



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**MAILING DATE: October 26, 2015**

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

RE: Jewart's Whispering Pines  
License # 426852

Dear Ms. Jewart:

As a result of the Department of Human Services' licensing inspection on May 27, 2015, of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed 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.

Sincerely,

A handwritten signature in black ink, appearing to read "Jon Kimberland".

Jon Kimberland  
Regional Licensing Administrator

Enclosure  
Licensing Inspection Summary



Oct 18 2015

**Violation Report:**

**PCH Name:** JEWART S WHISPERING PINES MANOR

**1. REGULATION 55 Pa.Code §2600**

2600.25(d) SOP52 - If the home collects a resident's rent rebate under § 2600.25(a), the resident-home contract is to include the home's intended use of the revenue collected from the rent rebate.

**2a. DESCRIPTION OF VIOLATION**

Resident #1 is rent rebate eligible and the home intends to collect 50% of the resident's rent rebate. Resident #1's contract, dated 9/5/14, includes a rent rebate addendum which indicates the rent rebate will be used for "REPAIRS, VACATION".

**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, will continue to make sure all future Rent Rebate forms do not contain vacation only repairs. Copy of corrected form enclosed. This correction was faxed 5-27-15 to [REDACTED] <sup>BHIC</sup>

Within 30 days receipt of the accepted plan of correction - The administrator or designated staff person will review all residents' records to ensure the intended use of the rent rebate is included in the resident-home contract for any residents that the home is collecting a portion of the resident rebate and the rent rebate is used for the residents' benefit. 10-23-15

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 10-10-15

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

The above plan of correction is approved as of 10-29-15  
(Date)

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

Plan of correction implementation status as of 10-28-15  
(Date)

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

Violation Report

PCH Name: JEWART'S WHISPERING PINES MANOR

OCT 12 2015

1. REGULATION 55 Pa.Code §2600

2600.42(j) - A resident has the right to furnish his room and purchase, receive, use and retain personal clothing and possessions

2a. DESCRIPTION OF VIOLATION

In the beginning of April 2015, the home determined the resident #1's and resident #2's clothing was infested with bed bugs and took the residents' clothing to be laundered. On 5/27/15, the home had not returned the resident's clothing.

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 clothing was returned the same day of the inspection. They were only held because of the recommendation of the exterminator. He did not give the ok to put the items in the home. Will make sure all residents clothing is where they can access them their selves.

Immediately the administrator will ensure all resident belongings have been returned to each resident.

Within 30 days of receipt of the accepted plan of correction - The administrator will develop and implement a policy and procedures to ensure all resident clothing is returned within 24 hours after laundering. All staff persons will be educated on the policy and procedures. Documentation of training will be kept. 10-27-15

Within 45 days of receipt of the accepted plan of correction - All staff persons including the administrator will receive training in residents rights from a Department-approved outside source. Documentation of training will be sent to the BHS Western Regional Office. 10-27-15

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 10-10-15

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

The above plan of correction is approved as of 10-27-15  
(Date)

Plan of correction implementation status as of 10-27-15  
(Date)

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

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

Violation Report

OCT 12 2015

PCH Name: JEWART S WHISPERING PINES MANOR

1. REGULATION 55 Pa.Code §2600

2600.105(f)(2) - The resident's clean clothing shall be returned to the resident within 24 hours after laundering.

2a. DESCRIPTION OF VIOLATION

In the beginning of April 2015, the home determined the resident #1's and resident #2's clothing was infested with bed bugs and took the residents' clothing to be laundered. On 5/27/15, the home had not returned the resident's clothing.

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 clothing was returned the same day of the inspection. They were only held because of the recommendation of the exterminator. He did not give me the OK to put the items in the home. Will make sure all residents items are accessible.

Immediately the administrator will ensure all resident belongings have been returned to each resident.

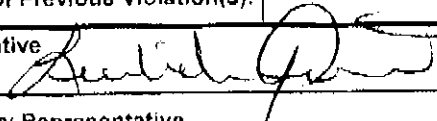
10-23-15

Within 30 days of receipt of the accepted plan of correction - The administrator will develop and implement a policy and procedures to ensure all resident clothing is returned within 24 hours after laundering. All staff persons will be educated on the policy and procedures. Documentation of training will be kept. 10-23-15

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 10-10-15

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

The above plan of correction is approved as of

10-23-15  
(Date)

Plan of correction implementation status as of

10-23-15  
(Date)

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

The above plan of correction was approved by

LJ  
(Initials)

**Violation Report:**

**PCH Name:** JEWART S WHISPERING PINES MANOR

**1. REGULATION 65 Pa.Code §2600**

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

OCT 12 2015

**2a. DESCRIPTION OF VIOLATION**

Resident #5's annual medical evaluation, dated 10/8/14, did not indicate if the resident had any allergies. This section was left blank.

**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 and faxed 5-27-15 to [REDACTED] will continue to monitor DME and make sure all areas are addressed

Immediately - The administrator will develop and implement a tracking system to ensure medical evaluations are completed in accordance with regulation 2600.141(b) including accuracy and completeness of the form.

Immediately - The administrator or designated staff person will review all new resident documentation to ensure a current medical evaluation is completed on the Department's form and is in each resident's record.

Within 30 days of receipt of the accepted plan of correction - The administrator or designated staff person will review all current medical evaluation forms to ensure that all required information including allergies, if known, are indicated. Incomplete medical evaluations will be returned to the physician for completion or new medical evaluations will be scheduled.

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

*[Handwritten Signature]*

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

Lucinda Jewart

Date 10-10-15

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

The above plan of correction is approved as of <u>10-23-15</u> (Date)	Plan of correction implementation status as of <u>10-23-15</u> (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

**Violation Report:**

**PCH Name:** JEWART S WHISPERING PINES MANOR

OCT 12 2015

**1. REGULATION 55 Pa.Code §2600**

2600.141(b)(2) - A resident shall have a medical evaluation if the medical condition of the resident changes prior to the annual medical evaluation.

**2a. DESCRIPTION OF VIOLATION**

Resident #3 had a medical evaluation completed on 7/10/14. The medical evaluation form indicated diagnoses of Hyperlipidemia and DJD. The resident's next medical evaluation was completed on 9/8/14. However, this medical evaluation form did not include the diagnoses of Hyperlipidemia and DJD.

**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 double check w/ P.C.P. These were done by two different DR's the 1st one was the DR at the hospital where [redacted] came from and the other one from [redacted] P.C.P. now will monitor future DMF's and question P.C.P. if there is a difference

Immediately - The administrator will develop and implement a tracking system to ensure medical evaluations are completed in accordance with regulation 2600.141(b)(2) including accuracy and completeness of the form.

10-23-15

Within 30 days of receipt of the accepted plan of correction - The administrator or designated staff person will review all current medical evaluation forms to ensure all medical evaluations are accurate and complete including diagnosis. If the medical evaluation form is incomplete or inaccurate, the form shall be immediately returned to the physician for correction.

10-23-15

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)

Date 10-10-15

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

The above plan of correction is approved as of 10-23-15  
(Date)

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

Plan of correction implementation status as of 10-23-15  
(Date)

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

Violation Report: OCT 12 2015  
 PCH Name: JEWART S WHISPERING PINES MANOR

**1. REGULATION 55 Pa.Code §2600**  
 2600.162(c) - Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

**2a. DESCRIPTION OF VIOLATION**  
 On 5/27/15, the home had two weeks of menus posted. One menu was dated 5/17/15 and the other menu was not dated.

**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 monitor and make sure all menus are dated w/ky with the current week + the next week*

Immediately - A designated staff person will check the home daily to ensure menus are posted in accordance with regulation 2600.162(c). Documentation of checks shall be kept. *10-23-15*

Immediately - The administrator will check the home at least weekly to ensure menus are posted in accordance with regulation 2600.162(c). *10-23-15*

Repeat Violation: Yes Date(s) of Previous Violation(s): 11/05/2014

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

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *[Signature]* Date *10-10-15*

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

The above plan of correction is approved as of *10-23-15*  
 (Date)

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

Plan of correction implementation status as of *10-23-15*  
 (Date)

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

Violation Report:

PCH Name: JEWART S WHISPERING PINES MANOR

1. REGULATION 55 Pa.Code §2600

2600.162(e) - A change to a menu shall be posted in a conspicuous and public place in the home and shall be accessible to a resident in advance of the meal. Meal substitutions shall be made in accordance with § 2600.161 (relating to nutritional adequacy).

2a. DESCRIPTION OF VIOLATION

On 5/26/15, the home's menu indicated the dinner meal would be salmon, fried potatoes, corn and chocolate cake. The meal served was chicken, steak, macaroni salad and potato salad. There was no change indicated on the menu for the meal 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.

will make sure if there is going to be a change to the menu it is posted will monitor and correct

Immediately - The administrator will review the weekly menu and the available food in the home to ensure the home is capable of providing the meals indicated on the menu. 10-22-15

Immediately - The administrator or a designated staff person will post any change to a menu in a conspicuous and public place in the home which is accessible to a resident in advance of the meal. Meal substitutions shall be made in accordance with 161. 10-22-15

Immediately - A weekly menu which includes the current week and the upcoming week will be posted in a conspicuous and public place in the home. Any daily changes and substitutions shall be posted in a conspicuous and public place in the home. 10-22-15

Immediately The administrator will monitor the menu at least twice a week to ensure that menus and any menu changes are posted in accordance with 2600.162. 10-23-15

Repeat Violation: Yes	Date(s) of Previous Violation(s):	02/10/2015	
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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 10-10-15

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

The above plan of correction is approved as of 10-27-15 (Date)

Plan of correction implementation status as of 10-28-15 (Date)

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

The above plan of correction was approved by (Initials)

PCH Name: JEWART S WHISPERING PINES MANOR

1. REGULATION 55 Pa.Code §2600

2600.191 - The home shall educate the resident on the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

2a. DESCRIPTION OF VIOLATION

Resident #1 was admitted to the home on [redacted] 14. The resident was not educated on the resident's right to question or refuse medication if the resident believes there may be a medication error.

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 done when he signed his contract this was faxed 5-27-15 to [redacted] will monitor + make sure all resident are educated + documentation is kept

Immediately - The administrator or designated staff person will review all current resident records to ensure all residents have been educated on the right to question of refuse medication if the resident believes there may be a medication error and the proper documentation is in the resident's record. 10-23-15

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 10-10-15

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

The above plan of correction is approved as of 10-23-15 (Date)

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

Plan of correction implementation status as of 10-23-15 (Date)

- Plan of correction implementation status as of 10-23-15 (Date)
Fully Implemented
Partially Implemented - Adequate Progress
Partially Implemented - Inadequate Progress
Not Implemented

Violation Report:

PCH Name: JEWART S WHISPERING PINES MANOR

OCT 12 2015

1. REGULATION 55 Pa.Code §2600

2600.141(a) - 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 initial medical evaluation, dated [redacted] 15, did not indicate immunizations, body positioning, dietary needs or the resident's ability to self-administer medications. All of these sections were left blank.

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 #4*  
 [redacted] was a new admit. We obtained a new one from [redacted] P.C.P. will continue to monitor and get corrected when needed. This correction was faxed 6-1-15 to [redacted] BMSL to give to [redacted] QNIC [redacted]

Immediately - The administrator will develop and implement a tracking system to ensure medical evaluations are completed in accordance with regulation 2600.141(a) including accuracy and completeness of the form. *10-23-15*

Immediately - The administrator or designated staff person will review all new resident documentation to ensure a current medical evaluation is completed on the Department's form and is in each resident's record. *10-27-15*

Within 30 days of receipt of the accepted plan of correction - The administrator or designated staff person will review all current medical evaluation forms to ensure that all required information is completed, including immunizations, body positioning, dietary needs and the resident's ability to self-administer medications are included. Incomplete medical evaluations will be returned to the physician for completion or new medical evaluations will be scheduled. *10-28-15*

Repeat Violation: Yes	Date(s) of Previous Violation(s):	02/10/2015	11/05/2014	11/04/2013
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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 *10-10-15*

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

The above plan of correction is approved as of 10-23-15  
 (Date)

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

Plan of correction implementation status as of 10-27-15  
 (Date)

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

OCT 23 2015

WEST BUCKLE HILLS OFFICE  
Human Services Licensing

**Violation Report:**

**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.

**2a. DESCRIPTION OF VIOLATION**

Resident #1's assessment, dated 9/7/14, indicates the resident can self-administer medications with assistance with remembering schedules, offering at prescribed times and assisting with opening containers or locked storage. However, on 9/16/14, the resident was assessed by a physician as not being able to self-administer medications. The resident's assessment was not updated concerning this change.

Resident #3's assessment, dated 7/11/15, was not updated to include the diagnosis of a CVA which was indicated on the resident's medical evaluation dated 9/8/14.

**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.

Resident #1 <sup>assessment del</sup> DMF updated + will continue to monitor + update DMF when needed

~~updated~~ Resident #3 <sup>assessment del</sup> assessment

Changes were made to ~~ass~~ <sup>med</sup> eval will continue to monitor assessment etc. and make appropriate changes to DMF

Within 30 days of receipt of the accepted plan of correction – The administrator or designee shall develop and implement a system to ensure all resident assessments and support plans are immediately updated as resident care needs change. All direct care staff shall be educated on the new system. Documentation of education will be kept.

Within 30 days of receipt of the accepted plan of correction – The administrator or designee will review all newly completed resident assessments support plans for accuracy and completion including the care and services the home will provide. 10-23-15

Repeat Violation: Yes	Date(s) of Previous Violation(s):	02/10/2015	11/05/2014	11/04/2013
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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 10-10-15

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

The above plan of correction is approved as of 10-23-15  
(Date)

Plan of correction Implementation status as of 10-23-15  
(Date)

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

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