

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 July 3, 2014 until January 3, 2015,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 426851

Robert E. Robinson
ISSUING OFFICER


ACTING 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.



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

MAILING DATE: JUL 03 2014

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

**RE: Jewart's Whispering Pines
License #: 426851**

Dear Ms. Jewart:

As a result of the Department of Public Welfare's licensing inspection on November 4, 2013, March 10, 2014 and March 18, 2014, of the above facility, the violations specified on the enclosed License Inspection Summary were found.

Based on violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes), your current license # 426850 dated March 26, 2014 to March 26, 2015 is **REVOKED**. A **FIRST PROVISIONAL** license is being issued based on your plan to correct the violations as specified on the License Inspection Summary. This **FIRST PROVISIONAL** license replaces all previously issued licenses and is effective for six months from the date of issuance. The license dated March 26, 2014 to March 26, 2015 is **NOT** reinstated upon expiration of this **FIRST PROVISIONAL** license. This decision is made pursuant to 62 P.S. 1026(b)(1) and 55 Pa.Code § 20.71(a)(2) (relating to conditions for denial, nonrenewal or revocation.) Your **FIRST PROVISIONAL** license is enclosed.

All violations specified on the License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

If you disagree with the decision to issue a **PROVISIONAL** license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Public Welfare in accordance with 1 Pa.Code Part II, Chs. 31-35. If you decide to appeal your **PROVISIONAL** license or, a written request for an appeal must be received within 10 days of the date of this letter by:

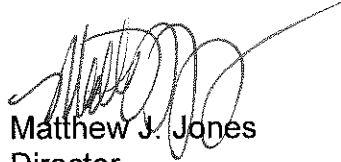
Jacob Herzing, Enforcement Manager
Human Services Licensing
Department of Public Welfare
Room 631 Health and Welfare Building
625 Forster Street
Harrisburg, Pennsylvania 17120

Ms. Lucinda Jewart

2

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,

A handwritten signature in black ink, appearing to read "Matthew J. Jones", with a long horizontal line extending to the right.

Matthew J. Jones
Director

Enclosures
License
License Inspection Summary

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

PCH Name: JEWART S WHISPERING PINES MANOR		License Number: 42685
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		
Certificate(s) of Occupancy Other 06/03/1996 L&I		
Staffing Hours Resident Support: N/A Total Daily Staff: 8 Working Staff: 6		
Type of Inspection: Full BHA Docket Number: N/A Notice: Unannounced		
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 11/04/2013: Rosol, Jennifer; Miller-Linhart, Alden		RECEIVED JAN 13 2014 WEST REGION FIELD OFFICE Human Services Licensing
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: Number of Residents Served in Secured Dementia Care Unit, If applicable: Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 0	Number of Residents who: Receive Supplemental Security Income: 6 Are 60 Years of Age or Older: 2 Have Mental Illness: 8 Have an Intellectual Disability: 6 Have a Mobility Need: 0 Have a Physical Disability: 0	

JAN 2 2014

Violation Report: 42685 - 11/04/2013 - Rosol, Jennifer
PCH Name: JEWART S WHISPERING PINES MANOR

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.20(b)(1) - 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.

2a. DESCRIPTION OF VIOLATION

The home manages finances for residents #1, resident #2, and resident #4; however, the home does not maintain a record of financial transactions for these residents.

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 started to keep track of finances - copies of each resident mentioned above included. Will continue to keep all transactions records. Resident #2 no longer resides in the home. The home has created a financial record for resident #1.

By 7/16/14 - The administrator will develop financial records for resident #4 and all other residents for whom the home manages finances. SMP 1/16/14

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

Signature of Legal Entity Representative (Required on EVERY Page) *Lucinda Dewert*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Date 1-9-14

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE

The above plan of correction is approved as of 6-16-14 (Date)

Plan of correction implementation status as of 6-16-14 (Date)

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

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

Violation Report: 42685 - 11/04/2013 - Rosol, Jennifer
PCH Name: JEWART S WHISPERING PINES MANOR

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.20(b)(3) - The home shall obtain a written receipt from the resident for cash disbursements at the time of disbursement.

2a. DESCRIPTION OF VIOLATION

The home manages finances for residents #1, resident #2, and resident #4; however, the home did not obtain a written receipt from the resident for cash disbursements.

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 continue to keep track of ALL cash disbursements, copies enclosed ^{follow} pg 2

Resident #2 no longer resides in the home.

A financial record to include a written receipt of cash disbursements for the resident's cited has been initiated.

By 7/16/14 - The administrator or designated staff person will review all resident financial records to ensure each resident, for whom the home manages finances, has a record of financial transactions including the dates, amounts of deposits, amounts of withdrawals, written receipt and the current balance.

SMP
6/16/14

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Luannida Jewart

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

Luannida Jewart

Date 1-9-14

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

The above plan of correction is approved as of 6-16-14
(Date)

Plan of correction implementation status as of 6-16-14
(Date)

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

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

Violation Report: 42685 - 11/04/2013 - Rosol, Jennifer
 PCH Name: JEWART S WHISPERING PINES MANOR

RECEIVED

1. REGULATION 55 Pa Code §2600
 2600.20(b)(5) - Commingling of resident funds and home funds is prohibited.

JAN 9 2014

WEST REGION FIELD OFFICE
 Human Services Licensing

2a. DESCRIPTION OF VIOLATION
 Resident #4's income is getting deposited into a "Whispering Pines" account before being disbursed to 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.

I am his repayed for a small amount of his money. Copy of disbursement enclosed. This is used for his cigarettes only. He handles all his Vet pay.

By 7/16/14 - The home will open a bank account designated for only resident funds.

At no time will resident funds including personal care needs allowances, SSI or rent rebate checks be deposited in the same account with the home's funds or the administrator's personal funds. see 4/16/14

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Jennifer Rosol

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

Jennifer Rosol

Date 1-9-14

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

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 (Date)

Plan of correction implementation status as of 6-16-14
 (Date)

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

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

Violation Report: 42685 - 11/04/2013 - Rosol, Jennifer
PCH Name: JEWART S WHISPERING PINES MANOR

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.20(b)(8) - The home shall give the resident and the resident's designated person, an itemized account of financial transactions made on the resident's behalf on a quarterly basis.

2a. DESCRIPTION OF VIOLATION
The home manages finances for resident #1, resident #2 and resident #4; however, the residents have not received a quarterly account of financial transactions.

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 home has implemented the following
will continue to monitor and keep track
of all transactions using form 2600.20 (b)(8)
inspector's said this should be ok
Resident #2 no longer resides in the home.

By 7/16/14 - The home will provide residents #1 and #4 with a quarterly financial statement for the months of January to March and April to June 2014 and every three months afterwards.

The administrator or designated staff person will provide all residents and the resident's designated person with a quarterly financial statement. A copy of the itemized account will be kept in each resident's record, even if the resident declines to review the account. sm 6/16/14

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Lucinda Stewart*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Lucinda Stewart* Date 1-9-14

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

The above plan of correction is approved as of 6-16-14
(Date)

Plan of correction implementation status as of 6-14-14
(Date)

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

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

JAN 14 2014

Violation Report: 42685 - 11/04/2013 - Rosol, Jennifer
PCH Name: JEWART S WHISPERING PINES MANOR

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.25(c)(11) - The contract shall include a list of personal care services to be provided to the resident based on the outcome of the resident's support plan, a list of the actual rates that the resident will be periodically charged for food, shelter and services and how, when and by whom payment is to be made.

2a. DESCRIPTION OF VIOLATION

The contract for resident #1, dated 2/1/13, indicates that there is a separate charge for a private television that is attached as an addendum; however, there is no addendum attached to the contract to reflect this cost.

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.

That was corrected when inspector was here. we have no private tv's only one in the family room.

Violation Withdrawn
SMP
6-16-14

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Lycanda Jewart*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Date *1-9-14*

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

Violation Report: 42685 - 11/04/2013 - Rosol, Jennifer
PCH Name: JEWART S WHISPERING PINES MANOR

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa. Code §2600

2600.64(a) - Prior to initial employment as an administrator, a candidate shall successfully complete the following:

- (1) An orientation program approved and administered by the Department.
- (2) A 100-hour standardized Department-approved administrator training course.
- (3) A Department-approved competency-based training test with a passing score.

2a. DESCRIPTION OF VIOLATION

Staff person A, administrator, hired in 1996, does not have documentation that he/she completed the required 40-hour administrator training course.

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.

I supplied this in order to receive my licenses over 15 yrs ago. The Indiana Co notes went in to their archives and it does not go back that far - my papers were destroyed in a flood in my basement where my office was. I tried to get a copy I can't get something if the place where I got certified does not keep records that long and if I did not have it in the beginning I would not have a licenses today

Violations Unknown 6-16-14

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Jennifer Rosol* Date *1-14-15*

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

Violation Report: 42685 - 11/04/2013 - Rosol, Jennifer
PCH Name: JEWART S WHISPERING PINES MANOR

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
- (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
- (3) Resident rights.
- (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).
- (5) Falls and accident prevention.
- (6) New population groups that are being served at the home that were not previously served, if applicable.

2a. DESCRIPTION OF VIOLATION

Staff person B, hired in 1996, did not receive training in the following topics during the 2012 training year:
* Resident rights
* The Older Adult Protective Services Act

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.

Staff person B. is my husband he has been trained for over 15 yrs on these topics. I will retrain and keep copies of trainings. Copy included will do yrly.

Staff person B received training on the topics cited on 1/9/14.

The administrator or designated staff person will review all current staff training records to ensure all staff persons have completed the required training in accordance with regulation 2600.65g during 2013 training year. smc 6/16/14

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

Signature of Legal Entity Representative (Required on EVERY Page) *Lucinda Jewart*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Lucinda Jewart* Date *1-9-14*

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

The above plan of correction is approved as of 6-16-14 (Date)

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

Plan of correction implementation status as of 6-16-14 (Date)

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

Violation Report: 42685 - 11/04/2013 - Rosol, Jennifer
PCH Name: JEWART S WHISPERING PINES MANOR

JAN 14 2014

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

WEST REGION FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

There was a fly strip hanging from the ceiling in the living room that was completely covered with dead flies.

In the shared bedroom of resident #1 and resident #8 there was a strong smell of urine.

There were approximately 7 piles of dog feces on the deck at the exit door off resident #3's bedroom.

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 fly strip was removed while inspectors were here. will monitor fly strips in summer months + replace w/needed

Carpet was removed new floor + vinyl was installed. floors mopped daily and when needed. will monitor. Inspectors were told we were in the process of remodeling - pictures included of repair

Dog feces were removed when inspectors were here these were from a stray dog. will continue to monitor + correct if needed * Please see page 9A. Sme 4/14/14

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!

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6-16-14
(Date)

Plan of correction implementation status as of

6-16-14
(Date)

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

The above plan of correction was approved by

Sme
(Initials)

Violation Report: 42685 - 11/04/2013 - Rosol, Jennifer
PCH Name: JEWART S WHISPERING PINES MANOR

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

2a. DESCRIPTION OF VIOLATION

There was a fly strip hanging from the ceiling in the living room that was completely covered with dead flies.

In the shared bedroom of resident #1 and resident #6 there was a strong smell of urine.

There were approximately 7 piles of dog feces on the deck at the exit door off resident #3's bedroom.

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.

By 7/16/14 - All staff persons will be educated on maintaining sanitary conditions and correcting or reporting any unsanitary conditions found.

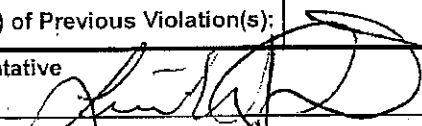
By 7/16/14 - A designated staff person will check the home at least daily to ensure sanitary conditions are maintained inside and outside the home.

SMP 6/16/14

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)

Jewart S Rosol

Date *3-10-14*

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

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

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

Plan of correction implementation status as of _____ (Date)

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

Violation Report: 42685 - 11/04/2013 - Rosol, Jennifer
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.

will make sure daily that all lids are kept closed. will continue to monitor.

By 7/16/14 - All staff persons will be educated on the need to keep trash covered and the risks of unsanitary living conditions. Documentation of training will be kept.

By 7/16/14 - A designated staff person will check the home at least daily to ensure sanitary conditions are maintained, to include trash outside the home is kept in covered receptacles. SMP 6/16/14

Repeat Violation: Yes Date(s) of Previous Violation(s): 11/30/2012

Signature of Legal Entity Representative (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Date 7-9-13
Lucinda Jewart

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

The above plan of correction is approved as of <u>6-16-14</u> (Date)	Plan of correction implementation status as of <u>6-16-14</u> (Date)
The above plan of correction was approved by <u>SMP</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress SMP <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 42685 - 11/04/2013 - Rosol, Jennifer
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 exposed electrical wiring hanging from the ceiling in the first floor bathroom.

There are numerous ceiling tiles missing from the ceiling in the first floor bathroom.

There are power drills, baseboards, wires, a work bench and paint stored in resident #5's bedroom.

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 were remodeling repairs are complete
pictures enclosed

Resident # 5 room has been
cleared pictures included

Immediately: The home will devise and implement a system to ensure resident safety while the home remodels. All staff persons will be educated on the system prior to implementation.

By 7/16/14 -A designated staff person will monitor the home at least daily to ensure floors, walls, ceilings and other surfaces will be clean, in good repair and free of hazards. Any repairs needed will be immediately reported to the administrator.

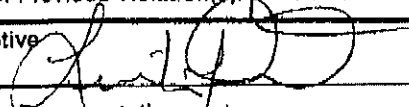
Smp 6/16/14

Repeat Violation: Yes

Date(s) of Previous Violation(s):

11/30/2012

Signature of Legal Entity Representative
(Required on EVERY Page)



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

Jennifer Rosol

Date

1-9-14

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

The above plan of correction is approved as of

6-16-14
(Date)

Plan of correction implementation status as of

6-16-14
(Date)

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

The above plan of correction was approved by

Smp
(Initials)

Violation Report: 42685 - 11/04/2013 - Rosol, Jennifer
PCH Name: JEWART S WHISPERING PINES MANOR

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa. Code §2600

2600.91 - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

2a. DESCRIPTION OF VIOLATION

The bulletin board in the living room does not include the following emergency service numbers:

- * emergency management
- * nearest hospital
- * fire department
- * ambulance
- * poison control

The two portable telephones, which are only available upon request, do not include the following emergency service numbers:

- * nearest hospital
- * police department
- * fire department
- * ambulance
- * poison control
- * local emergency management
- * personal care home complaint hotline

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 numbers were corrected when inspectors were here, will monitor and correct when updated.

The two portable phone # are posted on bulletin board + this was corrected when inspectors were here. By 7/16/14 the administrator will check the telephones at least weekly to ensure all required telephone numbers are posted Smp

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* Date *1-9-14*

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

The above plan of correction is approved as of 1-16-14 (Date)

Plan of correction implementation status as of 1-16-14 (Date)

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

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

RECEIVED

WEST REGION FIELD OFFICE Page 13 of 32
Human Services Licensing

Violation Report: 42685 - 11/04/2013 - Rosol, Jennifer
PCH Name: JEWART S WHISPERING PINES MANOR

1. REGULATION 55 Pa.Code §2600

2600.93(a) - Each ramp, interior stairway and outside steps must have a well-secured handrail.

2a. DESCRIPTION OF VIOLATION

The stairway leading to the 2nd floor has a handrail that is not secure and wobbles approximately one inch from side to side.

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 hand rail was removed
pictures included

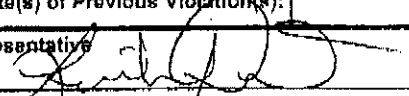
The stairway leading to the 2nd floor has a secured railing on the left hand side of the staircase.

By 7/16/14 -The administrator will monitor the home and the grounds at least monthly to ensure all ramps, interior stairway and outside steps have a well-secured handrail. SMP 6/16/14

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)

Jennifer Rosol

Date 1-9-14

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

The above plan of correction is approved as of

6-16-14
(Date)

Plan of correction implementation status as of

6-16-14
(Date)

The above plan of correction was approved by

SMP
(Initials)

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

Violation Report: 42685 - 11/04/2013 - Rosol, Jennifer
PCH Name: JEWART S WHISPERING PINES MANOR

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.102(a) - There shall be at least one functioning flush toilet for every six or fewer users, including residents, staff persons and household members.

2a. DESCRIPTION OF VIOLATION

On 11/4/13, the home served 8 residents. On that date, there was 1 staff person in the home for a total of 9 users. The home only has 1 functioning toilet, located off of the 1st floor living room, that residents are able to access. There is another toilet located in the kitchen; however, the kitchen door is locked at all times. The kitchen bathroom has a 2nd entrance that can be accessed from the back door; however, the residents would have to exit the home to get to that door.

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 were remodeling it has been completed, we now have 2 bathroom. where residents have access to. At All times. pictures were included

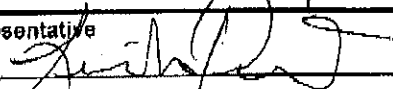
Immediately -Residents will have access to both bathrooms and will not be required to walk outside the home to access a bathroom.

SMP
6/16/14

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)

Jennifer Rosol

Date

1-9-14

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

The above plan of correction is approved as of

6-16-14
(Date)

Plan of correction implementation status as of

6-16-14
(Date)

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

The above plan of correction was approved by

SMP
(Initials)

Violation Report: 42685 - 11/04/2013 - Rosol, Jennifer
PCH Name: JEWART S WHISPERING PINES MANOR

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.103(e) - Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

2a. DESCRIPTION OF VIOLATION
There was a bag of cheese cubes that were unlabeled and undated in the kitchen refrigerator.
There was a bag of pork chops that was unlabeled and undated in the kitchen freezer.

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 make sure items are labeled and dated. if out dated they will be disposed of. will monitor daily

The unlabeled and undated cheese cubes and pork chops were discarded upon discovery on 11/4/13.
By 7/16/14 - All staff persons handling, preparing or storing food items will be educated regarding the safe storage of food items including labeling and dating, storing food at the proper temperature and storing in closed or sealed containers. Documentation of education will be kept.
By 7/16/14 -The administrator or designated staff person will check all food storage areas daily to ensure all food items are stored in closed or sealed containers, at the proper temperature and labeled and dated. SMP
6/16/14

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) Lucinda Dewar ✓ Date 6-9-14

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

The above plan of correction is approved as of 6-16-14
(Date)

Plan of correction implementation status as of 6-16-14
(Date)

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

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

Violation Report: 42685 - 11/04/2013 - Rosol, Jennifer
PCH Name: JEWART S WHISPERING PINES MANOR

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

2a. DESCRIPTION OF VIOLATION

There was no thermometer in the kitchen freezer.

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.

A thermometer has been placed in the freezer. will monitor daily to make sure its there
pic enclosed

By 7/16/14 - All staff persons handling, preparing or storing food items will be educated regarding the safe storage of food items including labeling and dating, storing food at the proper temperature and storing in closed or sealed containers. Documentation of education will be kept.

By 7/16/14 -The administrator or designated staff person will check all food storage areas daily to ensure all food items are stored in closed or sealed containers, at the proper temperature and labeled and dated.

SMP 6/16/14

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 6-16-14
(Date)

Plan of correction implementation status as of 6-16-14
(Date)

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

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

Violation Report: 42665 - 11/04/2013 - Rosol, Jennifer
 PCH Name: JEWART S WHISPERING PINES MANOR

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
 There was an opened, unsealed bag of breadsticks in the upper kitchen cabinet.

There was an opened, unsealed bag of sliced pepperoni in the kitchen refrigerator.

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 make sure all items are sealed - and marked and dated will continue to monitor daily

The open, unsealed breadsticks and sliced pepperoni were discarded upon discovery on 11/4/13.

By 7/16/14 -All staff persons handling, preparing or storing food items will be educated regarding the safe storage of food items including labeling and dating, storing food at the proper temperature and storing in closed or sealed containers. Documentation of education will be kept.

By 7/16/14 -The administrator or designated staff person will check all food storage areas daily to ensure all food items are stored in closed or sealed containers, at the proper temperature and labeled and dated. SMP 6/16/14

Repeat Violation: Yes Date(s) of Previous Violation(s): 11/30/2012

Signature of Legal Entity Representative (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Juanita Dewar Date 1-9-14

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

The above plan of correction is approved as of 1-16-14 (Date)

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

Plan of correction implementation status as of 1-16-14 (Date)

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

Violation Report: 42686 - 11/04/2013 - Rosol, Jennifer
PCH Name: JEWART S WHISPERING PINES MANOR

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.104(b)(3) - Plastic and paper plates, utensils and cups for meals may not be used on a regular basis.

2a. DESCRIPTION OF VIOLATION

According to staff person A, plastic or styrofoam plates and utensils are used for all meals on a regular basis.

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 are used because of a resident urinating in cup + glasses. I live here and I am not using dishes, utensils that residents have misused. I have been using these for over 13 yrs. I pay for them it is more sanitary and safer than regular dishes.

Immediately- Dishes, glassware and utensils shall be provided for eating, drinking, preparing and serving food on a regular basis.
By 7/16/14 -All staff persons involved in food preparation and serving will be educated regarding this regulation and the inability to use paper plates and plastic utensils and cups are not be used on a regular basis. Documentation of education will be kept
The administrator will monitor at least two different meal times a week to ensure plastic and paper plates, utensils and cups are not be used on a regular basis
smg 6/16/14

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) Jewart S Rosol Date 1-9-14

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

The above plan of correction is approved as of 6-16-14 (Date)

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

Plan of correction implementation status as of 6-16-14 (Date)

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

Violation Report: 42685 - 11/04/2013 - Rasol, Jennifer
PCH Name: JEWART S WHISPERING PINES MANOR

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.107(c) - The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.

2a. DESCRIPTION OF VIOLATION

There are currently 8 residents residing in the home, requiring a minimum total of 24 gallons of emergency drinking water; however, the home does not have any emergency drinking water on-site and the contractual agreement with Rose Valley, dated 2/10/12, and Culligan's, dated 7/10/13, does not include the following:

- * amount of water to be delivered
- * a guarantee that the water will be delivered immediately upon request, 24 hours per day
- * it will be delivered as a priority even in the event of a regional general emergency

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.

I have obtained an agreement
it is enclosed - copy

The administrator will review and or update the emergency water contractual agreement at least annually during the emergency preparedness review process to ensure the home will have a 3-day supply of drinking water.

Smo 6/16/14

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) Lucinda Jewart Date 1-9-14

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

The above plan of correction is approved as of 6-16-14
(Date)

Plan of correction implementation status as of 6-16-14
(Date)

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

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

Violation Report: 42685 - 11/04/2013 - Rosol, Jennifer
PCH Name: JEWART S WHISPERING PINES MANOR

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa. Code §2600
2600.132(b) - A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

2a. DESCRIPTION OF VIOLATION
The most recent fire safety inspection and fire drill conducted by a fire safety expert was completed on 1/11/12.

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.

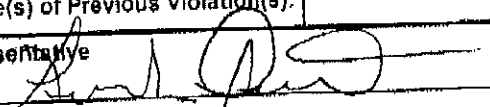
my last fire safety inspector Died in his truck!
local Fire Dept Rural Valley - has been
contacted several times. Left numerous
messages on answering machine of
[redacted] fire chief. will continue
to contact. HAVE contacted Plumville
Fire Dept 1-12-14 - Fire chief to call me
tomorrow 1-13-14- to set up time + Date to
do this for me I will forward paper w/complete

On 1/13/14 a fire safety inspection and fire drill was conducted by a fire safety expert.

The administrator will include the annual fire safety inspection and fire drill in the staff training plan to ensure a fire safety inspection and fire drill is conducted annually by a fire safety expert.

SNO 1/16/14

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 Date 1-9-14

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

The above plan of correction is approved as of 1-16-14
(Date)

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

Plan of correction implementation status as of 1-16-14
(Date)

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

Violation Report: 42685 - 11/04/2013 - Rosol, Jennifer
PCH Name: JEWART S WHISPERING PINES MANOR

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.141(a)(1) - A resident shall have a medical evaluation by a physician, physician's assistant, or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

2a. DESCRIPTION OF VIOLATION

Resident #4's medical evaluation, dated 9/27/12, was altered without the consent of the physician whom performed the evaluation. The date the resident was evaluated, the date the form was completed, and the date the medical evaluation was signed were altered from 9/27/12 to 9/28/13.

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.

Will check All med eval for dates to make sure they were not the wrong dates. Will monitor and correct if needed, will make sure all are done when required, will monitor regularly

Resident #4 had an in-person medical evaluation on 8/15/13 and the form was signed on 12/5/13.

Immediately - No medical evaluation forms will be altered without the physician, physician's assistant or certified registered nurse practitioner's written approval. Only a registered nurse (RN) or licensed practical nurse (LPN) is permitted to update omitted information or correct inaccurate information on a completed signed medical evaluation.

By 7/16/14 -The administrator or designated staff person will review all current resident records to ensure each resident has had an in-person medical evaluation documented on an unaltered, Department-approved standardized form.

By 7/16/14 -All staff persons involved with the medical evaluation process will be educated on the required contents of the medical evaluation form, timeframe for completion and proper procedure for changing the content of the form. Documentation of education will be kept. Snp 4/16/14

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
Jennifer Rosol		1-9-14

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

The above plan of correction is approved as of <u>10-16-14</u> (Date)	Plan of correction implementation status as of <u>10-16-14</u> (Date)
The above plan of correction was approved by <u>SMP</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress Snp <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

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Violation Report: 42685 - 11/04/2013 - Rosol, Jennifer
PCH Name: JEWART S WHISPERING PINES MANOR

1. REGULATION 55 Pa.Code §2600
2600.141(a)(2) - The medical evaluation must include the following: (1) through (10) WEST REGION FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION
The medical evaluation for resident #1, dated 12/3/12, does not include a current list of medications or the ability to self-administer medications. The resident is prescribed several medications including chlorpromazine, divalproex, clozapine, and lorazepam.

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.

Current med list has been updated will monitor + correct when med changes occur the Ability to self Admini box was marked copy included, will make sure all questions in DMF are answered. will monitor when charges occur

By 7/16/14 -All staff persons involved with the medical evaluation process will be educated on the required contents of the medical evaluation form, to include current medications, timeframe for completion and proper procedure for changing the content of the form. *Smp 6/16/14*

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 6-9-14

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

The above plan of correction is approved as of 6-16-14 (Date)

Plan of correction implementation status as of 6-16-14 (Date)

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

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

Violation Report: 42685 - 11/04/2013 - Rosol, Jennifer
 PCH Name: JEWART S WHISPERING PINES MANOR

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

Resident #3 had a medical evaluation completed on 4/4/12; however, the next medical evaluation was not completed until 4/22/13.

Resident #4's most recent medical evaluation was completed on 9/27/12.

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.

Will make sure all med evals are completed annually, will monitor and obtain when changes or annual time is near

Resident #4 had an in-person medical evaluation on 8/15/13 and the form was signed on 12/5/13.

By 7/16/14 -The administrator or designated staff person will review all resident records to ensure an in-person medical evaluation has been completed for all residents within the past year. All residents identified in this review as not having an annual medical evaluation completed within the past year, a medical evaluation will be scheduled immediately.

By 7/16/14 -All staff persons involved with the medical evaluation process will be educated on the required contents of the medical evaluation form, to include medications, timeframe for completion and proper procedure for changing the content of the form. Documentation of education will be kept. Smp 6/10/14

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) Jennifer Rosol Date 6-9-14

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

The above plan of correction is approved as of <u>6-16-14</u> (Date)	Plan of correction implementation status as of <u>6-16-14</u> (Date)
The above plan of correction was approved by <u>Smp</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <u>Smp</u> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 42685 - 11/04/2013 - Rosol, Jennifer
PCH Name: JEWART S WHISPERING PINES MANOR

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa. Code §2600

2600.188(c) - Changes in medication may only be made in writing by the prescriber, or in the case of an emergency, an alternate prescriber, except for circumstances in which oral orders may be accepted by nurses in accordance with regulations of the Department of State. The resident's medication record shall be updated as soon as the home receives written notice of the change.

2a. DESCRIPTION OF VIOLATION

Resident # 4 is prescribed Trazodone 100 mg. The medication administration record (MAR) indicates, take 1 tab by mouth once a day and the prescription label indicates, take 1 tab by mouth every day as needed. A physician's order, dated 10/2/13, indicates "please hold off on Trazodone for now because of increase in sleep"; however, the medication administration record was not updated to reflect this change

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 mar has been corrected. The med will not be given til written notice from DR. we'll check and monitor all mars. daily for changes + correct when needed.

Resident #4's medication administration record (MAR) were updated to include the physician's order, dated 10/2/13, "please hold off on Trazodone for now because of increase in sleep".

By 7/16/14 - The administrator will review all current physician orders and resident MAR's at least monthly to ensure all medication records are accurate and updated to reflect any changes made by the prescriber.

By 7/16/14 - All staff persons qualified to administer medications will be re-educated on the proper procedure of updating the residents MAR once the home receives a written notice of the change in the original physician's order.

Smp 6/16/14

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

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(Date)

Plan of correction implementation status as of 6-16-14
(Date)

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

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

Violation Report: 42685 - 11/04/2013 - Rosol, Jennifer
PCH Name: JEWART S WHISPERING PINES MANOR

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:

- (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.

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JAN 9 2014

WEST REGION FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

Resident #1 is prescribed Ibuprofen 400mg. The medication administration record (MAR) indicates take 1 tab by mouth every 6 hours as needed for pain/inflammation; however, the prescription label indicates Ibuprofen 600 mg, take 1 tab by mouth twice a day with meals. Medication was administered on the following dates:

- * 11/1/13 at 8 a.m., 2 p.m. and 9 p.m.
- * 11/2/13 at 8 a.m., 2 p.m. and 9 p.m.
- * 11/3/13 at 8 a.m., 2 p.m. and 9 p.m.
- * 11/4/13 at 8 a.m.

Resident #3's MAR indicates Docusate Sodium 100 mg cap substitute for Colace 100 mg cap. Take 1 cap by mouth twice a day; however, the prescription label indicates Docusate NA 50 mg/Sennosides 8.6 mg tab. Take 1 tab by mouth every day. Medication was administered on the following dates:

- * 11/1/13 at 8 a.m. and 6 p.m.
- * 11/2/13 at 8 a.m. and 6 p.m.
- * 11/3/13 at 8 a.m. and 6 p.m.
- * 11/4/13 at 8 a.m.

Resident #4 is prescribed Loratadine 10 mg. The (MAR) indicates take 1 tab by mouth once a day; however, the prescription label indicates take 1 tab by mouth everyday as needed. Medication was administered on the following dates:

- *11/1/13 at 8 a.m.
- *11/2/13 at 8 a.m.
- *11/3/13 at 8 a.m.
- *11/4/13 at 8 a.m.

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.

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			1-9-14

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

The above plan of correction is approved as of <u>6-16-14</u> (Date)	Plan of correction implementation status as of <u>6-16-14</u> (Date)
<input type="checkbox"/> Fully Implemented	

Violation Report: 42685 - 11/04/2013 - Rosol, Jennifer
PCH Name: JEWART S WHISPERING PINES MANOR

WEST REGION FIELD OFFICE
Human Services Licensing

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:

- (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. * Please see page 26^A (Smp)

The above plan of correction was approved by

SMP
(Initials)

- Partially Implemented - Adequate Progress *SMP*
- Partially Implemented - Inadequate Progress
- Not Implemented

Resident # 1

mar was corrected will monitor +
make sure mar's match script label
will monitor daily.

Resident # 3

This was corrected on MAR
will monitor to make sure all mar's
match med label

Resident # 4

mar was corrected will
monitor daily + correct w/ needed

By 7/16/14 - The administrator will review all current physician orders and resident MAR's at least monthly to ensure
all medication records are accurate and include required contents of 2600.187a. smp 4/16/14

Jusie Pallock (smp)

Regional Licensing Approval of Plan of Correction

Jusie Pallock



Lucinda Jewett

3-10-14

Violation Report: 42685 - 11/04/2013 - Rosol, Jennifer
 PCH Name: JEWART S WHISPERING PINES MANOR

1. REGULATION 55 Pa. Code §2600
 2600.187(d) - The home shall follow the directions of the prescriber.

WEST REGION FIELD OFFICE
 Human Services Licensing

2a. DESCRIPTION OF VIOLATION

Resident #2's November 2013 MAR includes Constulose 10gm/15ml take 30 ml (2 tbsp) twice a day; however, the medication was not administered from 11/1-11/4.

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.

resident refused to take because he had to pay for it out of his own pocket, copy of ^{signed} request included

resident #2 no longer resides in the home.

Immediately- Any refusal to take a prescribed medication shall be documented in the resident's record and on the MAR. The refusal shall be reported to the prescriber within 24 hours.

By 7/16/14 -The administrator or designated staff person qualified to administer medications will develop and implement a policy and procedure to ensure all resident medications are administered as prescribed and available in the home. All staff persons will be educated on this policy and procedure prior to implementation. SMP 6/14/14

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* Date *1-9-14*

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

The above plan of correction is approved as of 6-16-14 (Date)

Plan of correction implementation status as of 6-16-14 (Date)

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

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

Violation Report: 42685 - 11/04/2013 - Rosol, Jennifer
PCH Name: JEWART S WHISPERING PINES MANOR

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

2a. DESCRIPTION OF VIOLATION

The pre-admission screening form for resident #2, dated 3/20/13, does not include a determination that the home can meet the service needs of 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.

[Redacted] has moved. will make sure all pre admission screening are filled out in full. and include determination that the home can meet + service all the residents needs. will continue to monitor and correct when changes occur

Resident #2 no longer resides in the home.

By 7/16/14 -The administrator or designated staff person will review all resident records to ensure all residents have a preadmission screening completed and present in each resident file, indicating whether or not the home can meet the resident's needs.

SMP 6/16/14

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 1-9-14

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

Plan of correction implementation status as of 6-16-14 (Date)

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

RECEIVED

Violation Report: 42685 - 11/04/2013 - Rosol, Jennifer
PCH Name: JEWART S WHISPERING PINES MANOR

1. REGULATION 55 Pa.Code §2600

2600.225(c) - The resident shall have additional assessments as follows:

- (1) Annually.
- (2) If the condition of the resident significantly changes prior to the annual assessment.
- (3) At the request of the Department upon cause to believe that an update is required.

WEST REGION FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

The assessment, dated 2/13/13, for resident #3 does not include diagnoses of tobacco dependency or a history of hyponatremia as indicated on the residents medical evaluation, dated 4/22/13.

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.

will make sure all assessment include all diagnoses. This was corrected on assessment while inspectors were here.

will continue to monitor for changes and document all dia.

Resident #3's assessment, dated 2/13/13 has been revised to include the diagnoses of tobacco dependency and history of hyponatremia.

By 7/16/14 -The administrator or designated staff person will review all current resident assessments to ensure completion and accuracy including all diagnoses. SMO 6/16/14

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 6-16-14
(Date)

Plan of correction implementation status as of 6-16-14
(Date)

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

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

Violation Report: 42685 - 11/04/2013 - Rosol, Jennifer
PCH Name: JEWART S WHISPERING PINES MANOR

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

2a. DESCRIPTION OF VIOLATION

Resident #3 has a diagnoses of tobacco dependency and history of hyponatremia as indicated on the medical evaluation, dated 4/22/13. The resident's support plan does not address how the home will assist the resident in meeting these needs.

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 corrected on plan when inspector was here. will continue to monitor + correct when changes occur

Resident #3's support plan, dated 2/13/13 has been revised to include the care needs and services that will be provided in relation to the diagnoses of tobacco dependency and history of hyponatremia.

By 7/16/14 -The administrator or designated staff person will review all current and newly completed resident support plans to ensure all diagnoses are identified with the corresponding care needs and services that will provided.

*SMP
6/14/14*

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

6-16-14
(Date)

Plan of correction implementation status as of

6-16-14
(Date)

The above plan of correction was approved by

SMP
(Initials)

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

Violation Report: 42685 - 11/04/2013 - Rosol, Jennifer
PCH Name: JEWART S WHISPERING PINES MANOR

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa. Code §2600

2600.227(g) - Individuals who participate in the development of the support plan shall sign and date the support plan.

2a. DESCRIPTION OF VIOLATION

Resident #1 participated in the development of his/her support plan on 2/1/13; however, the resident did not sign the support plan.

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 make sure everyone who participates
in support plan. sign & date etc...
will monitor & correct when needed
Corrected on support plan

Resident #1 reviewed his/her support plan with the home's staff and signed the support plan on 12/1/13.

SMP
6/16/14

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

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(Date)

Plan of correction implementation status as of 6-16-14
(Date)

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

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

RECEIVED

Violation Report: 42685 - 11/04/2013 - Rosol, Jennifer
 PCH Name: JEWART S WHISPERING PINES MANOR

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 #2, admitted 3/22/13, does not have a photograph included in his/her record.

WEST REGION FIELD OFFICE
 Human Services Licensing

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.

photo was taken 11-7-13.
 we thought we took his. will make sure
 all resident have an annual picture
 will monitor and take w/needed

Resident #2's photo was taken by the home on 11/7/13.

By 7/16/14 -The administrator will review all current and newly admitted residents' records to ensure the required contents, to include a photograph of the resident that is no more than 2 years old, are present.

By 7/16/14 -The administrator will develop a checklist to ensure each resident record has the required contents accordance with regulation 2600.252. *sm 6/16/14*

Repeat Violation: Yes Date(s) of Previous Violation(s): 11/30/2012

Signature of Legal Entity Representative (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Lucinda Jewart* Date *1-9-14*

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

The above plan of correction is approved as of 6-16-14 (Date)

Plan of correction implementation status as of 6-16-14 (Date)

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

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

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

PCH Name: JEWART S WHISPERING PINES MANOR		License Number: 42685
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 06/03/1996 L&I		MAY 02 2014 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours Resident Support: N/A		Total Daily Staff: 6 Waking Staff: 5
Type of Inspection: Interim - POC		BHA Docket Number: N/A Notice: Unannounced
Reason(s) for Inspection(s) Interim		
On-Site Inspections Dates and Department Representatives On-Site 03/10/2014: Rosol, Jennifer; Mandock, Nancy 03/18/2014: Rosol, Jennifer; Mandock, Nancy		
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: 6 Secured Dementia Care Unit In Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 0		Number of Residents who: Receive Supplemental Security Income: 3 Are 60 Years of Age or Older: 1 Have Mental Illness: 6 Have an Intellectual Disability: 3 Have a Mobility Need: 0 Have a Physical Disability: 0

MAY 02 2014

Violation Report: 42885 - 03/10/2014 - Rosol, Jennifer
PCH Name: JEWART S WHISPERING PINES MANOR

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.42(q) - A resident shall be compensated in accordance with State and Federal labor laws for labor performed on behalf of the home.

2a. DESCRIPTION OF VIOLATION

Resident #1 has been performing the following tasks daily for the home:
* taking out the garbage for the common bathrooms, kitchen, and living room
* feeding the horses
* loading wood into vehicle
* loading wood into furnace

The home is paying the resident \$10.00 cash/week; however, is not keeping track of hours worked. Therefore, it is unable to be determined if the resident receives compensation in accordance with State and Federal labor laws.

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.

Resident was told that he could no longer participate in helping with anything. He then got very upset and wanted to kill himself. We got in touch with his psych DR and his Icm worker and told them what was going on. I have a letter attached. Since this problem [redacted] has not been permitted to help. IF he does help we will keep track of time and pay accordingly.

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 5-2-14

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

The above plan of correction is approved as of 6-16-14 (Date)

Plan of correction implementation status as of 6-16-14 (Date)

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

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

JUN 20 2014

Page 2 of 8

Violation Report: 42885 - 6/10/2014 - Rowol, Jennifer
PCH Name: JEWART'S WHISPERING PINES MANOR

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATORY 65 Pa.Code §2600

2600.42(q) A resident shall be compensated in accordance with State and Federal labor laws for labor performed on behalf of the home.

2a. DESCRIPTION OF VIOLATION

- Resident #1 has been performing the following tasks daily for the home:
- * taking out the garbage for the common bathrooms, kitchen, and living room
- * feeding the horses
- * loading wood into vehicle
- * loading wood into furnace

The home is paying the resident \$10.00 cash/week; however, is not keeping track of hours worked. Therefore, it is unable to be determined if the resident receives compensation in accordance with State and Federal labor laws.

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.

Immediately - Resident #1 will no longer perform labor on behalf of the home without compensation in accordance with State and Federal labor laws. If resident #1 or any other resident performs labor on behalf of the home, including any task that would otherwise have to be completed by a staff person, such labor will be voluntary and the resident will be compensated in accordance with State and Federal labor laws.

If resident #1 or any other resident performs labor on behalf of the home, the home will keep a detailed record to include, dates and hours worked to ensure the resident is compensated in accordance with all applicable labor laws.

Compensation must be made in cash or by check negotiable for cash. It may not be made in barter (such as for cigarettes or other goods) or for in-kind services (such as for a reduction in rent).

The home will offer alternative activities for resident #1 and any other resident who wish to perform household tasks

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 6-20-14

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 - 03/10/2014 - Rosol, Jennifer
PCH Name: JEWART S WHISPERING PINES MANOR

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.121(a) - Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

2a. DESCRIPTION OF VIOLATION
On 3/10/14, at 11:30 AM, the following items blocked egress from the emergency exit off of resident #2's bedroom:
* 1 gallon of milk
* 3 wooden boards 3 1/2 ft by 3 1/2 inches
* a metal lid 2 1/2 ft in diameter
* a blue lantern

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.

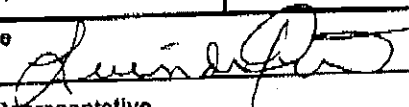
These items were removed while inspectors were here will continue to monitor daily to make sure emergency exit is clear of all debris - Administrator

By 7/16/14 - A designated staff person on each shift will check the home daily to ensure all stairways, hallways, doorways, passageways and egress routes from rooms and from the building are unlocked and unobstructed.

SMP
6/16/14

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)

Jennifer Rosol

Date 5-2-14

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

The above plan of correction is approved as of 6-16-14
(Date)

Plan of correction implementation status as of 6-16-14
(Date)

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

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

RECEIVED

Violation Report: 42685 - 03/10/2014 - Rosol, Jennifer
PCH Name: JEWART S WHISPERING PINES MANOR

MAY 04 2014

1. REGULATION 55 Pa.Code §2600
2600.125(b) - Combustible materials shall be inaccessible to residents.

WEST REGION FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

On 3/10/14, at 11:50 AM, a 64 oz. bottle of tiki bitefighter citronella & cedar torch fuel that read "failure to follow warnings and instructions may result in serious injury or property damage" was unlocked and accessible to residents on the back deck in front of the side door.

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 removed while inspectors were here. will continue to monitor area for any items of danger.
Administrator

A designated staff person will check the home at least daily to ensure combustible materials are inaccessible to residents. *Smp 6/16/14*

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 Stewart

Date

5-2-14

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

The above plan of correction is approved as of 6-16-14
(Date)

Plan of correction implementation status as of 6-16-14
(Date)

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

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

Violation Report: 42685 - 03/10/2014 - Rosol, Jennifer
PCH Name: JEWART S WHISPERING PINES MANOR

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.144(c)(1) - Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

2a. DESCRIPTION OF VIOLATION
There were approximately 20 cigarette butts on top of a throw rug on the ground next to the front porch. The rug is not fire resistant.

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 front porch is Brick it won't burn. Any how the rug was thrown away will continue to monitor daily and make sure there are no items that will burn close to the home. Administrator Residents have been educated in not to throw butt on rugs only in Butt Can.

All residents and staff persons will be educated regarding the designated smoking area and safety procedures to include the use of fire retardant furniture in the smoking area. SMP 6/16/14

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Lucinda Stewart*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Lucinda Stewart* Date *5-2-14*

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

The above plan of correction is approved as of 6-16-14 (Date)
The above plan of correction was approved by SMP (Initials)
Plan of correction implementation status as of 6-16-14 (Date)
 Fully Implemented
 Partially Implemented - Adequate Progress SMP
 Partially Implemented - Inadequate Progress
 Not Implemented

Violation Report: 42685 - 03/10/2014 - Rosol, Jennifer
PCH Name: JEWART S WHISPERING PINES MANOR

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa. Code §2600

2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION

The March 2014 medication administration record (MAR) for resident #3 includes Ibuprofen 400 mg-take 1 tablet by mouth every 8 hours as needed for pain; however, the medication was not available in the home on 3/18/14.

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 drug was a one time use given by the Dentist. I contacted the dentist and pharmacy. It was not to be refilled. Copy included. will monitor and correct MARS when a med is a one time fill. Administrator

A designated staff person qualified to administer medications will conduct an audit of resident prescriptions, physician orders and medications to ensure all prescribed medications are available in the home for administration. This designated staff person will audit the medication cart and MAR's at least weekly to ensure prescribed medications are available in the home, including as needed (PRN) medications. *SMP 6/10/14*

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

Date 5-2-14

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

The above plan of correction is approved as of 6-11-14
(Date)

Plan of correction implementation status as of 6-11-14
(Date)

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

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

Violation Report: 42885 - 03/10/2014 - Rosol, Jennifer
PCH Name: JEWART S WHISPERING PINES MANOR

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.

2a. DESCRIPTION OF VIOLATION

Staff person A administered the following medications to resident #5 on 3/18/14 at 8 AM; however, he/she did not initial the MAR:

- * citalopram
- * furosemide
- * glipizide
- * vitamin B-1
- * multi-vitamin
- * finasteride
- * folic acid
- * aspirin

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.

MAR was corrected while inspectors were here. will be more careful and monitor all mars and make sure all meds that are given will be marked. Administrator

All staff persons qualified to administer medications will be reeducated on the proper procedures for medication administration including documentation of medication administration at the time of administration.

SMP
6/10/14

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 Stewart

Date 5-2-14

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

The above plan of correction is approved as of 6-16-14
(Date)

Plan of correction implementation status as of 6-16-14
(Date)

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

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

Violation Report: 42685 - 03/10/2014 - Rosol, Jennifer
PCH Name: JEWART S WHISPERING PINES MANOR

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.251(b) - The entries in a resident's record shall be permanent, legible, dated and signed by the staff person making the entry.

2a. DESCRIPTION OF VIOLATION

The March 2014 MAR for resident #4 indicates chlorpromazine 100 mg take 1 tablet by mouth once a day in the afternoon for psychosis. On 3/13/14, staff person A, altered the MAR by using white out to remove the initials for the 12 PM dose, and then documented his/her initials indicating he/she administered the 12 PM dose.

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 not use whiteout on any document
will cross out. The phone rang and I
put it on the wrong day I marked it twice.
will monitor and only mark days given
Administrator

All staff persons qualified to administer medications will be educated on permanent entries on the MAR and the use of correction fluid on the MAR is not permitted.

Smo 6/16/14

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!

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(Date)

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