



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

JAN 04 2018

Ms. Lucinda Jewart  
Administrator  
Lucinda and Randall Jewart  
P.O. Box 249, 8 West Church Street  
Sagamore, Pennsylvania 16250

RE: Jewart's Whispering Pines Manor  
License #: 426850

Dear Ms. Jewart:

As a result of the Department of Human Services' annual licensing inspection on August 9, 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](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,

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: JEWART S WHISPERING PINES MANOR		License Number: 42685
Address: P O BOX 249 8 WEST CHURCH ST, SAGAMORE, PA 16250		County: Armstrong
Administrator: Lucinda Jewart		Region: WEST
Legal Entity Name: LUCINDA AND RANDALL JEWART		<b>RECEIVED</b>
Legal Entity Address: P.O. BOX 249 8 WEST CHURCH ST., SAGAMORE, PA 16250		
Certificate(s) of Occupancy SP 06/03/1996 L&I		NOV 15 2017  WEST REGION FIELD OFFICE Human Services Licensing
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 6	Waking Staff: 5
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
<b>Reason(s) for Inspection(s)</b> Renewal, Complaint		
<b>On-Site Inspections Dates and Department Representatives On-Site</b> 08/09/2017: Marini, Michael; Quinn, Suzanne; Titterington, Jamie		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>		
<b>Other Details</b>		
Partial or Full Triggers:		Random Indicators:
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 8 Number of Residents Served: 6 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: 6 Are 80 Years of Age or Older: 2 Have Mental Illness: 6 Have an Intellectual Disability: 2 Have a Mobility Need: 0 Have a Physical Disability: 0

Violation Report: 42685 - 08/09/2017 - Marin, Michael  
PCH Name: JEWART S WHISPERING PINES MANOR

NOV 15 2017

1. REGULATION 55 Pa.Code §2600

WEST REGION FIELD OFFICE  
Human Services Licensing

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.

2a. DESCRIPTION OF VIOLATION

The license posted in the home expired on 4-28-17.

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 correct license is posted  
was corrected w/ inspectors were here  
will monitor + correct w/ needed

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

11-15-17

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

The above plan of correction is approved as of 12/6/17  
(Date)

Plan of correction implementation status as of 12/6/17  
(Date)

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

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

NOV 15 2017

Violation Report: 42685 - 08/09/2017 - Marini, Michael  
PCH Name: JEWART S WHISPERING PINES MANOR

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2800  
2800.18 - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

2a. DESCRIPTION OF VIOLATION

The Care Facility Carbon Monoxide Alarms Standards Act, enacted 8-23-16, requires carbon monoxide alarms to be installed in close proximity of, but not less than 15 feet from, any fossil-fuel burning device or appliance. No carbon monoxide detectors were present in the home in accordance with The Care Facility Carbon Monoxide Alarms Standards Act and the home has a natural gas stove in the kitchen.

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

Carbon monoxide alarms have been purchased & installed. Already faxed copy of receipt w/ purchased

Immediately and at least monthly thereafter - A designated staff person will check the home's carbon monoxide detectors to ensure compliance.

BB  
12/6/17

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  
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Lucinda Jewart

Date 11-15-17

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(Initials)

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- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 42885 - 08/09/2017 - Marini, Michael  
 PCH Name: JEWART S WHISPERING PINES MANOR

RECEIVED

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

NOV 15 2017

2a. DESCRIPTION OF VIOLATION  
 The home did not conduct a quality management review within the last 12 months.

WEST REGION FIELD OFFICE  
 Human Services Licensing

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.

already faxed copy of quality management review -  
 will continue to have review within  
 the next 12 months

Repeat Violation: No

Date(a) of Previous Violation(a):

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Printed Name and Title of Legal Entity Representative  
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Lucinda Jewart

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Violation Report: 42886 - 08/09/2017 - Marini, Michael  
PCH Name: JEWART S WHISPERING PINES MANOR

NOV 15 2017

1. REGULATION 56 Pa.Code §2800

WEST REGION FIELD OFFICE  
Human Services Licensing

2800.65(f) - Training topics for the annual training for direct care staff persons shall include the following:

- (1) Medication self-administration training.
- (2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
- (3) Care for residents with dementia and cognitive impairments.
- (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
- (5) Personal care service needs of the resident.
- (6) Safe management techniques.
- (7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

2a. DESCRIPTION OF VIOLATION

The home's training year is 11-1 to 10-31. Direct care staff person A, hired in 1992, did not complete training in the following topics in training year 2015-2016:

- \*Medication self-administration training.
- \*Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
- \*Care for residents with dementia and cognitive impairments.
- \*Personal care service needs of the resident.
- \*Safe management techniques.
- \*Care for residents with mental illness or intellectual disability, or both, if the population is served in the home.

On 8-9-17, the home served 6 residents with a mental illness and 2 residents with an intellectual disability.

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 all direct care staff receives trainings mentioned above. Can not fix 2016 will make sure all are included in 2017, the trainings were fixed. Immediately and at least monthly thereafter - The administrator will review the home's staff training plan to ensure compliance with Chapter 2600.65(f) that

On 12/5/17, documentation submitted from the home indicated that staff person A received training on the requirements of Chapter 2600.65(f)(1)-(7) in 2017. BS 12/6/17

Repeat Violation: No

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Lucinda Jewart

Date 11-15-17

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Violation Report: 42685 - 08/09/2017 - Marini, Michael  
PCH Name: JEWART S WHISPERING PINES MANOR

NOV 15 2017

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
- (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
- (3) Resident rights.
- (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).
- (5) Falls and accident prevention.
- (6) New population groups that are being served at the home that were not previously served, if applicable.

2a. DESCRIPTION OF VIOLATION

The home's training year is 11-1 to 10-31. Direct care staff person A, hired in 1982, did not complete training in the following topics in training year 2015-2016:

- \* Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
- \* Resident rights.

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 rights were done 2nd sat oct 2016  
 Fire safety done 2-10-16 - Staff A was present  
 will continue to make sure all staff receives these trainings  
 Immediately and at least monthly thereafter - The administrator will review the home's staff training plan to ensure compliance with Chapter 2600.65(9). BB 12/6/17

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 11-15-17
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(Date)

Plan of correction implementation status as of 12/6/17  
(Date)

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

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

Violation Report: 42685 - 08/09/2017 - Marini, Michael  
PCH Name: JEWART S WHISPERING PINES MANOR

NOV 15 2017

1. REGULATION 55 Pa.Code §2600

WEST REGION FIELD OFFICE

Human Services Licensing

2600.91 - 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 telephone numbers posted by the telephone in the front hall.

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.

Emergency # have been attached to phone  
photo was attached + faxed also hung in  
hallway copy!

Immediately and at least weekly thereafter - A designated staff  
person will check the home's phones to ensure compliance with  
Chapter 2600.91. BB 12/6/17

Repeat Violation: No

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Date 11-15-17

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- Not Implemented

NOV 15 2017

Violation Report: 42885 - 08/09/2017 - Marini, Michael  
PCH Name: JEWART S WHISPERING PINES MANOR

WEST REGION FIELD OFFICE  
Human Services Licensing

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

2a. DESCRIPTION OF VIOLATION

The handrail at the front door to the home is not secure. The handrail moves 4 inches from vertical.

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 all handrails are secure.  
Will monitor - fixed rail - tightened  
Monitoring of the home's handrails will occur daily. BB 12/6/17  
During the next quality management plan review and evaluation -  
The home will place an increased emphasis on this plan of  
Correction. BB 12/6/17

Repeat Violation: Yes      Date(s) of Previous Violation(s): 11/8/2016

Signature of Legal Entity Representative  
(Required on EVERY Page)

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page)      Date 11-15-17

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(Date)

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(Date)

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

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

Violation Report: 42885 - 08/09/2017 - Marini, Michael  
PCH Name: JEWART S WHISPERING PINES MANOR

NOV 15 2017

1. REGULATION 55 Pa.Code §2600

WEST REGION FIELD OFFICE

2600.94(b) - Interior stairs, exterior steps and ramps must have nonskid surfaces.

Human Services Licensing

2a. DESCRIPTION OF VIOLATION

The fire escape steps and the back deck steps do not have nonskid surfaces.

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 has been added to Clear stair  
wick is to prevent slipping - will  
continue to make sure steps are slip  
proof

Immediately - The administrator will implement procedures that ensure compliance  
with Chapter 2600.94(b). The procedures will at least include a designated  
staff person checking the home's interior stairs, exterior steps and ramps  
for nonskid surfaces weekly. BB 12/6/17

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)

Leticia Jewart

Date 11-15-17

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

The above plan of correction is approved as of 12/6/17  
(Date)

Plan of correction implementation status as of 12/6/17  
(Date)

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

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

Violation Report: 42685 - 08/09/2017 - Marini, Michael  
PCH Name: JEWART S WHISPERING PINES MANOR

NOV 15 2017

1. REGULATION 55 Pa.Code §2600

WEST REGION FIELD OFFICE  
Human Services Licensing

2600.101(j)(4) - Each resident shall have the following in the bedroom: A storage area for clothing that includes a chest of drawers and a closet or wardrobe space with clothing racks or shelves accessible to the resident.

2a. DESCRIPTION OF VIOLATION

The bedroom at the top of the stairs to the left of the stairway is occupied by 3 residents. However, there is only 1 dresser in that bedroom and access to the closet is blocked by 1 of the beds.

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 bed was moved from in front of the closet while inspectors were here.

will continue to monitor - the 1 dresser is used by 2 residents + 3 resident has a 3 drawer container - these were here when inspector was here

Monitoring will occur at least weekly. BB 12/6/17

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)

Bruce W Jewart

Date

11-15-17

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

The above plan of correction is approved as of 12/6/17  
(Date)

Plan of correction implementation status as of 12/6/17  
(Date)

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

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

NOV 15 2017

Violation Report: 42685 - 08/09/2017 - Marini, Michael  
PCH Name: JEWART S WHISPERING PINES MANOR

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2800  
2600.101(j)(6) - Each resident shall have the following in the bedroom: A mirror.

2a. DESCRIPTION OF VIOLATION

The bedroom at the top of the stairs to the left of the stairway is occupied by 3 residents. However, there is only 1 mirror in that bedroom.

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.

a second mirror was added while inspectors were here. will monitor & make sure all mirrors required are here

Monitoring will occur at least weekly. BB 12/6/17

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)

Leticia Stewart

Date 11-15-17

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

The above plan of correction is approved as of 12/6/17  
(Date)

Plan of correction implementation status as of 12/6/17  
(Date)

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

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

Violation Report: 42685 - 08/09/2017 - Marini, Michael  
PCH Name: JEWART S WHISPERING PINES MANOR

NOV 15 2017

1. REGULATION 55 Pa.Code §2600

WEST REGION FIELD OFFICE  
Human Services Licensing

2600.101(j)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.

2a. DESCRIPTION OF VIOLATION

Resident #1 does not have a source of light that can be turned on and off from his/her bedside.

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.

light was placed by bed white inspectors were here - will continue to monitor + make sure all residents have access to light by bed

Monitoring will occur at least daily. BB 12/6/17

During the next quality management plan review and evaluation - The home will place an increased emphasis on this plan of correction. BB 12/6/17

Repeat Violation: Yes      Date(s) of Previous Violation(s): 08/15/2015

Signature of Legal Entity Representative (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)      Date 11-15-17

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The above plan of correction is approved as of 12/6/17 (Date)

Plan of correction implementation status as of 12/6/17 (Date)

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

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

NOV 15 2017

Violation Report: 42685 - 08/09/2017 - Marini, Michael  
PCH Name: JEWART S WHISPERING PINES MANOR

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.103(d) - Food shall be stored off the floor.

2a. DESCRIPTION OF VIOLATION  
The home's 30 gallons of emergency water was stored on the floor in the basement.

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.

all water has been placed on wooden pallet to keep off floor  
will monitor and make sure all water is not on floor  
Monitoring will occur at least weekly. BB 12/6/17

Repeat Violation: No

Date(s) of Previous Violation(s):

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Printed Name and Title of Legal Entity Representative  
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Lucinda Jewart

Date

11-15-17

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(Date)

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(Initials)

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

NOV 15 2017

Violation Report: 42685 - 08/09/2017 - Marini, Michael	WEST REGION FIELD OFFICE
PCH Name: JEWART S WHISPERING PINES MANOR	Human Services Licensing

**1. REGULATION 55 Pa.Code §2600**  
 2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

**2a. DESCRIPTION OF VIOLATION**  
 At 3:27 PM, the kitchen refrigerator measured 47 degrees Fahrenheit.

**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 checked when inspectors were here it was the thermometer we were using it was replaced - will monitor to make sure temp is correct

Monitoring will occur at least daily. BB 12/6/17

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) Luc W Jewart	Date 11-15-17
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  - Not Implemented

NOV 15 2017

Violation Report: 42685 - 08/09/2017 - Marini, Michael  
PCH Name: JEWART S WHISPERING PINES MANOR

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.124 - The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.

2a. DESCRIPTION OF VIOLATION

The home's address was recently changed from 8 West Church Street, Sagamore, PA, 16250 to 2621 State Route 210, Sagamore, PA 16260. The home failed to notify the local fire department of the change of address.

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.

letter was sent to fire dept copy was faxed to you

Repeat Violation: No

Date(s) of Previous Violation(s):

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Printed Name and Title of Legal Entity Representative  
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Date 11-15-17

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NOV 15 2017

Violation Report: 42685 - 06/06/2017 - Marini, Michael  
PCH Name: JEWART S WHISPERING PINES MANOR

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 65 Pa.Code §2800

2600.131(f) - Fire extinguishers shall be inspected and approved annually by a fire safety expert. The date of the inspection shall be on the extinguisher.

2a. DESCRIPTION OF VIOLATION

The fire extinguisher on the attic steps did not have a tag with the date the fire extinguisher was last inspected on it.

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 all fire extinguisher  
keep these tags - will monitor monthly

On 12/6/17, documentation submitted from the home indicated that the home purchased a new fire extinguisher to replace the fire extinguisher with no documented inspection tag on it.

BB  
12/6/17

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)

Lucinda Jewart

Date 11-15-17

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

The above plan of correction is approved as of 12/6/17  
(Date)

Plan of correction implementation status as of 12/6/17  
(Date)

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

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

Violation Report: 42885 - 08/08/2017 - Marini, Michael  
PCH Name: JEWART S WHISPERING PINES MANOR

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

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

During the fire drill on 11-10-16 at 2:00 PM, 8 residents were in the home and only 7 residents were evacuated.

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.

All residents have been instructed that when there is a fire drill all need to participate this is for there safety. will make sure all participate

Immediately and at least monthly thereafter - The administrator will review fire drill records to ensure compliance with Chapter 2600.132(d). BS 12/6/17

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 11-15-17

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(Date)

Plan of correction implementation status as of 12/6/17  
(Date)

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

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

NOV 15 2017

Violation Report: 42885 - 08/09/2017 - Marini, Michael  
PCH Name: JEWART S WHISPERING PINES MANOR

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2800

2800.187(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

The diagnosis or purpose was not included on the August 2017 medication administration record for the following residents and medications:

Resident #2

- \*Citalopram 40mg
- \*Levetiracetam 1000mg
- \*Metoprolol 25mg
- \*Gabapentin 400mg
- \*Mirtazapine 45mg

Resident #3

- \*Bupropion HCL ER 300mg
- \*Gabapentin 800 mg
- \*Doxepin 100mg
- \*Lithium Carbonate 300mg
- \*Prazosin 2mg
- \*Quetiapine ER 300mg
- \*Vitamin B-12 500mg
- \*Folic Acid 400mcg

*Resident #2 is no longer served in the home as of 12/6/17*

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. *Immediately - The administrator will implement procedures that ensure compliance with Chapter 2600.18.*

*I have requested from DR that when the give a script that it includes dia or purpose - will monitor.*

Repeat Violation: Yes      Date(s) of Previous Violation(s): *09/15/2015*

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 *11-15-17*

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Plan of correction implementation status as of 12/6/17 (Date)

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

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

*ensure compliance with Chapter 2600.18. The process will at least include monthly MAR reviews the administrator*

*12/1*

Violation Report: 42685 - 08/09/2017 - Marini, Michael  
PCH Name: JEWART S WHISPERING PINES MANOR  
NOV 15 2017

1. REGULATION 65 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.  
WEST REGION FIELD OFFICE  
Human Services Licensing

2a. DESCRIPTION OF VIOLATION  
Resident #2 was admitted to the home on [redacted] 17. Resident #2's preadmission screening was completed on [redacted] 15.

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 out + returned. will make sure if any resident moving in gets a new preadmission screening

Within 15 days of receipt of the plan of correction - All staff persons involved in the preadmission screening process will be educated on Chapter 2600.224(a). *BB 12/6/17*

During the next quality management plan review and evaluation - The home will place an increased emphasis on this plan of correction. *BB 12/6/17*

Repeat Violation: Yes      Date(s) of Previous Violation(s): 08/15/2015

Signature of Legal Entity Representative (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)      Date 11-15-17

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

Plan of correction implementation status as of 12/6/17 (Date)

Fully Implemented

Partially Implemented - Adequate Progress *BB*

Partially Implemented - Inadequate Progress

Not Implemented

Violation Report: 42685 - 08/09/2017 - Marini, Michael  
PCH Name: JEWART S WHISPERING PINES MANOR

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

2a. DESCRIPTION OF VIOLATION

Resident #2's medical evaluation dated 3-15-17 indicates the resident is a person with anxiety disorder, hypertension, chronic obstructive pulmonary disorder, and hyperlipidemia. Resident #2's assessment dated 3-25-17 does not include these diagnoses.

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 all evals show all dx's from D.M.E will monitor & correct when changes are needed

Resident #2 is no longer served in the home. *BB 12/6/17*

within 15 days of receipt of the plan of correction - The administrator or a designee will review each resident's current medical evaluation and assessment to ensure that each diagnosed need is included in the assessment. *BB 12/6/17*

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)

Lucinda Jewart

Date 11-15-17

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*12/6/17*  
(Date)

Plan of correction implementation status as of

*12/6/17*  
(Date)

The above plan of correction was approved by

*BB*  
(Initials)

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