PLACE

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.65(b) - Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

- (1) Resident rights.
- (2) Emergency medical plan.
- (3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. §§ 10225.101-10225.5102).
- (4) Reporting of reportable incidents and conditions.

2a. DESCRIPTION OF VIOLATION

Neither staff person [redacted] hired 10/8/12, staff person [redacted] hired 4/3/12, or staff person [redacted] hired 4/30/12, had orientation in resident rights or the emergency medical plan within their first 40 scheduled working hours.

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 letters for correction, solution & prevention.  
See page 4A, 4B and 4C*

*Thank you,*

*7-30-13 the administrator or designated staff person will review all staff person training records to ensure all staff personnel have completed the required training of 2600.65b.*

*7-30-13 the administrator will create a tracking system for new hires to ensure that newly-hired staff persons receive the training required by this regulation within 40 scheduled working hours and the documentation of training is kept in the staff person's record. 6-28-13 JPP*

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

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 *6-18-2013*  
*6-19-2013*

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

The above plan of correction is approved as of <u>6-28-13</u> (Date)	Plan of correction implementation status as of <u>6-28-13</u> (Date)
The above plan of correction was approved by <u>JPP</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>JPP</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

page 4A of 9

RECEIVED

JUN 21 2013

WEST REGIONAL DISTRICT  
Human Services Licensing

To [thlaskey@pa.gov](mailto:thlaskey@pa.gov)

Cc: Black, Sandra

Subject: Violation Report and plan

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

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Dear Sirs,

The following information is regarding my correction and plan for the Violation on [REDACTED]  
[REDACTED]. [REDACTED] did not have Department orientation.  
[REDACTED] has been terminated and will not be eligible for rehire.  
I Have no plan of correction for her.

Thank you,  
Respectfully,  
Sandra L Black, Manager

*Sandra L Black, Manager*  
*6-18-2013*

6-18-2013

RECEIVED

JUN 21 2013

WEST REGIONAL OFFICE  
Human Resources

To: [thlaskey@pa.gov](mailto:thlaskey@pa.gov).  
Cc: Black, Sandra  
Subject: Violation Report and plan

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

Dear Sirs,

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

Staff person [REDACTED] did have Dept. Orientation, however she did not complete (section 2600.65a) also (section 2600.65b)

Correction: Please see the attachment showing (Section 2600.65a) and (Section 2600.65b) that will complete the Direct care staff person training and orientation. Diane has completed this and dated.

(Solution) Keep current copies together, placed in folder for new hirers.

Thank you,  
Respectfully,  
Sandra L Black, Manager

*Sandra L Black, Manager 6/19/2013*

6/19/2013

page 4C of 9

RECEIVED

JUN 21 2013

WEST REGION FIELD OFFICE  
Human Services Licensing

To: [thlaskey@pa.gov](mailto:thlaskey@pa.gov).  
Cc: Black, Sandra  
Subject: Violation Report and plan

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Jameson Place Personal Care Home  
3345 Wilmington Road, New Castle Pa 16105  
License # 401280

Dear Sirs,

The following information is regarding my correction and plan for the Violation on Staff person [REDACTED] [REDACTED] was hired on 4-3-12 as an LPN and did not have department orientation.

(Correction for the Violation is to have Orientation with Denise checking off the check list as we covered the categories. Denise did sign and date both sheets of the Orientation. (Prevention) Jameson Place will put a complete packet into the folder for new hirers. This way this step will not be over looked.

Thank you,  
Respectfully,  
Sandra L Black, Manager

*Sandra L Black, Manager*  
*6/18/2013*

JUN 21 2013

Violation Report: 40128 - 06/03/2013 - Williams, Jason  
PCH Name: JAMESON PLACE

WEST REGIONAL OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.65(d) - Direct care staff persons hired after April 24, 2006 may not provide unsupervised ADL services until completion of the following:

- (1) Training that includes a demonstration of job duties, followed by supervised practice.
- (2) Successful completion and passing the Department-approved direct care training course and passing of the competency test.
- (3) Initial direct care staff person training to include the following:
  - (i) Safe management techniques.
  - (ii) ADLs and IADLs.
  - (iii) Personal hygiene.
  - (iv) Care of residents with dementia, mental illness, cognitive impairments, mental retardation and other mental disabilities.
  - (v) The normal aging-cognitive, psychological and functional abilities of individuals who are older.
  - (vi) Implementation of the initial assessment, annual assessment and support plan.
  - (vii) Nutrition, food handling and sanitation.
  - (viii) Recreation, socialization, community resources, social services and activities in the community.
  - (ix) Gerontology.
  - (x) Staff person supervision, if applicable.
  - (xi) Care and needs of residents with special emphasis on the residents being served in the home.
  - (xii) Safety management and hazard prevention.
  - (xiii) Universal precautions.
  - (xiv) The requirements of this chapter.
  - (xv) Infection control.
  - (xvi) Care for individuals with mobility needs, such as prevention of decubitus ulcers (bed sores), incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

2a. DESCRIPTION OF VIOLATION

Staff person began providing unsupervised direct care on 4/23/13. This staff person has not completed the direct care online competency test. In addition, none of the direct care staff persons hired since April 24, 2006 have completed this competency test.

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.

See page 5A

Please see attached letters & certificates for correction, solution, + prevention.

7-30-13 All newly hired staff persons will complete all required topics under 65(d) including the successful completion and passing the Department's direct care training course before providing unsupervised ADL services.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Sandra L. Black, Manager*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Sandra L. Black, manager* Date *6-18-2013*

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

The above plan of correction is approved as of <u>6-28-13</u> (Date)	Plan of correction implementation status as of <u>6-28-13</u> (Date)
The above plan of correction was approved by <i>[Signature]</i> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>[Signature]</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 40128 - 06/03/2013 - Williams, Jason  
PCH Name: JAMESON PLACE

JUN 21 2013

1. REGULATION 55 Pa.Code §2600

2600.132(h) - Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

WEST REGION FIELD OFFICE  
Harrisburg, Pennsylvania

2a. DESCRIPTION OF VIOLATION

The fire drill conducted on 4/12/13 had 34 residents in the home at the time of the drill. Only 33 of these residents were evacuated to the home's fire safe areas.

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.

See page 6A

Please see attached letter + correction solution + presentation.

7-30-13 If a resident repeatedly refuses to evacuate during a fire drill, the administrator or designated staff person will document refusals and all attempts to have the resident comply with this requirement. The home may then issue the resident a 30 day notice due to documented, repeated violation of the home rules.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

Sandra L. Slack, Manager

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

Sandra L. Slack, Manager

Date

6-19-2013

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

The above plan of correction is approved as of

6/28/13  
(Date)

Plan of correction implementation status as of

6/28/13  
(Date)

Fully Implemented

Partially Implemented - Adequate Progress *gsp*

Partially Implemented - Inadequate Progress

Not Implemented

The above plan of correction was approved by

*gsp*  
(Initials)

RECEIVED

JUN 21 2013

WEST REGION FIELD OFFICE  
Human Services Licensing

To: [thlaskey@pa.gov](mailto:thlaskey@pa.gov)  
Cc: Black, Sandra  
Subject: Violation Report and plan

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

Dear Sirs,

The following information is regarding my correction and plan for the Violation on the Fire Drill conducted on 4/12/13. (One Resident refused evacuation)

(Correction): If a Resident refuses to participate in the drill, It must be explained to that Resident the importance of their participation, and another drill must be conducted.

(Solution) All Residents have been educated again of the (mandatory participation) during a fire drill. The Resident and their family members have been educated about refusal.

(If a resident repeatedly refuses they must seek another facility)

(Prevention) Monthly Fire Drills will be conducted with Staff and Residents to ensure the understanding and the importance of the drills, also to ensure the safety of the Residents.

Thank you,  
Respectfully,  
Sandra L Black, Manager

6/19/2013

*Sandra L Black, Manager*

*6/19/2013*

Violation Report: 40128 - 06/03/2013 - Williams, Jason

PCH Name: JAMESON PLACE

JUN 21 2013

1. REGULATION 55 Pa.Code §2600

2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

WEST REGION FIELD OFFICE  
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

The most recent medical evaluation for Resident [redacted] dated 11/21/12, does not address diagnoses or medications. Under these sections is written "see attached" but there is nothing attached to the medical evaluation.

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.

See page 7A

Please see attached letter + corrections, solutions, and prevention.

7-30-13 The administrator or designated staff person will review all resident records to ensure a current medical evaluation has been completed in its entirety, including diagnoses and medications.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

Sandra L. Black, manager

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

Sandra L. Black, manager

Date

6-19-2013

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

The above plan of correction is approved as of

6-28-13  
(Date)

Plan of correction implementation status as of

6-28-13  
(Date)

Fully Implemented

Partially Implemented - Adequate Progress *ASB*

Partially Implemented - Inadequate Progress

Not Implemented

The above plan of correction was approved by

*ASB*  
(Initials)

RECEIVED

JUN 21 2013

WEST REGION FIELD OFFICE  
Human Services Licensing

To: [thlaskey@pa.gov](mailto:thlaskey@pa.gov)  
Cc: Black, Sandra  
Subject: Violation Report and plan

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

Dear Sirs,

The following information is regarding my correction and plan for the Violation on Resident [REDACTED]. The most recent medical evaluation dated 11/21/12, does not address diagnoses or medications.

(Correction) The PCA for Resident [REDACTED] has been notified that the DME on Resident [REDACTED] had not been filled out totally. The PCA did correct this error. Please see attachment regarding the medication list, also the medical diagnoses.

(Solution): When the DME is sent with the Resident at the time for their evaluation we will add a note for the Physician to please complete the form in full.

(Prevention): When the DME is returned to our Nurses station the Manager and the Nurse or LPCA on duty will go over this form together to ensure all sections necessary are filled out.

Thank you,  
Respectfully,  
Sandra L Black, Manager

*Sandra L. Black, Manager. 6-19-2013*

6-19-2013

Violation Report: 40128 - 06/03/2013 - Williams, Jason  
PCH Name: JAMESON PLACE

JUN 21 2013

WEST REGION FIELD OFFICE  
Human Services Planning

1. REGULATION 55 Pa.Code §2600  
2600.171(b)(5) - If staff persons or volunteers of the home provide transportation for the residents, the vehicle must have a first aid kit with the contents in § 2600.96 (relating to first aid kit).

2a. DESCRIPTION OF VIOLATION

On 6/6/13, the first aid kit in the home's van used to transport residents did not contain a thermometer, scissors, eye coverings or tweezers.

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.

See page 8A

Please see attached letter, Correction, Solution, and Prevention.

Thank you,

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

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

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Sandra L. Black, Manager*      Date *6-19-2013*

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

The above plan of correction is approved as of 6-28-13 (Date)      Plan of correction implementation status as of 6-28-13 (Date)

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

The above plan of correction was approved by *JSP* (Initials)

To: [thlaskey@pa.gov](mailto:thlaskey@pa.gov).  
Cc: Black, Sandra  
Subject: Violation Report and plan

RECEIVED

JUN 21 2013

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

WEST REGION FIELD OFFICE  
Human Services Licensing

Dear Sirs,

The following information is regarding my correction and plan for the Violation 2600.96  
(First Aid Kit)

(Correction): The van's first aid kit has been up-dated with the proper contents. Missing from the kit was scissors, eye covering, tweezers, and thermometer. Please see the bill of sales which states the purchase of the above.

(Solution) Replace any item that has been used from the kit immediately.

(Prevention): Have a check off sheet in the First Aid Kit. Monthly, the van driver will review the sheet making sure all contents are present.

Thank you,  
Respectfully,  
Sandra L Black, Manager

*Sandra L Black, Manager, 6-19-2013*

6-19-2013

Violation Report: 40128 - 06/03/2013 - Williams, Jason  
PCH Name: JAMESON PLACE

JUN 21 2013

1. REGULATION 55 Pa.Code §2600

WEST REGION FIELD OFFICE

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

- (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 June 2013 medication administration record (MAR) for Resident [redacted] lists Warfarin Sodium 5mg tab, take by mouth as directed on Monday, Tuesday, Wednesday, Friday and Saturday. The dose of this medication is not listed.

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.

See page 9A

*Please see attached letter + corrections, solution, + prevention.*

*Thank you*

Repeat Violation: Yes	Date(s) of Previous Violation(s):	07/16/2012
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Signature of Legal Entity Representative (Required on EVERY Page) *Sandra L. Black, manager*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Sandra L. Black, manager* Date *6-19-2013*

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

The above plan of correction is approved as of <u>6-28-13</u> (Date)	Plan of correction implementation status as of <u>6-28-13</u> (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>[Signature]</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

RECEIVED

JUN 21 2013

WEST REGIONAL OFFICE  
Human Services (Westing)

To: [thlaskey@pa.gov](mailto:thlaskey@pa.gov).  
Cc: Black Sandra  
Subject: Violation Report and plan

Jameson Place Personal Care Home  
3345 Wilmington road, New castle Pa 16105  
License # 401280  
County Lawrence  
Region West

Dear Sirs,

The following information is regarding my correction and plan for the Violation on Resident [REDACTED]. The June 2013 Mar listed Warfarin Sodium 5mg tab, take by mouth as directed on Monday, Tuesday, Wednesday, Friday, and Saturday. The dose of the medication is not listed.

(Correction): The June 2013 Mar which listed Warfarin Sodium 5 mg tab take by mouth as directed on Monday, Tuesday, Wednesday, Friday, and Saturday has been brought to the attention of the pharmacy who is responsible for typing the directions of the medication and dosage. The error has been explained and corrected. This medication should read Warfarin Sodium 5mg. Take 1tab of 5mg by mouth on Monday, Tuesday, Wednesday, Friday, and Saturday. Please see attached Mar for correction.

(Solution) Work with Pharmacy with new orders. Ask Pharmacy to state with each order the amount of tabs given according to the milligram.

(Prevention) Monthly/or as new orders are prescribed by the Physician and filled by the Pharmacy, two staff member check the order to assure the correct dosage and amount listed are correct.

Thank you,  
Respectfully,  
Sandra L Black, Manager

*Sandra L Black, Manager, 2013.*

6-19-2013