



pennsylvania
DEPARTMENT OF HUMAN SERVICES

NOV 09 2017

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

RE: Jameson Place
Certificate #: 401280

Dear Ms. Boyer:

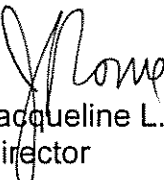
As a result of the Department of Human Services' annual licensing inspection on April 19, 2017 and April 21, 2017, of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

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.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Inspection.

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,


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 I-1 11/04/2014 Neshannock Township		AUG 28 2017 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 36	Waking Staff: 27
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 04/19/2017: Cutter, Jan; Grace, Desmond 04/21/2017: 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: 35 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: 2	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 35 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 1 Have a Physical Disability: 0	

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AUG 28 2017 Page 2 of 15

Violation Report: 40128 - 04/19/2017 - Cutter, Jan
PCH Name: JAMESON PLACE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.16(b) - The home shall develop and implement written policies and procedures on the prevention, reporting, notification, investigation and management of reportable incidents and conditions.

2a. DESCRIPTION OF VIOLATION
The home's written policies and procedures on reportable incidents did not address procedures for the prevention, investigation and management of reportable incidents and conditions.

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 15

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 Bay, manager* Date *8-25-17*

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

The above plan of correction is approved as of <u>10/10/17</u> (Date)	Plan of correction implementation status as of <u>10/10/17</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 <i>90%</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

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AUG 28 2017

WEST REGION FIELD OFFICE
Human Services Licensing

Reg 2600.16(b)

To address this violation, I have revised our Policy and Procedure on reportable incidents. I will attach a copy to this plan of corrections. This policy will be reviewed annually by the manager of Jameson Place.

Thank you,

Suzanne Boyer, Manager, Jameson Place



8-23-17

Within 30 days of receipt of the plan of correction: all staff persons shall be educated on the revised policy + procedure for reportable incidents and conditions. gn. 10/10/17

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WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 40128 - 04/19/2017 - Cutter, Jan
PCH Name: JAMESON PLACE

1. REGULATION 55 Pa.Code §2600
2600.26(a) - The home shall establish and implement a quality management plan.

2a. DESCRIPTION OF VIOLATION
The home did not conduct a quality management review in 2016.

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 15

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, manager* Date *8-25-17*

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(Date)

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(Date)

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

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

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WEST REGION FIELD OFFICE
Human Services Licensing

Page 3a of 15

Regulation 2600.26(a)

A review of the homes quality management plan will be conducted annually. Notes from the review will be filed with the plan and will include attendees, date of review and discussion results.

A review shall be conducted within the next 2 weeks and I will forward the results of the meeting as soon as they are available.

Quality management meeting was conducted on 9/8/17. p.u. 10/10/17

Thank you,

Suzanne Boyer, Manager Jameson Place



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Violation Report: 40128 - 04/19/2017 - Cutter, Jan
PCH Name: JAMESON PLACE

AUG 23 2017

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
On 4/19/2017 at 9:00 am, two of the three large garbage dumpsters in front of the building near the skilled nursing facility were open and half full of trash.

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 15

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, Manager* Date *8-25-17*

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The above plan of correction was approved by <u>[Signature]</u> (Initials)	

AUG 28 2017

WEST REGION FIELD OFFICE
Human Services Licensing

Page 4a of 15

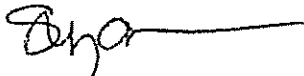
Regulation 2600.85(e)

To address this regulation, I have asked for help from the Director of Environmental Services. We have educated staff on the importance of keeping all trash receptacles closed and secured. I have created signs to post on the doors leading out to the dumpsters reminding staff to secure the dumpsters after use.

Our Director of Environmental Services and myself will both monitor this activity and re-educate as needed.

Thank you,

Suzanne Boyer, Manager, Jameson Place



8-23-17

Immediately: A designated staff person will check the outdoor trash receptacles at least weekly to ensure they are kept covered. JW. 10/10/17

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Violation Report: 40128 - 04/19/2017 - Cutter, Jan
PCH Name: JAMESON PLACE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2800

2800.98(a) - The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

2a. DESCRIPTION OF VIOLATION

The home's first aid kit, located in the first floor nurses' station, did not include eye coverings.

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 15

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Signature of Legal Entity Representative
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Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Suzanne Bayer, manager* Date *8-25-17*

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(Date)

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(Date)

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

The above plan of correction was approved by *J.U.*
(Initials)

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AUG 28 2017

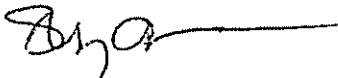
WEST REGION FIELD OFFICE
Human Services Licensing
Page 5a of 15

Regulation 2600.96(a)

This violation was addressed at the time of our inspection and all required items were included in the first aid kit. To ensure this remains in compliance I will assign a staff member to review the first aid kit monthly. A checklist will be created and staff persons will be required to initial after review.

Thank you,

Suzanne Boyer, Manager, Jameson Place



8-23-17

92. 10/10/17

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AUG 28 2017

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Violation Report: 40128 - 04/19/2017 - Cutter, Jan
PCH Name: JAMESON PLACE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.100(a) - The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION

The concrete was spalled and flaked away from the seams of the sidewalk in multiple locations in the front of the building, posing a tripping hazard for the 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.

See page 6A of 15

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, manager* Date *8-25-17*

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The above plan of correction was approved by <u>JW</u> (Initials)	

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AUG 28 2017

WEST REGION FIELD OFFICE
Human Services Licensing

Page 6a of 15

Regulation 2600.100(a)

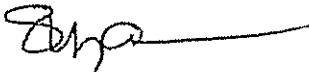
*per 10/10/17
the exterior of the
building + the building
grounds*

The concrete surrounding our facility was repaired. Repair took place this past summer and will be monitored by the manager and the Director of Environmental Services to ensure safety.

at least weekly per 10/10/17

Thank you,

Suzanne Boyer, Manager, Jameson Place



8-23-17

AUG 28 2017

Violation Report: 40128 - 04/19/2017 - Cutter, Jan PCH Name: JAMESON PLACE	WEST REGION FIELD OFFICE Human Services Licensing
1. REGULATION 55 Pa.Code §2800 2600.132(d) - Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.	
2a. DESCRIPTION OF VIOLATION There were 34 residents in the home for the fire drill held on 7/28/16 at 6:00 am; however, only 33 residents evacuated.	
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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>	

See page 7A of 15

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <u>Suzanne Boyer</u>	Date <u>8-25-17</u>
--	------------------------

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

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The above plan of correction was approved by <u>SB</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>PN</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

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WEST REGION FIELD OFFICE
Human Services Licensing

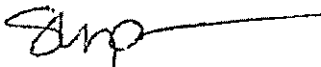
Page 7a of 15

Regulation 2600.132(d)

As the regulation indicates one resident did not evacuate during a fire drill. This resident was on hospice care and was actively dying. The home was missing the letter from [redacted] Physician or Power of Attorney stating [redacted] was to be excused from participating in the drill. To ensure compliance I will discuss this requirement with the resident and/or their family members at the time of hospice is initiated. I will inform all involved of this regulation and the fact that the resident will be required to participate in the drills until this letter has been received and filed. All efforts to relocate the resident to the first floor and near a fire exit will be exhausted as well.

Thank you,

Suzanne Boyer, Manager, Jameson Place



8-23-17

During the 8 Fire drills conducted from January - August 2017, all residents were evacuated to the fire safe area or to the designated outside meeting place. 10/10/17

Immediately :: IF the home does not wish to evacuate a resident who is receiving hospice services, the home shall comply with 2600.29a - 2600.29a-b11. All required documentation shall be kept. per 10/10/17.

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AUG 28 2017

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Violation Report: 40128 - 04/19/2017 - Cutter, Jan
PCH Name: JAMESON PLACE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION
On 4/19/2017, Warfarin 3 mg tablets prescribed for resident #2 were in the medication cart; however, this medication was discontinued on 3/30/2017.

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 8A of 15

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, manager*

Date *8-25-17*

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The above plan of correction is approved as of 10/10/17
(Date)

Plan of correction implementation status as of 10/10/17
(Date)

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

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

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WEST REGION FIELD OFFICE
Human Services Licensing

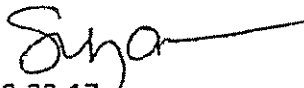
Page 8(a) of 15

Regulation 2600.183(d)

All our medication administration trained staff has been educated on the disposal of medication once a medication has been discontinued by a physician. The medication carts will be audited weekly for any discontinued medication by our LPN on staff.

Thank you,

Suzanne Boyer, Manager, Jameson Place


8-23-17

Resident #2's Warfarin 3mg tablets were disposed of. *mu.* 10/10/17
Documentation of staff training shall be kept. *mu.* 10/10/17

RECEIVED

AUG 28 2017

Page 9 of 15

Violation Report: 40128 - 04/19/2017 - Cutter, Jan
PCH Name: JAMESON PLACE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.184(b) - If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

2a. DESCRIPTION OF VIOLATION
On 4/19/2017, there was a over-the-counter container of Florastor 250 mg belonging to resident #3 in the medication cart. However, it was not identified with the resident's name.

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 9A of 15

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, manager* Date *8-25-17*

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

The above plan of correction is approved as of *11/10/17*
(Date)

Plan of correction implementation status as of *10/10/17*
(Date)

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

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

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AUG 28 2017

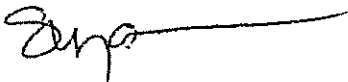
WEST REGION FIELD OFFICE
Human Services Licensing Page 9(a) of 15

Regulation 2600.184(b)

All medication trained staff has been advised and educated to ensure all medication is properly labeled before it is put into the medication carts. Our medication carts have been audited and any unlabeled medications have been properly labeled. Also, our LPN on staff will go through the medication carts weekly to check all items in the cart are properly labeled.

Thank you,

Suzanne Boyer, Manager, Jameson Place



8-24-17

Documentation of staff education shall be kept. *gu. 10/10/17*

Violation Report: 40128 - 04/19/2017 - Cutter, Jan
 PCH Name: JAMESON PLACE

WEST REGION FIELD OFFICE
 Human Services Licensing

1. REGULATION 55 Pa.Code §2800

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.

2a. DESCRIPTION OF VIOLATION

Resident #1 is prescribed Striverdi Respimat inhalation spray 2.5 mcg; however, the April 2017 MAR does not include the strength of the medication.

Resident #3's April 2017 MAR includes Alprazolam 0.25 mg, 1 tablet every 8 hours as needed; however, this medication was discontinued on 3/30/2017.

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 11A of 15

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Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Suzanne Boyer, manager* Date *8-25-17*

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 (Date)

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 (Initials)

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

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AUG 28 2017

WEST REGION FIELD OFFICE
Human Services Licensing

Page 11a of 15

Regulation 2600.187(a)

This has been addressed by re-educating the medication administration trained staff on the purpose of the MAR and the recording of information for the MAR. All our medication administrators successfully completed the PA Department of Human Services approved medication administration course. This course included a section and test on the MAR and the correct way to input the information needed. This will be readdressed on an annual basis and the MAR will be reviewed weekly by a medication administration trained staff member.

- to ensure accuracy + completion, including medication strength. 10/10/17
Documentation of education shall be kept. 10/10/17

Thank you,

Suzanne Boyer, Manager, Jameson Place



8-24-17

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AUG 28 2017

Violation Report: 40128 - 04/19/2017 - Cutter, Jan
PCH Name: JAMESON PLACE

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

Resident #2's April 2017 MAR does not include the initials of the person who administered Coumadin 4 mg on April 16, 2017 at 8:00 pm.

Resident #2's April 2017 MAR does not include the initials of the person who administered Metoprolol Tartrate 50 mg, take 1 tablet by mouth twice a day, on April 16, 2017 at 8:00 pm.

Resident #3's prescription for Cranberry 425 mg was discontinued on 3/28/2017; however, staff continued to initial for the administration of the medication on the MAR at 9:00 am from April 1, 2017 through April 11, 2017.

Resident #3's prescription for Omeprazole 40 mg was discontinued on 3/28/17; however, staff continued to initial for the administration of the medication on the MAR at 9:00 am from April 1, 2017 through April 11, 2017.

Resident #3's prescription for Guaifenesin 400 mg was discontinued on 3/28/17; however, staff continued to initial for the administration of the medication on the MAR at 8:00 am and 8:00 pm from April 1, 2017 through 9:00 am on April 11, 2017.

Resident #4's April 2017 MAR does not include the initials of the person who administered Aspirin EC 325 mg on April 16, 2017 at 8:00 pm.

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 12A of 15

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Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Suzanne Boyer Manager* Date *8-25-17*

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(Date)

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(Initials)

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AUG 28 2017

WEST REGION FIELD OFFICE
Human Services Licensing

Page 12a of 15

Regulation 2600.187(b)

This violation has been addressed with the re-education of the proper procedures of medication administration and documentation in the MAR. The steps to medication administration are covered in the PA DHS medication administration training which all medication administration trained staff have completed. The MAR will be monitored by a designated LPN and will be reviewed biweekly.

*- to ensure the documentation of medication administration is recorded at the time the medication is administered - p.u. 10/10/17
Documentation of education shall be kept. p.u. 10/10/17*

Thank you,

Suzanne Boyer, Manager, Jameson Place



8-24-17

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AUG 28 2017

Page 13 of 15

Violation Report: 40128 - 04/19/2017 - Cutter, Jan
PCH Name: JAMESON PLACE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.190(a) - A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

2a. DESCRIPTION OF VIOLATION

Direct care staff person A completed the Department-approved medications administration program on 6/23/14 but has not had annual practicums as required by the program. Direct care staff person A administered Donepezil 10 mg, Levothyroxine 75 mcg and Omeprazole 20 mg to resident #1 at 6:00 am on 4/2/2017 and 4/3/2017.

Direct care staff person B completed the Department-approved medications administration program on 10/22/13 but has not had annual practicums as required by the program. Direct care staff person B administered Levothyroxine 100 mcg to resident #3 at 6:00 am on 4/2/2017 and 4/3/2017.

Direct care staff person C completed the Department-approved medications administration program on 3/26/2010 but has not had an annual practicum completed since 2014. Direct care staff person C administered Amiodarone 200 mg, Sertraline 50 mg and Potassium Chloride 10 meq to resident #4 at 6:00 am on 4/4/2017 and 4/5/2017.

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 13A of 15

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 manager

Date

8-25-17

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

The above plan of correction is approved as of

10/10/17
(Date)

Plan of correction implementation status as of

10/10/17
(Date)

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

The above plan of correction was approved by

JN
(Initials)

AUG 28 2017

WEST REGION FIELD OFFICE
Human Services Licensing

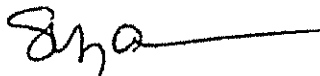
Page 13a of 15

Regulation 2600.190(a)

This violation has already been addressed by re-educating all staff who handle medication for this facility successfully completing the PA Department of Human Services Medication Administration training program. This training will be renewed annually and the manager will ensure the training is carried out.

Thank you,

Suzanne Boyer, Manager, Jameson Place



8-24-17

Staff persons A and B received Department-approved medication administration training on 6/20/17. Staff person C received this training on 6/9/17. Within 15 days of receipt of the plan of correction: The administrator or designee will develop and implement a tracking system to ensure all staff persons who administer medications to residents continue to be qualified to do so. JW. 10/10/17.

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PCH Name: JAMESON PLACE

WEST 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 recent assessment for resident #3 was completed on 2/23/2016.

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 14A of 15

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 Bayer manager</i>	Date <i>8.25.17</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>10/10/17</u> (Date)	Plan of correction implementation status as of <u>10/10/17</u> (Date)
The above plan of correction was approved by <u>[Initials]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>MS</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

RECEIVED

AUG 28 2017

WEST REGION FIELD OFFICE
Human Services Licensing

Page 14a of 15

Regulation 2600.225(c)

I will attach a copy of the most recent assessment for resident #3 that shows a date of 3-15-17. Moving forward this will be monitored by a calendar we have created which allows us to look ahead to see what assessments are going to be due and when. This is monitored by a designated staff member monthly.

Thank you,

Suzanne Boyer, Manager, Jameson Place



8-24-17

Immediately: a designated staff person will review all resident records to ensure each resident has an assessment, completed in its entirety, present in each resident record. *per. 10/10/17*

Violation Report: 40128 - 04/19/2017 - Cutter, Jan
PCH Name: JAMESON PLACE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 65 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 #1's assessment, dated 1/26/2017, indicates he/she has a medical history of chronic kidney disease stage 4, atrial fibrillation and dementia; however, the resident's support plan did not include a comprehensive plan to meet each of these needs. The support plan only indicates "administer medication and monitor" or "monitor and assist" as the plan for each diagnosis.

Resident #2's medical evaluation, dated 4/17/2016, indicates he/she has a medical history of cerebral vascular accident, diabetes mellitus, hypertension and hypercholesterolemia; however, the resident's support plan, dated 5/17/2016, did not include a comprehensive plan to meet each of these needs. The support plan only indicates "administer meds" as the plan for cerebral vascular accident, hypertension and hypercholesterolemia.

Resident #4's medical evaluation, dated 12/9/2016, indicates he/she has a medical history of dementia, coronary artery disease, anemia, depression, hypertension and gait disturbance; however, the resident's support plan, dated 1/20/2017, did not include a comprehensive plan to meet each of these needs. The support plan only indicates "administer meds and monitor" for each diagnosis.

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 15A of 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
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 10/10/17
(Date)

Plan of correction implementation status as of 10/10/17
(Date)

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

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

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AUG 28 2017

WEST REGION FIELD OFFICE
Human Services Licensing

Page 15a of 15

Regulation 2600.227(d)

To address this violation, I have amended the support plans to include a more extensive description of how we will meet the need of the resident. All support plans will be audited to ensure a comprehensive plan to meet the need of the residents. Finally, I will monitor all support plans as they are completed to ensure compliance.

Documentation of the audit shall be kept. J.V. 10/10/17.

Thank you,

Suzanne Boyer, Manager, Jameson Place

8-24-17