



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**MAILING DATE: April 18, 2017**

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 #426850

Dear Ms. Jewart:

As a result of the Department of Human Services' licensing inspection on November 2, 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 that reads "Jon Kimberland".

Jon Kimberland  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary

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

<b>PCH Name:</b> JEWART S WHISPERING PINES MANOR	<b>License Number:</b> 42686
<b>Address:</b> P O BOX 249 8 WEST CHURCH ST, SAGAMORE, PA 16250	<b>County:</b> Armstrong
<b>Administrator:</b> Lucinda Jewart	<b>Region:</b> WEST
<b>Legal Entity Name:</b> LUCINDA AND RANDALL JEWART	
<b>Legal Entity Address:</b> P.O. BOX 249 8 WEST CHURCH ST., SAGAMORE, PA 16250	

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<b>Certificate(s) of Occupancy</b> C-3 SP 08/03/1996 PA L&I	APR 05 2017 <b>WEST REGION FIELD OFFICE Human Services Licensing</b>
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<b>Staffing Hours</b>		
<b>Resident Support:</b> 0	<b>Total Daily Staff:</b> 8	<b>Waking Staff:</b> 6
<b>Type of Inspection:</b> Partial	<b>BHA Docket Number:</b>	<b>Notice:</b> Unannounced

<b>Reason(s) for Inspection(s)</b> Complaint
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<b>On-Site Inspections Dates and Department Representatives On-Site</b> 11/02/2016: Georgoulis, Karen; Grace, Desmond
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<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>
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<b>Other Details</b> <b>Partial or Full Triggers:</b> N/A	<b>Random Indicators:</b> N/A
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<b>Resident Demographic Data as of Inspection Dates</b>	
<b>Licensed Capacity:</b> 8 <b>Number of Residents Served:</b> 0 <b>Secured Dementia Care Unit in Home:</b> No <b>Area:</b> <b>Secured Dementia Unit Capacity, if Applicable:</b> <b>Number of Residents Served in Secured Dementia Care Unit, if applicable:</b> <b>Number of Current Hospice Residents:</b> 0 <b>Number of Hospice Residents in past year:</b> 0	<b>Number of Residents who:</b> Receive Supplemental Security Income: 6 Are 60 Years of Age or Older: 3 Have Mental Illness: 8 Have an Intellectual Disability: 3 Have a Mobility Need: 0 Have a Physical Disability: 0

Violation Report: 42685 - 11/02/2016 - Georgoulis, Karen  
PCH Name: JEWART S WHISPERING PINES MANOR

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2800.42(s) - A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

2a. DESCRIPTION OF VIOLATION

During the lunch meal at approximately 12:17 p.m. Staff person A, the home's administrator, administered an insulin injection to resident #1 at the dining table with other residents present.

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.

No shots will be given when other residents are present will monitor daily

Immediately: The administrator shall ensure privacy is provided to all residents during bathing, dressing, changing and medical procedures. This includes measuring blood glucose levels and administering any injections.

4-6-17

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 4-5-17

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The above plan of correction is approved as of 4-6-17 (Date) Plan of correction implementation status as of 4-6-17 (Date)
The above plan of correction was approved by (Initials)
Fully Implemented
Partially Implemented - Adequate Progress
Partially Implemented - inadequate Progress
Not Implemented

Violation Report: 42885 - 11/02/2016 - Georgoulis, Karen  
 PCH Name: JEWART S WHISPERING PINES MANOR

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

APR 05 2017

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 Human Services Licensing

2a. DESCRIPTION OF VIOLATION  
 There is a strong odor of urine in resident #2's room.

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 resident is no longer a resident - This room has been cleaned + deodorized - will monitor weekly for any other odors*

Immediately: The administrator or designee shall monitor the home at least weekly to ensure sanitary conditions are maintained.

*4-6-17g*

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 *4-5-17*

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 (Date)

Plan of correction implementation status as of *4-6-17*  
 (Date)

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 (Initials)

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Violation Report: 42685 - 11/02/2016 - Georgoulis, Karen  
PCH Name: JEWART S WHISPERING PINES MANOR

APR 05 2017

1. REGULATION 55 Pa.Code §2600  
2600.93(a) - Each ramp, interior stairway and outside steps must have a well-secured handrail.

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Human Services Licensing

2a. DESCRIPTION OF VIOLATION

The railing to steps on the address side of the home is loose at the bottom step. The railing sways approximately 6".

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 fixed right after inspector left. will monitor w/ky and make any repairs that are needed

Immediately: The administrator or designee shall check all ramps, interior stairways and outside steps have a well secured handrail.

4-6-17

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 Stewart			4-5-17

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Violation Report: 42685 - 11/02/2016 - Georgoulis, Karen  
PCH Name: JEWART S WHISPERING PINES MANOR

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.108 - Firearms, weapons and ammunition shall be permitted on the licensed premises of a home only when the following conditions are met:

- (1) Firearms and weapons shall be contained in a locked cabinet located in a place other than the residents' room or a common living area.
- (2) Ammunition shall be contained in a locked area separate from firearms and weapons, and located in a place other than the residents' room or in a common living area.
- (3) The key to the locked cabinet containing the firearms, weapons and ammunition shall be in the possession of the administrator or a designee.
- (4) The administrator or a designee shall be the only individual permitted to open the locked cabinet containing the firearms and weapons and the locked area containing the ammunition.
- (5) If a firearm, weapon or ammunition is the property of a resident, there shall be a written policy and procedure regarding the safety, access and use of firearms, weapons and ammunition. A resident may not take a firearm, weapon or ammunition out of the locked cabinet into living areas.

2a. DESCRIPTION OF VIOLATION

There was an archery bow unlocked and unattended in resident #1's closet. The resident shares a room with two other 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

This resident moved, all bows were removed with inspector will monitor and keep items like this locked up

Immediately: The administrator or designee shall check the home for any unsecured weapons.

Immediately: The administrator shall ensure all of the requirements of regulation 2600.108 have been met if there are any firearms, weapons or ammunition in the home.

4-6-17

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Lucinda Jewart		4-5-17

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APR 05 2017

Violation Report: 42685 - 11/02/2016 - Georgoulis, Karen  
PCH Name: JEWART S WHISPERING PINES MANOR

WEST REGION FIELD OFFICE  
Human Services Licensing

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

The menu posted for the home indicated the lunch meal as two hotdogs, french fries and apple pie. The meal served was Oodles of noodles, a bologna and cheese sandwich and cookies. There was no menu change posted prior to the lunch meal being served.

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.

Menu changes will be posted before meal, will monitor daily

Immediately: The administrator or designee shall ensure any changes to the home's posted menu are posted in a public and conspicuous place in the home in advance of the meal.

4-6-17

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Violation Report: 42685 - 11/02/2016 - Georgoulis, Karen  
 PCH Name: JEWART S WHISPERING PINES MANOR

**1. REGULATION 55 Pa.Code §2600**

2600.183(b) - Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

**2a. DESCRIPTION OF VIOLATION**

There were unlocked, unattended and accessible medications on top of resident #1's night stand as follows:

- \* Four vials of albuterol 2.5mg
- \* An Advair disk 100/50mcg
- \* An albuterol inhaler
- \* Ofloxacin Otic Solution 3%
- \* Two tubes of Ketoconazole cream 2%
- \* A box containing a Nitroglycerine patch

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**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 resident has moved. All these items were removed while inspector was here will monitor residents rooms wklly*

Immediately: The administrator or designee shall check the home to ensure prescription medications, OTC medications, CAM and syringes are be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

*4-6-17*

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) *[Handwritten Name]* Date *4-5-17*

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