



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

SEP 18 2018

Ms. Jullie Herb  
Administrator  
Jameson Care Center, Inc.  
3345 Wilmington Road  
New Castle, Pennsylvania 16105

RE: Jameson Place  
Certificate #: 401280

Dear Ms. Herb:

As a result of the Department's Bureau of Human Services Licensing annual inspection on April 18, 2018, 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,

Jacqueline L. Rowe  
Director

Enclosure  
License Inspection Summary

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

PCH Name: JAMESON PLACE		License Number: 40120
Address: 3345 WILMINGTON ROAD, NEW CASTLE, PA 16105		County: Lawrence
Administrator: Suzanna Boyer		Region: WEST
Legal Entity Name: JAMESON CARE CENTER INC		
Legal Entity Address: 3345 WILMINGTON ROAD, NEW CASTLE, PA 16105		
<b>Certificate(s) of Occupancy</b>		
I-1 11/04/2014 Neshannock Twp	C-2 LP 03/03/1998 L&I	
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 30	Waking Staff: 23
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
<b>Reason(s) for Inspection(s)</b> Renewal		
<b>On-Site Inspections Dates and Department Representatives On-Site</b> 04/18/2018: Barry, Courtney; Cutter, Jan		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>		
<p><b>RECEIVED</b></p> <p>AUG 17 2018</p> <p><b>WEST REGION FIELD OFFICE</b> Human Services Licensing</p>		
<b>Other Details</b>		
Partial or Full Triggers:		Random Indicators:
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 70 Number of Residents Served: 28 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	<b>Number of Residents who:</b> Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 28 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 2 Have a Physical Disability: 1	

AUG 17 2018

WEST REGION FIELD OFFICE Page 2 of 10  
Human Services Licensing

Violation Report: 40128 - 04/18/2018 - Barry, Courtney  
PCH Name: JAMESON PLACE

1. REGULATION 55 Pa.Codes §2600

2600.65(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

Staff person A, hired 11/12/14, and staff person B, hired 8/22/02, did not complete medication self-administration training during the 1/1/17-12/31/17 training year. Residents #1 and #2 self-administer medications.

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.

Staff person A completed medication self-administration training on 4/3/18 and staff person B completed the training on 4/15/18. MS 9/10/18

Within 30 days of receipt of the plan of correction - The administrator will review all required staff training as part of the management review process to ensure all direct care staff persons receive the required annual training in accordance with regulation 2600.65f. MS 9/10/18

See page 2A of 10

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)

Suzanne Boyer - Manager

Date 8-17-18

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

The above plan of correction is approved as of

9/10/18  
(Date)

Plan of correction implementation status as of 9/10/18  
(Date)

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

The above plan of correction was approved by

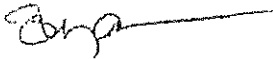
MS  
(Initials)

Page 2a of 10

The following information is regarding my plan of correction for the violation involving 2600.65(f)

For the year 2018, the medication administration was completed by all staff. This training will be monitored for staff completion yearly. Staff person A and B have reviewed the training with me to ensure understanding.

Thank you,  
Suzanne Boyer, Jameson Place Manager



08/14/18

MS 9/10/18

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Human Services Licensing

AUG 17 2018

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Human Services Licensing

Violation Report: 40128 - 04/18/2018 - Barry, Courtney  
PCH Name: JAMESON PLACE

1. REGULATION 55 Pa.Code §2600

2600.82(c) - Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

2a. DESCRIPTION OF VIOLATION

There was an unlocked, unattended and accessible can of aerosol spray deodorizer and a can of insect spray with manufacturer's instructions indicating, "If ingested, call poison control center or physician" under the sink in the lounge. Not all residents of the home, including resident #3, have been assessed capable of recognizing and using poisons safely.

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.

Effective 5/15/18, a daily audit has been put into place to inspect common areas/cabinets for unlocked poisonous materials. MS 9/10/18

See page 3A of 10

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 8-17-18

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

The above plan of correction is approved as of 9/10/18  
(Date)

Plan of correction implementation status as of 9/10/18  
(Date)

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

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

Page 3a of 10

The following information is regarding my plan of correction for the violation involving 2600.82(c)

On the day of the inspection both cans were removed from this location. The staff was informed of this violation and educated on the proper storage of poisonous materials. I will monitor the area for compliance and a monthly log will be posted to ensure inspection and compliance.

Thank you,  
Suzanne Boyer, Jameson Place Manager



08/14/18

MS 9/10/18

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Human Services Licensing

AUG 17 2018

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Human Services Licensing

Violation Report: 40128 - 04/18/2018 - Barry, Courtney  
PCH Name: JAMESON PLACE

1. REGULATION 56 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.

Immediately - The administrator will conduct a twice weekly assessment of the exterior of the building, building grounds including sidewalks and yard to ensure all areas are in good repair and free of hazards. ms 9/10/18

See page 4A of 10

Repeat Violation: Yes      Date(s) of Previous Violation(s): 04/19/2017 et. al.

Signature of Legal Entity Representative (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Suzanne Boyer - Manager      Date 8-17-18

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

The above plan of correction is approved as of 9/10/18 (Date)

Plan of correction implementation status as of 9/10/18 (Date)

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

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

Page 4a of 10

The following information is regarding my plan of correction for the violation involving 2600.100(a)

Within a month of our inspection we had our sidewalks repaired. At the time of inspection, the work was already ordered. Sometime in the fall, date yet to be determined, our parking lot and sidewalks will be addressed with a complete resurfacing. All areas of the parking lot and sidewalks will be addressed at that time.

Thank you,  
Suzanne Boyer, Jameson Place Manager



08/14/18

MS 9/10/18

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AUG 17 2018

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Human Services Licensing

AUG 17 2018

WEST REGION FIELD OFFICE  
Human Services Licensing

Violation Report: 40128 - 04/18/2018 - Barry, Courtney  
PCH Name: JAMESON PLACE

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

2a. DESCRIPTION OF VIOLATION  
Resident #1's current medical evaluation, dated 11/2/17, does not include the residents ability to self-administer medications. This section of the form is blank.

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

*Resident #1's medical evaluation was corrected to include the resident's ability to self-administer medications. MS 9/10/18*

*See page 5A of 10*

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: *8-17-18*

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

The above plan of correction is approved as of 9/10/18  
(Date)

Plan of correction implementation status as of 9/10/18  
(Date)

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

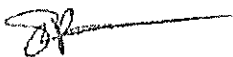
- Fully Implemented
- Partially Implemented - Adequate Progress MS
- Partially Implemented - Inadequate Progress
- Not Implemented

Page 5a of 10

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

After our inspection the physician completing the form was contacted and asked to complete the form. Upon receiving the medical evaluation from the residents and/or their Doctors, I, along with the LPCA's on staff will carefully look over the forms for completion. If any necessary information is missing, we will contact the doctor's office and explain the issue and the need for completion. We will send the DME to the office for completion in a timely manner. *The DME will be completed in its entirety prior to placing in the residents' record.* MS 9/10/18

Thank you,  
Suzanne Boyer, Jameson Place Manager



08/14/18

MS 9/10/18

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AUG 17 2018

Page 6 of 10

WEST REGION FIELD OFFICE  
Human Services Licensing

Violation Report: 40128 - 04/18/2018 - Barry, Courtney  
PCH Name: JAMESON PLACE

1. REGULATION 55 Pa.Code §2600  
2600.162(c) - Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

2a. DESCRIPTION OF VIOLATION  
The menu for the current week 4/15/18-4/21/18 was posted; however, the following week's menu was not posted in a conspicuous and public place in the home.

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

The current week's menu, of the 4 week menu cycle implemented, is indicated in the dining room and on the activity calendar. MS 9/10/18

See page 6 A of 10

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 Bayer - manager

Date 8-17-18

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The above plan of correction is approved as of 9/10/18  
(Date)

Plan of correction implementation status as of 9/10/18  
(Date)

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

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

Page 6a of 10

The following information is regarding my plan of correction for the violation involving 2600.162(c)

On the day of the inspection the following week's menu was posted. A new continuous, 4-week menu was adopted and posted in a conspicuous and public area.

Thank you,  
Suzanne Boyer, Jameson Place Manager



08/14/18

MS 9/10/18

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Human Services Licensing

Violation Report: 40128 - 04/10/2018 - Barry, Courtney  
PCH Name: JAMESON PLACE

1. REGULATION 55 Pa.Code §2600

2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION

Resident #4 is prescribed Nitroglycerin 0.4mg, 1 tablet sublingually as directed as needed (prn) However, the medication is not available in the home and has not been administered thus far in April 2018.

The home's policy and procedures for self-medication review indicates "The nursing staff will review the medications on DME and physicians orders and compare with the medications kept in the resident's room on a monthly basis. When the medications are reviewed, the expiration dates will be checked, and any expired medication will be destroyed. The resident/family member must notify the nursing staff of any changes (additions/deletions) in the medications ordered/kept in the resident's room". However, resident #1, who self-administers medications, had a bottle of expired Omeprazole in his/her bedroom. Omeprazole is included on the resident's April 2018 medication administration record. However, the resident is taking Pantoprazole and not Omeprazole.

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

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

See page 7A of 10

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 8-17-18

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The above plan of correction is approved as of

9/10/18  
(Date)

Plan of correction implementation status as of

9/10/18  
(Date)

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

The above plan of correction was approved by

MS  
(Initials)

Page 7a of 10

The following information is regarding my plan of correction for the violation involving 2600.185(a)

(Part 1) The prescribing physician for Resident #4 was contacted and the prescription for Nitroglycerin was discontinued. The physician decided it was no longer necessary.

(Part 2) A review of the policy was conducted and the staff was educated. All residents were educated on the policy. An audit was conducted on those residents that self-medicate to compare medication kept in room with the MAR including expiration dates.

Thank you,  
Suzanne Boyer, Jameson Place Manager



08/14/18

MS 9/10/18

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Human Services Licensing**

AUG 17 2018

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Human Services Licensing

Violation Report: 40128 - 04/18/2018 - Barry, Courtney  
PCH Name: JAMESON PLACE

1. REGULATION 56 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

The initial assessment for resident #4, admitted on 11/8/17, does not include the date the assessment was finalized.  
The initial assessment for resident #2, admitted on 6/4/17, does not include the date the assessment was finalized.

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 or designated staff person will review assessments of all residents admitted since January 2018 to ensure an accurate assessment has been completed and has been completed in its entirety to include the date the assessment was finalized. ms 9/10/18

See page 8A of 10

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 Boyd manager*

Date *8-17-18*

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The above plan of correction is approved as of

9/10/18  
(Date)

Plan of correction implementation status as of

9/10/18  
(Date)

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

The above plan of correction was approved by

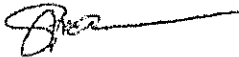
MS  
(Initials)

Page 8a of 10

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

Assessment's for residents #2 and #4 have been reviewed and a finalized date has been entered. During the inspection myself and lead Medication Technician, [REDACTED] sat down with inspector [REDACTED] to discuss proper placement of dates on the RASP. Ms. [REDACTED] was able to answer our questions and educated us on the date calculations and placement. There was some confusion about how to calculate the dates and, with the help of Ms. [REDACTED] we have a better understanding of the timetable for the RASP. [REDACTED] and I will continue to work together, checking each other's work, to ensure we are entering dates in the proper place and time frame.

Thank you,  
Suzanne Boyer, Jameson Place Manager



08/17/18

MS 9/10/18

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AUG 17 2018

**WEST REGION FIELD OFFICE**  
Human Services Licensing

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AUG 17 2018

WEST REGION FIELD OFFICE  
Human Services Licensing

Violation Report: 40128 - 04/18/2018 - Barry, Courtney  
PCH Name: JAMESON PLACE

1. REGULATION 55 Pa.Code §2800

2800.227(a) - A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

2a. DESCRIPTION OF VIOLATION

The initial support plan for resident #4, admitted on 11/8/17, does include the date the support plan was finalized.

The initial support plan for resident #2, admitted on 8/4/17, does not include the date the support plan was finalized.

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 or designated staff person will review support plans of all residents admitted since January 2018 to ensure an accurate support plan has been completed and has been completed in its entirety to include the date the support plan was finalized. ms 9/10/18

See page 9A of 10

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 8-17-18

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The above plan of correction is approved as of

9/10/18  
(Date)

Plan of correction implementation status as of

9/10/18  
(Date)

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

The above plan of correction was approved by

MS  
(Initials)

Page 9a of 11

The following information is regarding my plan of correction for the violation involving 2600.227(a)

The initial support plan for residents #2 and #4 have been reviewed and a finalized date for the support plan has been entered. Once again, during the inspection myself and lead Medication Technician, [REDACTED], sat down with inspector [REDACTED] to discuss proper placement of dates on the RASP. Ms. [REDACTED] was able to answer our questions and educated us on the date calculations and placement. There was some confusion about how to calculate the dates and, with the help of Ms. [REDACTED], we have a better understanding of the timetable for the RASP. I appreciate that Ms. [REDACTED] was able to take the time and help us on this day. [REDACTED] and I will continue to work together, checking each other's work, to ensure we are entering dates in the proper place and time frame.

Thank you,  
Suzanne Boyer, Jameson Place Manager



08/17/08

MS 9/10/08

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AUG 17 2018

**WEST REGION FIELD OFFICE  
Human Services Licensing**

AUG 17 2018

WEST REGION FIELD OFFICE  
Human Services Licensing

Violation Report: 40128 - 04/18/2018 - Barry, Courtney  
PCH Name: JAMESON PLACE

1. REGULATION 55 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  
The annual support plan for resident #3, signed by the resident on 9/30/17, does not include the date the support plan was finalized. Also, the support plan does not include a description of the resident's supervision needs and mobility needs, a plan to meet these needs or the responsible party. These areas of the support plan are blank. The resident's assessment includes diagnoses of total deafness and legally blind.

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 10A of 10

Repeat Violation: Yes      Date(s) of Previous Violation(s): 04/19/2017, et al.

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

Printed Name and Title of Legal Entity Representative      Date  
(Required on EVERY Page) *Suzanne Boyer - manager*      *8-17-18*

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

The above plan of correction is approved as of 9/10/18  
(Date)

Plan of correction implementation status as of 9/10/18  
(Date)

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

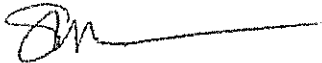
- Fully Implemented
- Partially Implemented - Adequate Progress *MS*
- Partially Implemented - Inadequate Progress
- Not Implemented

Page 10a of 11

The following information is regarding my plan of correction for the violation involving 2600.227(d)

The annual support plan for resident #3 has been reviewed and the finalization date has been corrected. The support plan has also been completed to include all information missing from the original plan. Staff persons responsible for this oversight has been educated about the importance of completing all areas of the support plan. We will continue to oversee our support plan completion was a 2-step check. Moving forward, we will have either myself, [redacted] or LPN [redacted] look over all RASP's before they are filed to ensure compliance. We will initial the last page when it is complete. *The review will ensure accuracy and completion of the form in its entirety to include the date the support plan was finalized, a description of the resident's supervision and mobility needs with a plan to meet these needs and the responsible party.*

Thank you,  
Suzanne Boyer, Jameson Place Manager



08/17/18

*MS 9/10/18*

**RECEIVED**

AUG 17 2018

**WEST REGION FIELD OFFICE**  
Human Services Licensing