



August 26, 2019

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 23, 2019, 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 "Kevin Hancock", written over a white background.

Kevin Hancock
Deputy Secretary
Office of Long Term Living

Enclosure
Violation Report

Violation Report

Received BHSL
7/31/19

Facility Information

Name: JAMESON PLACE
Address: 3345 WILMINGTON ROAD, NEW CASTLE, PA 16105
County: LAWRENCE Region: WESTERN

License Number: 401280

Administrator

Name: Suzanne Boyer Phone: 7245983434 Email: boyersm@UPMC.EDU

Legal Entity

Name: JAMESON CARE CENTER INC
Address: 3345 WILMINGTON ROAD, NEW CASTLE, PA, 16105

Certificate(s) of Occupancy

Type: Other Date: 10/21/2010 Issued By: Neshannock Township

Staffing Hours

Resident Support Staff: Total Daily Staff: 34 Waking Staff: 26

Inspection

Type: Full Reason: Renewal BHA Docket #: Notice: Unannounced

Inspection Dates and Department Representative

04/23/2019 - On-Site: Vicki Pfaff, Lori Gillette

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 70 Residents Served: 34

Secured Dementia Care Unit

In Home: No Area: Capacity: Residents Served:

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 34
Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
Have Mobility Need: 0 Have Physical Disability: 0

25b - Contract Signatures

Regulations

2600.

25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.


Description of Violation

Resident #1's resident-home contract completed on 2/1/19, was not signed by the resident.

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.)

At the time of inspection the contract in question was signed by the resident's Power of Attorney. The PC administrator will ensure the contract is signed or noted with a comment by the resident as required. The PC administrator will review all contracts before filing to ensure completion.

Immediately: Resident #1 and all residents shall be provided the opportunity to sign their contracts. If a resident is unable or unwilling to sign their contract, the circumstances shall be noted on the contract. 8/8/19 

Legal Entity Representative


Signature


Suzanne Boyer, Manager
Printed Name and Title

7-30-19
Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 8/8/19
(Date)

Plan of correction implementation status as of 8/8/19
(Date)

The above plan of correction was approved by 
(Initials)

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

85a - Sanitary Conditions

Regulations

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

At 10:25 a.m., there were no paper towels or sanitary means of drying hands at the sink in the dining room.

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 immediately overnight staff will be responsible for inspecting the paper towel dispensers daily and refilling as needed. Housekeeping will also inspect towel dispensers daily and complete a 60 day documentaion log (attachment A) followed by random audits thereafter. All staff have been educated to report any dispenser issues to management as needed.

Type text here

Legal Entity Representative


Signature

Suzanne Boyer, Manager

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101j7 - Lighting/Operable Lamp

Regulations

2600.

101.j. Each resident shall have the following in the bedroom:

7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

At 10:45 a.m., there was no operable lamp or other source of lighting that can be turned on at bedside in resident room #104.

At 11:00 a.m., there was no operable lamp or other source of lighting that can be turned on at bedside in resident room #311.

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 resident rooms have been inspected to ensure there are working light sources located within reach of resident beds. To maintain compliance, housekeeping staff will inspect all rooms weekly for the required light source and document for 60 days (Attachment B) with random audits thereafter. PC administrator will keep a supply of flashlights in the office for resident use as needed. Resident will be educated on use of the flashlight as a required light source and DCS will verify the resident is able to operate the flashlight.

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102d - Grab/Hand/Assist Bar/Slip-Resistant Surface

Regulations

2600. 102.d. Toilet and bath areas must have grab bars, hand rails or assist bars. Bathtubs and showers must have slip-resistant surfaces.

Description of Violation

At approximately 10:45 a.m., there was no non-skid surface on the shower floor of the bathroom in resident room #104.

At 11:00 a.m., there was no non-skid surface on the shower floor of the bathroom in resident room #311.

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 shower floors have been inspected by maintenance and all showers found without a non-skid surface will be brought into compliance by August 10, 2019. Housekeeping will inspect shower floors for compliance weekly with a 60 day log (Attachment C) and randomly thereafter and report any issues to the PC administrator or designee.

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103f - Refrigerator/Freezer Temps

Regulations

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.

Description of Violation

At 10:25 a.m., the temperature of the home's refrigerator in the dining room measured 44 degrees Fahrenheit.

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.)

Refrigerator in question had just been stocked prior to the temperature reading and when the inspector returned later in the day it was within compliance at 40 degrees. DCS have been educated on the temperatures set forth in this regulation and importance of only keeping the door open for short periods of time. A temperature log is recorded daily by the dietary staff. July 2019 log is attached verifying compliance to date.

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161d - Dietary Needs

Regulations

2600.

161.d. A resident's special dietary needs as prescribed by a physician, physician's assistant, certified registered nurse practitioner or dietitian shall be met. Documentation of the resident's special dietary needs shall be kept in the resident's record.

Description of Violation

Resident #3 is prescribed a mechanical soft diet. At 12:05 p.m., the resident was served a lunch of seafood alfredo with rigatoni noodles approximately 1" in length, cooked peas and a 6" long soft braided breadstick.

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 staff have been educated about the needs and food consistency of a mechanical soft diet. In this case the resident is on the diet by choice and DCS had respected the resident's right to choice. See the attached updated care plan to reflect the dietary needs of this resident.

Immediately: The home shall only provide the prescribed diet to resident #3 and all other residents. All staff persons involved in the preparation or serving of food or drinks shall be educated on the prescribed diets of each resident. Documentation of education shall be kept. 8/8/19 [Signature]

Immediately: The administrator shall observe a meal service at least once a week for three months to ensure the prescribed diets are provided to the residents. Documentation of observations shall be kept. 8/8/19 [Signature]

Legal Entity Representative

[Signature]
Signature

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162c - Menus Posted

Regulations

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.

Description of Violation

At approximately 11:15 a.m., the menus posted on the home's first floor bulletin board did not indicate what dates each of the four menus covered. They were only indicated Week #1, Week #2, Week #3 and Week #4. Therefore, it was unable to be determined which menu was the current or week in advance menu.

Repeat Violation 4/18/18

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.)

Our menus run on a four week rotation. The weeks are indicated on the activity calendar the residents receive monthly. The activity calendar is also posted in the lobby. Beginning August 1, 2019 the PC administrator or designee will also begin posting the activity calendar next to the menus on the bulletin board and include the date of the menu cycles.

Immediately: The menus posted in the home shall indicate which menu is the current week and week in advance menu, 8/8/19

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171b5 - First Aid Kit

Regulations

2600.

171.b. The following requirements apply whenever staff persons or volunteers of the home provide transportation for the resident:

- 5. The vehicle must have a first aid kit with the contents as specified in § 2600.96 (relating to first aid kit).

Description of Violation

At approximately 11:10 a.m., the following items were not included in the first aid kit in the Honda automobile used to transport residents: thermometer, breathing shield, eye coverings.

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 first aid kit in question was replenished with the required items on July 29, 2019. A monthly audit of first aid kits will be completed by the PC administrator or designee for 3 months (Attachment D) and randomly thereafter.

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187a - Medication Record

Regulations

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

- 4. Strength.
- 6. Dose.
- 8. Frequency of administration.
- 12. Diagnosis or purpose for the medication, including pro re nata (PRN).

Description of Violation

Resident #4 is prescribed Ventolin HFA 90 mcg/actuation aerosol inhaler – inhale 1 as needed four times daily. However, the resident’s April 2019 medication administration record (MAR) has a handwritten entry that reads “Ventolin HFA 108mcg/act – INHALE ONE PUFF PO Q4hrs AS NEEDED.”

Resident #4 is prescribed Tussin 100mg/5mL oral liquid – 5ml as needed every eight hours (starting 4/4/19). The resident’s April 2019 MAR has a handwritten entry that indicates “Tussin 100mg/5ml every 8 hours for cough prn.” The MAR entry does not indicate the amount of medication to be given.

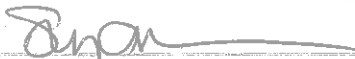
Resident #5 is prescribed Tessalon Perles 200mg – take one capsule by mouth three times a day as needed. The resident’s April 2019 MAR has an entry that indicates Benzonatate (Tessalon Perles) 100mg cap – 1 cap three times a day PRN.

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 corrections were made to the appropriate MARs immediately. Medication Administration staff have been re-educated on the importance of transcribing physicians orders in the resident MARs with all the accurate information and to ensure the medication in hand matches the prescribing doctors orders. All MARs will be reviewed monthly by Medication Administration staff and following any new orders received from a physician.

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224a - Preadmission Screen Form

Regulations

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.

Description of Violation

The preadmission screening form for resident #2, admitted 8/22/16, did not include the date when it was completed.

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 form was dated and initialed July 29, 2019. All staff have been educated on necessity of forms being completed in their entirety prior to filing. PC administrator or designee will examine all forms and initial before being entered into the resident file.

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Signature

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225a - Assessment 15 Days

Regulations

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.

Description of Violation

The initial assessment for resident #5, admitted 7/5/18, was not dated when it was finalized.

Repeat Violation 4/18/18

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 assessment was dated and initialed on July 23, 2019. Education was provided to staff to thoroughly complete the RASP and specifically dates and signatures. All assessments will be reviewed and initialed by the PC administrator or designee to ensure thorough completion.

Legal Entity Representative


Signature

Suzanne Boyer, Manager
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