



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: February 1, 2017

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

RE: Jameson Place
401280

Dear Ms. Boyer:

As a result of the Department of Human Services' licensing inspection on October 20, 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 cursive script that reads "Jason Williams".

Jason Williams
Human Services Licensing Supervisor

Enclosure
Licensing 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 I-1 11/04/2014 Nashannock Township		JAN 10 2017 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 29	Waking Staff: 22
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Complaint		
On-Site Inspections Dates and Department Representatives On-Site 10/20/2016: Cutter, Jan		
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: 29 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: 1 Number of Hospice Residents in past year: 2		Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 29 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 0 Have a Physical Disability: 1

Violation Report: 40128 - 10/20/2016 - Cutter, Jan
PCH Name: JAMESON PLACE

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
Resident #1, admitted [redacted] 2016, did not have a pre-admission screening completed.

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 2nd of 3

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 Immanager* Date *1-12-17*

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

The above plan of correction is approved as of 1/23/17
(Date)

Plan of correction implementation status as of 1/23/17
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *JM.*
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by JM.
(Initials)

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JAN 10 2017

WEST REGION FIELD OFFICE
Human Services Licensing


Page 2a of 3

The following information is regarding my of correction for the violation involving 2600.224(a)

I have addressed this violation by completing a preadmission screen, albeit after the fact, and included it in the residents chart. Future pre-admission screens will be continued to be completed within the 30 time frame. I will verify the form has been completed by looking in the incoming residents chart upon move in and also at the time the RASP is completed. I feel a two step check will help insure all regulatory forms have been completed and filed in the residents chart.

Thank you,

Suzanne Boyer, Jameson Place Manager



1-12-17

Within 30 days of receipt of the plan of correction: a designated staff person will conduct an audit of resident records to ensure each resident has an accurate preadmission screen completed and present in their file. gw. 1/23/17

Violation Report: 40128 - 10/20/2016 - Cutter, Jan

PCH Name: JAMESON PLACE

JEST REGION FIELD OFFICE
Human Services Licensing

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

The most current assessment for resident #2 is undated so that it is not possible to determine if the assessment was completed timely. The previous assessment was completed on 2/16/2015.

The most current assessment for resident #3 is undated so that it is not possible to determine if the assessment was completed timely. The previous assessment was completed on 5/18/2015

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 3rd of A3

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)	Date
<i>Suzanne Boyer/manager</i>	<i>1-12-17</i>

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

The above plan of correction is approved as of 1/23/17 (Date)

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

Plan of correction implementation status as of 1/23/17 (Date)

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

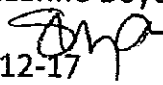
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JAN 10 2017
WEST REGION FIELD OFFICE
Human Services Licensing

The following information is regarding my plan of correction for the violation involving 2600.225(c)

This violation will be addressed by strongly regulating the staff members involved with the resident assessments. The staff members involved in assessments will be educated on the importance of the timeline regulations. I, am manager, will designate the staff involved in the completion of the assessments and I will continue to educate the staff on the guidelines. I will also require all assessments to be reviewed before it is filed in the resident chart.

Thank you,

Suzanne Boyer, Jameson Place Manager


1-12-17

Resident #2's most recent assessment was completed on 3/16/16. *gnw 1/28/17*
Resident #3's most recent assessment was completed on 5/20/16 *gnw 1/28/17*

within 30 days of receipt of the plan of correction: a designated staff person will conduct an audit of resident records to ensure each resident has an accurate assessment completed within the past 12 months present in their record. *gnw 1/28/17*