



pennsylvania
DEPARTMENT OF HUMAN SERVICES

OCT 21 2016

Ms. Suzanne Boyer, Administrator
Jameson Care Center, Inc.
3345 Wilmington Road
New Castle, Pennsylvania 16105

RE: Jameson Place
License #: 401280

Dear Ms. Boyer:

As a result of the Department of Human Services' annual licensing inspection on May 24, 2016 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 "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

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

PCH Name: JAMESON PLACE		License Number: 40128
Address: 3345 WILMINGTON ROAD, NEW CASTLE, PA 16105		County: Lawrence
Administrator: Suzanne Boyer		Region: WEST
Legal Entity Name: JAMESON CARE CENTER INC		
Legal Entity Address: 3345 WILMINGTON ROAD, NEW CASTLE, PA 16105		RECEIVED
Certificate(s) of Occupancy 1-1 11/04/2014 Neshannock Township		AUG 26 2016 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 34	Working Staff: 26
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspection Dates and Department Representatives On-Site 05/24/2018: Hultquist, Cliff; McConnell, Deb; Evages, Joseph		
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: 70 Number of Residents Served: 34 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: 0 Are 80 Years of Age or Older: 34 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 0 Have a Physical Disability: 1

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Violation Report: 40128 - 05/24/2016 - Hullquist, Cliff
PCH Name: JAMESON PLACE

AUG 26 2016

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.3(c) - The personal care home shall post the current license, a copy of the current licensing inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

2. DESCRIPTION OF VIOLATION
The most recent licensing inspection summary, dated 07/15/14 was not posted in conspicuous and public place in the home.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

See page 2A of 7

Repeat Violation: Yes Date(s) of Previous Violation(s): 07/15/2014

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Suzanne Bayer* Date *8-26-16*

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

The above plan of correction is approved as of 9/12/16
(Date)

Plan of correction implementation status as of 9/12/16
(Date)

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

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

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WEST REGION FIELD OFFICE
Human Services Licensing

Page 2a of 7

The following information is regarding my plan of correction for the violation involving 2600.3(c)

I have addressed this violation by placing a copy of the current licensing inspection summary, dated 7-15-14, in a binder located in the lobby of the home. The binder is on a desk in the lobby, in full view of the homes occupants and visitors. When the inspection corrections have been completed and approved I will replace it with the current inspection summary and report.

Thank you,
Suzanne Boyer, Jameson Place Manager



08/25/16

A designated staff person will check the home at least weekly to ensure the current license, a copy of the the Current license inspection summary, and a copy of Chapter 2600 is posted in a conspicuous and public place.

BB 9/12/16

BB 9/12/16

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Violation Report: 40128 - 05/24/2016 - Hultquist, Cliff
PCH Name: JAMESON PLACE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code 52600

2800.26(b) - The quality management plan shall address the periodic review and evaluation of the following:

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

2a. DESCRIPTION OF VIOLATION

The home's quality management plan does not include reportable incident and condition reporting procedures, licensing violations, or staff person training.

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

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

See page 3A of 7

Repeat Violation: No	Date(s) of Previous Violation(s):		
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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) <i>Suzanne Boyer</i>	Date <i>8-26-16</i>
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(Initials)

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WEST REGION FIELD OFFICE
Human Services Licensing

Page 3a of 7

The following information is regarding my plan of correction for the violation involving 2600.26(b)

Several steps are being taken to address this violation. I have completed an expanded and revised Incident Reporting section in our Policy and Procedure manual. I have included an overview, instructions on what is a reportable incident and condition reporting procedures. I have included a sample Incident Reporting form as well. I will also be creating a new section in our manual for the licensing violation report and all corrections to be replaced yearly with the most current violation report. And finally I have also updated the section regarding Staff Training and will update as needed. I also have all Staff Training logs and certificates filed in a separate file and will continue to maintain this file. All will be updated as needed.

Thank you,
Suzanne Boyer, Jameson Place Manager



8/25/16

9/9/16 - The administrator submitted a quality management plan that included all of the requirements in Chapter 2600.26(b).

BS
9/12/16

BS 9/12/16

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Violation Report: 40128 - 05/24/2016 - Hultquist, Cliff
PCH Name: JAMESON PLACE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2800

2800.91 - 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

There were no emergency numbers posted on or near resident #2's bedroom telephone.

There were no emergency numbers posted on or near the three telephones in the first floor resident lounge area.

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

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

See page 4A of 7

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

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Suzanne Boyer* Date *8-26-16*

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AUG 26 2016

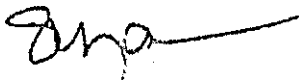
WEST REGION FIELD OFFICE
Human Services Licensing

Page 4a of 7

The following information is regarding my plan of correction for the violation involving 2600.91

I have corrected this violation by creating stickers to be placed on every phone in house with the necessary phone numbers. I will also include the stickers in the paperwork and information given to new residents as the move in to the home. I will also explain the necessity to new residents at the same time I go over the contract with them.

Thank you,
Suzanne Boyer, Jameson Place Manager



08/25/16

A designated staff person will check the home at least weekly to ensure that all of the emergency telephone numbers required by Chapter 2600.91 are posted on or by each telephone with an outside line.

BS 9/12/16

BS 9/12/16

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Violation Report: 40128 - 05/24/2016 - Hultquist, Cliff
PCH Name: JAMESON PLACE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 85 Pa. Code §2600
2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION

Resident #1's medical evaluation, dated 07/16/15, did not include height, weight, pulse rate, blood pressure and temperature. These sections of the medical evaluation were 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.

See page 5A of 7

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

[Handwritten Signature]

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

Suzanne Boyer

Date

8-26-16

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WEST REGION FIELD OFFICE
Human Services Licensing

Page 5a of 7

The following information is regarding my plan of correction for the violation involving 2600.141(a)(2)

Upon receiving the medical evaluation from the residents and/or their Doctors, I, along with the LPCA's on staff will carefully look over the forms for completion. If any necessary information is missing we will contact the doctor's office and explain the issue and the need for completion. We will send the DME to the office for completion in a timely manner.

Thank you,
Suzanne Boyer, Jameson Place Manager



08-25-16

Documentation submitted from the home indicates that resident #1 had a medical evaluation on 7/5/16 and it included all of the requirements specified in Chapter 2600.141(a)(2).

BS
9/12/16

BS 9/12/16

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Violation Report: 40128 - 05/24/2016 - Hultquist, Cliff
PCH Name: JAMESON PLACE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 65 Pa.Code §2600
2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION

Resident #1's most recent medical evaluation was completed on 07/16/15; however, the previous medical evaluation was completed on 08/10/14.

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.

See page 6A of 7

Repeat Violation: Yes

Date(s) of Previous Violation(s):

07/15/2014

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

Suzanne Boyer

Date

8.26.16

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Human Services Licensing

Page 6a of 7

The following information is regarding my plan of correction for the violation involving 2600.141(b)(1)

When a new resident moves in that date and date of the initial medical evaluation is placed on a rotating calendar list. I will closely monitor this list with help from LPCA, [REDACTED] When a resident is within 2 months of their anniversary date we will communicate this to the resident and their family if needed. Thus giving them time to make the appointment and complete the annual evaluation with in the 12 month window. This list will be checked monthly to ensure all parties involved are aware of any changes and to ensure compliance.

Thank you,
Suzanne Boyer, Jameson Place Manager



08-25-16

The administrator will implement procedures to ensure that each resident has a medical evaluation at least annually.

Documentation submitted from the home indicates that resident #1 had a medical evaluation on 7/5/16.

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9/12/16

BB
9/12/16

BB 9/12/16

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Violation Report: 40128 - 05/24/2016 - Hultquist, Cliff
PCH Name: JAMESON PLACE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.184(c) - Sample prescription medications shall have written instructions from the prescriber that include the components specified in § 2600.184(a)

2a. DESCRIPTION OF VIOLATION

Resident #1 is prescribed Eliquis 5 mg-take 1 tablet by mouth twice a day; however, there is no written instructions from the prescriber on the Eliquis sample medication contained in the home's medication cart.

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

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

See page 7A of 7

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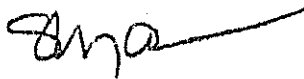
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WEST REGION FIELD OFFICE
Human Services Licensing

Page 7a of 7

The following information is regarding my plan of correction for the violation involving 2600.184(c)

I have contacted the prescribing physician regarding this issue. I explained the need for proper labeling of the samples this office supplies to my resident. The doctor is understanding of this requirement and will supply written instructions to be placed on the sample medication from now on. I will also conduct an inventory of all the residents' medication in order to determine if there are any other issues with sample medications being dispensed without proper labeling. Finally, I will educate the staff about the need for proper documentation of sample medication so they are aware when a resident is given sample medication that it needs to be labeled with all information as a prescription dispensed from a pharmacy.

Thank you,
Suzanne Boyer, Jameson Place Manager



8-25-16

9/9/16 - The administrator submitted written instructions from the prescriber that included all of the components specified in Chapter 2600.184(a) for resident #1's prescribed eliquis.

BB 9/12/16

BB 9/12/16