



pennsylvania
DEPARTMENT OF HUMAN SERVICES

APR 15 2019

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

RE: Jewart's Whispering Pines
License #:426850

Dear Ms. Jewart:

As a result of the Department's Bureau of Human Services Licensing annual inspection on August 30, 2018, of the above facility, the violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report 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,

A handwritten signature in black ink, appearing to read "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
Violation Report

**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: Luncinda Jewart		Region: WEST
Legal Entity Name: LUCINDA AND RANDALL JEWART		
Legal Entity Address: P.O. BOX 249 8 WEST CHURCH ST., SAGAMORE, PA 16250		
Certificate(s) of Occupancy SP 06/03/1996 L & I		FEB 13 2019
Staffing Hours		
Resident Support: 0	Total Daily Staff: 8	Waking Staff: 6
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal, Complaint		
On-Site Inspections Dates and Department Representatives On-Site 08/30/2018: Georgoulis, Karen; Duncan, Amy		
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: 8 ✓ Number of Residents Served: 8 ✓ 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: 8 ✓ Are 60 Years of Age or Older: 3 ✓ Have Mental Illness: 8 ✓ Have an Intellectual Disability: 3 ✓ Have a Mobility Need: 0 ✓ Have a Physical Disability: 0 ✓

Violation Report: 42685 - 08/30/2018 - Georgoulis, Karen
 PCH Name: JEWART S WHISPERING PINES MANOR

1. REGULATION 55 Pa.Code §2600
 2600.64(c) - An administrator shall have at least 24 hours of annual training relating to the job duties.

2a. DESCRIPTION OF VIOLATION
 Staff person A, the home's administrator, only completed 22 hours of the required 24 hours of Department-approved administrator training during the 2017 training year (7/1/17 to 6/30/18).

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 continue to make sure training hours are met between the dates. Somehow I messed this up.

The administrator provided documentation of additional training hours which was not available during the inspection. 3/18/19 *g*
 Immediately: The administrator shall develop and implement a system to ensure all requested training documents are available at the time of inspection. 3/18/19 *g*

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>Lucinda Jewart-admin</i>	Date <i>12-20-18</i>
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The above plan of correction is approved as of <u>3/18/19</u> (Date)	Plan of correction implementation status as of <u>3/18/19</u> (Date)
The above plan of correction was approved by <u><i>g</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>g</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 42685 - 08/30/2018 - Georgoulis, Karen
 PCH Name: JEWART S WHISPERING PINES MANOR

- 1. REGULATION 55 Pa.Code §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
 Direct care staff person B did not receive training in the required training topic "Care for residents with mental illness or intellectual disabilities or both", in the 2017 training year (7/1/17 to 6/30/18).
 The home services 8 residents with a mental health diagnosis and 3 of the 8 residents are diagnosed as a person 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 staff is trained on this topic will monitor training

Staff person B obtained the required training on 9/4/18. 3/18/19 *Egy*

Immediately: The administrator shall monitor all staff training through the quality management plan review to ensure all required training in accordance with regulation 2600.65(f) is completed each training year, 3/18/19 *Egy*

Repeat Violation: Yes	Date(s) of Previous Violation(s):	08/09/2017
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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>Lucinda Jewart - admn</i>	Date <i>12-20-18</i>
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Violation Report: 42685 - 08/30/2018 - Georgoulis, Karen
 PCH Name: JEWART S WHISPERING PINES MANOR

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

2a. DESCRIPTION OF VIOLATION
 On 8/30/18 at 9:38 a.m., there were no paper towels, mechanical air blower, or other means of hand drying in the common bathroom adjacent to the kitchen on the first floor.

On 8/30/18 at approximately 9:53 a.m., the condiments in the black metal holder on the radiator cover in the living/dining room area had the following, to include:
 *A GV Ketchup bottle had dried caked ketchup on the white cap and going down the neck of the bottle. The lid to the ketchup was partially open with dried, caked ketchup on both the sides and lid.
 *A bottle of yellow mustard had dried, caked ketchup on the back side of the bottle.

On 8/30/18 at approximately 9:40 a.m. there was a white plastic bin on top of the radiator cover in the living/dining room area. The white bin was dirty with black/greyish dirt smears over multiple areas of the sides and top edges of the bin and a small drop of a reddish/rust colored substance dried on the right edge of the bin. The inside bottom of the bin had an accumulation of dust and dirt particles and pieces of tobacco over bottom and along the sides and corners. The following items were inside the bin, to include:
 *Approximately 3 to 4 empty, torn open individual alcohol prep pad packages.
 *An unlabeled empty black case of a glucometer kit, that appeared dirty with a white/brownish substance over the outside of the case.
 *A glucometer with a used test strip still in it, was laying on top of the case. The entire glucometer was caked with a whitish/brownish substance and had a black/brownish substance was caked in the crevices of the machine and clumped in areas on the front/back of the machine.
 *A dirty container of Accu-chek test strips and an Accu-Chek Lantus injector pen was in the bin.
 * There was a 10 count bag of lancets and 7 to 8 lancets scattered about on the bottom of the white bin.

On 8/30/18 at approximately 10:10a.m., there was approximately 1/4" layer of dust/dirt accumulated in the slats of the ceiling vent cover in the small common half bathroom off the living room.

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

All condiments are now kept in fridge til used -
 All monitors + supplies are handled by Admin and kept away from residents + kept sanitary will continue to keep maintained + sanitary - was cleaned while inspectors were here

Repeat Violation: No Date(s) of Previous Violation(s):

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 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Date

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All other unsanitary conditions were corrected on the time day of inspection. 3/18/19
 Immediately: A designated staff person shall check the home weekly to ensure sanitary conditions are maintained.

Violation Report: 42685 - 08/30/2018 - Georgoulis, Karen
PCH Name: JEWART S WHISPERING PINES MANOR

1. REGULATION 55 Pa.Code §2600
2600.95 - Furniture and equipment must be in good repair, clean and free of hazards.

2a. DESCRIPTION OF VIOLATION
On 8/30/18, the electric hand blower in the common half bathroom off the living room is not secured to the wall. There is an approximate, 2 1/2" gap at the top of the blower and a 1/2" gap at the bottom, where it has pulled away from the wall.
Resident #1's bedside lamp is in disrepair. The lamp socket is pulled from the lamp post being held on by the wires.

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.

Hand dryer has been rehung, will continue to monitor Restrooms. Light in Residents room #1, was repaired while inspectors were here. will to monitor lamps and repair or replace when needed

Immediately: A designated staff person shall check the home weekly to ensure furniture and equipment in in good repair, clean, and free of hazards. 3/18/19 *g*

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) *Lucinda Jewart-Admin* Date *12-20-18*

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Violation Report: 42685 - 08/30/2018 - Georgoulis, Karen
PCH Name: JEWART S WHISPERING PINES MANOR

1. REGULATION 55 Pa.Code §2600

2600.100(b) - The home shall ensure that ice, snow and obstructions are removed from outside walkways, ramps, steps, recreational areas and exterior fire escapes.

2a. DESCRIPTION OF VIOLATION

On 8/30/18, at approximately 11:50 a.m. there were two stacks of white resin chairs, rubber mats, a bird feeder and a paint tray on the concrete slabs in the yard at the deck steps obstructing the exterior exit route leading from the second floor emergency exit off the rear deck to the back yard.

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 reason for this is I was staining + painting deck + stairs. All items were removed while inspectors were here. will make sure all emergency exits are clear + accessible will monitor daily. will monitor regularly

Immediately: A designated staff person shall check the home daily to ensure all exterior walkways, ramps, steps, and fire exits are clear and unobstructed. 3/18/19

EJ

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) *Linda DeWitt-admin* Date *12-20-18*

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Violation Report: 42685 - 08/30/2018 - Georgoulis, Karen
 PCH Name: JEWART S WHISPERING PINES MANOR

1. REGULATION 55 Pa.Code §2600
 2600.101(j)(1) - Each resident shall have the following in the bedroom: A bed with a solid foundation and fire retardant mattress that is in good repair, clean and supports the resident.

2a. DESCRIPTION OF VIOLATION
 On 8/30/18, resident #2's vinyl mattress has multiple cracks and four tears with one measuring approximately 1' in length exposing the mattress padding, 6", 31", and 11" tears.
 On 8/30/18 resident #3's mattress has multiple tears, to include two tears measuring approximately 3' and one measuring 29". There was a mattress pad over the top of the mattress covering the tears.

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 #2 mattress was replaced - resident #3 mattress was replaced - will monitor + replace items when needed - receipt to follow

Immediately: A designated staff person shall check all resident mattresses to ensure the mattresses are clean and in good repair. 3/18/19 *EJ*

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) *Kenneth L. ... - Admin* Date *12-20-18*

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Violation Report: 42685 - 08/30/2018 - Georgoulis, Karen
 PCH Name: JEWART S WHISPERING PINES MANOR

1. REGULATION 55 Pa.Code §2600
 2600.101(j)(5) - Each resident shall have the following in the bedroom: A bedside table or a shelf.

2a. DESCRIPTION OF VIOLATION
 On 8/30/18, there was no bedside table or shelf at the bedside of resident #2.

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.

There has been a shelf installed on wall next to resident # 2 bed. will monitor and make sure all resident have table or shelf

Immediately: A designated staff person shall conduct an initial and then monthly check of all resident bedrooms to ensure each resident has a bedside table or shelf. 3/18/19

Egy

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page)

[Handwritten Signature]

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
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Lucinda Jewart Admin

12-20-18

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

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Violation Report: 42685 - 08/30/2018 - Georgoulis, Karen
PCH Name: JEWART S WHISPERING PINES MANOR

1. REGULATION 55 Pa.Code §2600

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 #2 does not have a source of light that can be turned on/off from bedside. The light switch on the wall cannot be reached to turn on at the resident #2's bedside.

On 8/30/18, the shared bedside lamp between the beds of resident #4 and resident #5 is inoperable. There is no source of light that can be turned on/off from bedside for either resident.

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.

Lamp + tube has been placed next to resident #2 bed. will monitor and make sure resident leaves it there.

The lamp between Resident #4 + 5 was plugged in while inspectors were here.

will continue to monitor + make sure all lamps are accessible + working

Immediately: A designated staff person shall check each residents room weekly to ensure there is an operable bedside lamp or other source of lighting available. 3/18/19

EJ

Repeat Violation: Yes

Date(s) of Previous Violation(s):

08/09/2017

Signature of Legal Entity Representative
(Required on EVERY Page)

[Handwritten Signature]

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

Lucinda West

Date

12-22-18

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The above plan of correction is approved as of 3/18/19
(Date)

Plan of correction implementation status as of 3/18/19
(Date)

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

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

Violation Report: 42685 - 08/30/2018 - Georgoulis, Karen
PCH Name: JEWART S WHISPERING PINES MANOR

1. REGULATION 55 Pa.Code §2600

2600.101(o) - The bedrooms must have walls, floors and ceilings, which are finished, clean and in good repair.

2a. DESCRIPTION OF VIOLATION

The linoleum in the second floor bedroom shared by resident's #2, #4 and #5 is in two pieces with the seam running across the middle of the entire width of the room. Approximately 4' of the seam, from the left wall under resident #5's bed to the middle of the bedroom is lifted approximately 1". The front piece of linoleum is stapled to the floor to secure the entire width; however, the staples are raised and rusted, posing a hazard for skin tears. front piece of Linoleum is stapled to the floor all the way across; however, the staples are rusted and not flush with the floor posing a posing a hazard for skin tears.

The edge of the linoleum flooring at the doorway to the second floor bedroom shared by resident's #3, #6 and #7 is chipped and pieces broken off. The edge is lifted approximately 1/8" and rolling upward, posing a tripping hazard. There is no floor strip or threshold to secure the linoleum to the floor.

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.

repaired floor with staples + put strip over staple to prevent skin tears. will monitor all floors + repairs needed
Doorway threshold replaced - will monitor

Immediately: A designated staff person shall check each resident bedroom monthly to ensure all floors, walls, and ceilings are clean, in good repair, and free of hazards. 3/18/19

Ej

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) *Laura S. Dewert* Date *12-20-18*

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Violation Report: 42685 - 08/30/2018 - Georgoulis, Karen
 PCH Name: JEWART S WHISPERING PINES MANOR

1. REGULATION 55 Pa.Code §2600

2600.102(i) - A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.

2a. DESCRIPTION OF VIOLATION

On 8/30/18, at 9:38 a.m., there was no soap in the wall soap dispenser in the common bathroom adjacent to the kitchen on the first floor

On 8/30/18 at approximately 10:10 a.m. there was no soap in the wall soap dispenser in the common 1/2 bathroom off the living room on the first floor.

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.

Soap was put in dispensers while inspectors were here. will continue on a regular basis to monitor + fill Soap dispensers

Immediately: A designated staff person shall check all bathrooms daily to ensure there is a dispenser of soap with soap in it within reach of each bathroom sink. 3/18/19

Eg

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative
 (Required on EVERY Page)

[Handwritten Signature]

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page)

Lucinda Stewart - Admin

Date *12-20-18*

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Violation Report: 42685 - 08/30/2018 - Georgoulis, Karen
PCH Name: JEWART S WHISPERING PINES MANOR

1. REGULATION 55 Pa.Code §2600

2600.103(e) - Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

2a. DESCRIPTION OF VIOLATION

On 8/30/18 at 11:20 a.m., the following items were not labeled or dated in the refrigerator section of the refrigerator/freezer in the kitchen, to include:

- * 1/2 a sandwich in a plastic bag.
- * A pie box with 1/4 piece of the lemon pie remaining.

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.

Items were disposed of while inspectors were here these were our personal items will mark all items in fridge, will monitor daily and date + label

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 - Admin

Date 12-20-18

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

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(Date)

Plan of correction implementation status as of 3/18/19
(Date)

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

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

Violation Report: 42685 - 08/30/2018 - Georgoulis, Karen
 PCH Name: JEWART S WHISPERING PINES MANOR

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
 On 8/30 /18 at approximately 10:30 a.m., a ½ gallon of Marburger Orange Juice that was half full, with a label indicating "Keep refrigerated", was being improperly stored on the exterior side of the emergency exit door from resident #1's bedroom on the second floor.

On 8/30/18, there was no thermometer in the small refrigerator that the residents use in the living/dining room area.

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 fridges will have thermometers - Resident #1 was trained on how not to put items outside of room. We will store in fridge til needed. will continue to monitor

Immediately: A designated staff person shall check weekly to ensure each refrigerator and freezer has a thermometer and the required temperatures are maintained. 3/18/19 *Eg*

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>Lucinda Jewart - Admin</i>	Date <i>12-20-18</i>
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 (Initials)

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Violation Report: 42685 - 08/30/2018 - Georgoulis, Karen
PCH Name: JEWART S WHISPERING PINES MANOR

1. REGULATION 55 Pa.Code §2600
2600.132(b) - A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

2a. DESCRIPTION OF VIOLATION

The homes most recent fire safety inspection and fire drill conducted by a fire safety expert was on 2/9/17.

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.

Have contacted local fire dept. will conduct yrly. fire drill + fire safety inspection.
Done on 2-20-18 - will continue to make sure this is done yrly

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

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The above plan of correction is approved as of <u>3/18/19</u> (Date)	Plan of correction implementation status as of <u>3/18/19</u> (Date)
The above plan of correction was approved by <u>Egy</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <u>Egy</u> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 42685 - 08/30/2018 - Georgoulis, Karen
 PCH Name: JEWART S WHISPERING PINES MANOR

1. REGULATION 55 Pa.Code §2600
 2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION
 Resident #6's annual medical evaluation was completed on 8/26/16. However, resident #6's next annual medical evaluation was not completed until 10/26/17.

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 all resident med eval are done annually. will monitor + schedule when needed.

Immediately: The administrator or designated staff person shall review all resident records to ensure each resident has a current medical evaluation completed and the documentation is in the residents' record. 3/18/19

Eg

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

[Handwritten Signature]

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page)

Lewde Stewart - Admin

Date

12-20-18

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 (Date)

Plan of correction implementation status as of 3/18/19
 (Date)

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

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

Violation Report: 42685 - 08/30/2018 - Georgoulis, Karen
 PCH Name: JEWART S WHISPERING PINES MANOR

1. REGULATION 55 Pa.Code §2600

2600.162(e) - A change to a menu shall be posted in a conspicuous and public place in the home and shall be accessible to a resident in advance of the meal. Meal substitutions shall be made in accordance with § 2600.161 (relating to nutritional adequacy).

2a. DESCRIPTION OF VIOLATION

On 8/30/18, lasagna salad, garlic bread and apple slices were listed on the menu for dinner. However, beef pasta, bread, and fruit was being served. No notice was provided to the residents in advance of the meal change.

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.

When there is a menu change it will be posted before the meal. will monitor daily and post w/needed

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
Lewellen Jewart - Admin	12-20-18

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Violation Report: 42685 - 08/30/2018 - Georgoulis, Karen
 PCH Name: JEWART S WHISPERING PINES MANOR

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
 The homes first aid kit contained the following expired medications:
 * A tube of Bengay expiration date of 7/2014
 * A 1fl oz. bottle of Mercurio Clear expiration date of 7/2010

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.

Items were removed while inspectors were here will monitor + check for dates will remove all out dated items this will be done on a regular basis

Immediately: Monitoring shall be completed on a monthly basis. 3/18/19 *Eg*

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>Lucinda Stewart-Admin</i>	Date <i>12-20-18</i>
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Violation Report: 42685 - 08/30/2018 - Georgoulis, Karen
 PCH Name: JEWART S WHISPERING PINES MANOR

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

On 8/30/18, at 3:20 p.m., resident #1's glucometer was not labeled and calibrated to date and time indicating a date, 8/13 and time of 6:51 p.m.

Resident #1 is prescribed Novolog insulin 100units/ml vial, and ACCUCHECKS three times a day before meals with coverage subcutaneously, Sliding scale: 70-130=0u; 131-180=1u; 181-240=2u; 241-300=3u; 301-350=4u; 351-400=5u Above 400 =6u call physician. The documentation in the August MAR indicates resident #1's blood glucose readings are being taken at the following times: 12:00 p.m., 6:00 p.m. and 9:00 p.m.; however, the readings are not documented anywhere, to include the August MAR, from 8/1/18 to 8/30/18. Documented is the site of injection and the number of units administered.

Resident #1's August MAR indicates ACCUCHECKS 4 times a day (8:00 a.m., 12:00 p.m., 4:00 p.m. and 8:00 p.m.) with hand written "self" by each time of day indicated; however, there are no blood glucose readings documented in the August MAR, it 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.

Have implemented a new documentation, keeping track of injection units etc... will continue this on a daily basis. Got new glucometer which now works for resident #1 will monitor to make sure all is in working order. Admin. takes blood sample and keeps all supplies - clean + in working order

Immediately: A designated staff person qualified to administer medications shall check all resident glucometers weekly to ensure they are calibrated to the correct day and time. 3/18/19

Eg

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
L. W. D. - Admin	12-20-18

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Violation Report: 42685 - 08/30/2018 - Georgoulis, Karen
 PCH Name: JEWART S WHISPERING PINES MANOR

1. REGULATION 55 Pa.Code §2600

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 #6 is prescribed Ciclopirox 0.77% cream, apply to nails twice a day. However, the medication is not recorded on the August medication administration record (MAR).


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 meds are recorded on mar. will monitor daily. This was corrected when inspector was here

The resident #6's medication was added to the medication administration record.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	08/09/2017		
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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 Jewett - Admin Date 12-20-18

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Violation Report: 42685 - 08/30/2018 - Georgoulis, Karen
 PCH Name: JEWART S WHISPERING PINES MANOR

1. REGULATION 55 Pa.Code §2600
 2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION
 Resident #1 is prescribed Novolog insulin 100units/ml vial, and ACCUCHECKS, three times a day before meals with coverage subcutaneously, Sliding scale: 70-130=0u; 131-180=1u; 181-240=2u; 241-300=3u; 301-350=4u; 351-400=5u Above 400 =6u call physician. The resident meal times indicated for the home are between 6:00 a.m. to 9:00 a.m.; between 12:00p.m. to 1:00 p.m. and between 5:00 p.m. to 6:00 p.m. However, interviews of staff and resident #1 indicate, the blood glucose readings and administration of insulin are being done at the following times: 12:00 p.m., 6:00 p.m. and 9:00 p.m., as documented in the August MAR.

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 readings are done with each meal insulin Lantus is given every morning at breakfast time 5 units as ordered - Novolog according to the sliding scale. which is monitored by Admin 3 times a day as ordered at meal times - before meals if needed, will continue to monitor and make changes is DR-orders daily - Photo included on previous page

Immediately: The administrator shall contact Resident #1's prescriber and confirm the prescribed times for medication administration. 3/18/19 *Eg*

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
<i>Louise Dewart - Admin</i>	<i>12-20-18</i>

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Violation Report: 42685 - 08/30/2018 - Georgoulis, Karen
PCH Name: JEWART S WHISPERING PINES MANOR

1. REGULATION 55 Pa.Code §2600
2600.221(c) - A current weekly activity calendar shall be posted in a conspicuous and public place in the home.

2a. DESCRIPTION OF VIOLATION

The home does not have a current activity calendar posted for the month of August, 2018. The activity calendar's posted on a bulletin board above the radiator are dated 1/2016 - 12/2017 and one indicating "Partial "- September 2018, with dates 9/3 to 9/28.

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.

Activities Calendar will be posted and dated with correct dates
will monitor + correct when needed

Immediately: Monitoring shall be completed on a monthly basis. 3/18/19 *EJ*

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) *Lucinda J. Jewart - Adm. W* Date *12-20-18*

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(Date)

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

Plan of correction implementation status as of 3/18/19
(Date)

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

Violation Report: 42685 - 08/30/2018 - Georgoulis, Karen
 PCH Name: JEWART S WHISPERING PINES MANOR

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

Resident #3's medical evaluation, dated 6/12/18, indicates the resident has a diagnosis of seizure disorder. Resident #3's assessment dated 7/2/18 does not include the 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.

Will make sure all resident med evals have all Dros recorded on them. Will monitor regularly and correct any changes

Resident #3's assessment was updated to include the missing diagnoses *Eg*

Immediately: the administrator or designated staff person shall review all resident assessments for accuracy and completeness. 3/18/19 *Eg*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
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Printed Name and Title of Legal Entity Representative
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Date 12-20-18

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