pennsylvania
DEPARTMENT OF HUMAN SERVICES

December 12, 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 21, 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,

Kevin Hancock
Deputy Secretary
Office of Long Term Living

Enclosure
Violation Report

Violation Report

Facility Information

Name: *JEWART'S WHISPERING PINES MANOR* License Number: *42685*
Address: *P.O. BOX 249, 8 WEST CHURCH ST., SAGAMORE, PA 16250*
County: *ARMSTRONG* Region: *WESTERN*

Administrator

Name: *Lucinda Jewart* Phone: *7247837049* Email: *CINDERELLA JEWART@YAHOO.COM*

Legal Entity

Name: *LUCINDA AND RANDALL JEWART*
Address: *P.O. BOX 249, 8 WEST CHURCH ST., SAGAMORE, PA, 16250*

Certificate(s) of Occupancy

Type: *Other* Date: *06/03/1996* Issued By: *Labor and Industry*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *8* Waking Staff: *6*

Inspection

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

Inspection Dates and Department Representative

08/21/2019 - On-Site: Laurie Garrigan, Desmond Grace

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *8* Residents Served: *8*

Secured Dementia Care Unit

In Home: *No* Area: Capacity: Residents Served:

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *6* Are 60 Years of Age or Older: *4*
Diagnosed with Mental Illness: *8* Diagnosed with Intellectual Disability: *1*
Have Mobility Need: *0* Have Physical Disability: *0*

25c2 - Fee Schedule

Regulations

2600.

25.c. At a minimum, the contract must specify the following:

2. A fee schedule that lists the specify the following: actual amount of allowable resident charges for each of the home's available services.

Description of Violation

The resident-home contracts for the following residents of the home did not include the specific charge per day to hold a bed during hospitalization or other extended absence from the home, the contracts indicated that the fee was prorated:

*Resident #1's resident-home contract, dated 9/2/16

*Resident #2's resident-home contract, dated 3/1/18

*Resident #3's resident-home contract, dated 1/18/19

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.)

Administrator updated contract 1,2,3 on 8-21-2019
Administrator will monitor all other contracts and
Correct all other contracts to insure all are correct.
Administrator will review all contracts for all new
Admits. Check list has been implemented.

Review of the home's contracts by the administrator will occur within 10 days of receipt of these plans of correction. 11/15/19

Legal Entity Representative

11-4-19

Signature | Lucinda Jewart Admin — Printed Name and Title | Date

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

The above plan of correction is approved as of 11/15/19 (Date)

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

Plan of correction implementation status as of 11/15/19 (Date)

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

25c6 - Refunds

Regulations

2600.

25.c. At a minimum, the contract must specify the following:

6. The conditions under which refunds will be made, including the refund of admission fees and refunds upon a resident's death.

Description of Violation

The resident-home contracts for the following residents did not include the specific the conditions under which refunds would be made, including the refund of admissions fees and refunds upon a resident's death, the contracts indicated that the fee was prorated:

*Resident #1's resident home contract, dated 9/2/16

*Resident #2's resident-home contract, dated 3/1/18

*Resident #3's resident-home contract, dated 1/18/19

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.)

Administrator corrected immediately, Contract for resident's 1-2-3 on 8-21-2019. Administrator will make sure all other contracts are correct And will continue to monitor all new admits contracts to insure they are Correct. Check list has been implemented

The administrator will review all contracts within 10 days of receipt of these plans of correction to ensure compliance with §2600.25(c) 11/15/19

Legal Entity Representative

Signature

Printed Name and Title: Lucie du Jewart admin

Date: 11-4-19

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

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- ☐ Not Implemented

65g.5 Annual Training Content

Regulations:

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. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.

Description of Violation:

Staff person A did not receive training in fire safety completed by a fire safety expert during the 1/1/18 to 12/31/18 annual training year.

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.)

Administrator will make sure all staff recieves fire safety training by Fire safety expert. Staff person received fire safety training on 9-15-2019Administrator will continue to monitor and make sure all staff has been Trained. Check list has been implemented.

Within 30 days of receipt of these plans of correction, the administrator or a designated staff person will review the staff training plan for the 1/1/19-12/31/19 training year and compare with staff training completed to ensure at that all staff have completed the trainings as required in accordance with §2600.65(g)(1)-(6). 11/15/19

Legal Entity Representative:

Signature — Printed Name and Title: Lucinda Jewart admin — Date: 11-4-19

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101.j.2 – Bedroom Chairs

Regulations:

2600.

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

2. A chair for each resident that meets the resident's needs.

Description of Violation:

Three residents share a bedroom at the top of the stairs on the far left side; however, only 1 chair was available in the bedroom. Three resident also share a bedroom at the top of the stairs on the immediate left side of the staircase; however, only 2 chairs were available in the bedroom.

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.)

Administrator immediately fixed this on 9-21-2019 all residents All have a chair in their rooms. Adminstrator will continue Weekly chair checks to insure all residents have a chair. Check List has been implemented. *Weekly checks will be completed on Monday every week and began on 11/4/19.* 11/15/19

Legal Entity Representative:

Signature

Printed Name and Title: [illegible] Admin 11-4-19

Date

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- ☐ Not Implemented

F017 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

Resident's #2 and #4 did not have a source of light that could be turned on/off from bedside. There was no light bulb in the resident's shared bedside lamp.

Repeat Violation: 8/30/2018

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.)

Administrator reaplaced lightbulb immediately on 8-21-2019 In residents #2 and #4 rooms while inspectors were present. Administrator will check and make sure all lamps in residents Rooms work correctly weekly check list has been implemented.

Weekly checks will be completed on Monday every week and began on 11/4/19. 11/15/19

Legal Entity Representative

Signature

Lucinda Jewart - Admr 11-9-19
Printed Name and Title Date

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- ☐ Not Implemented

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103d - Storing Food Off Floor

Regulations

2600.
103.d. Food shall be stored off the floor.

Description of Violation

At 10:05 a.m., multiple food items were stored on the kitchen pantry floor to include the following:
- 24 pack of 12-ounce cans of Pepsi
- 1-liter bottle of Pepsi
- 1-gallon container of vegetable oil

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.)

Administrator immediately removed all food items on 8-21-2019. Administrator will monitor daily to insure no food Is stored on the floor, check list has been implemented.

Legal Entity Representative

Signature | Lucinda Jewart - Admin | 11-4-19
Printed Name and Title | Date

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The above plan of correction is approved as of 11/15/19 (Date)

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

Plan of correction implementation status as of 11/15/19 (Date)

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

109b - Rabies Vaccination

Regulations

2600.

109.b. Cats and dogs present at the home shall have a current rabies vaccination. A current certificate of rabies vaccination from a licensed veterinarian shall be kept.

Description of Violation

The home's cat Dora was present in the home on 8/21/19 and did not have a current certification of rabies vaccination from a licensed veterinarian.

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.)

Administrator had doras rabies vaccinations done on 10-11-2019 by Countryside animal health Administrator will make sure all pets are up to date on yearly Vaccinations.
check list had been implemented.

The vaccination records for all pets will be reviewed to ensure that due dates for yearly vaccinations are known and added to the checklist. Dora will receive her next rabies vaccination by 10/11/2020. JJ 11/15/19

Legal Entity Representative

Signature

Lucinda dewart-adm 11-4-19
Printed Name and Title Date

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

The above plan of correction is approved as of 11/15/19 (Date)

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

Plan of correction implementation status as of 11/15/19 (Date)

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

121a - Unobstructed Egress

Regulations

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

The emergency exit door located in resident #5's bedroom was locked on the inside with a turn locking device.

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.)

Administrator on 9-05-2019 had replaced locking door knob With unlocking door knob, door knob no longer able to lock. Administrator will continue to monitor to make sure door knob is In working condition. Check list has been implemented.

Weekly checks will be completed on Monday every week and began on 11/4/19. 11/15/19

Legal Entity Representative

Signature

Lucinda Jones/admin 11-5-19
Printed Name and Title Date

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

The above plan of correction is approved as of 11/15/19 (Date)

The above plan of correction was approved by (Initials)

Plan of correction implementation status as of 11/15/19 (Date)

- ☐ Fully Implemented
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- ☐ Not Implemented

JEWART'S WHISPERING PINES MANOR

141b.1 - Annual Medical Evaluation

Regulations

2600.
141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident #5's most recent medical evaluation, dated 11/19/18, does not include the resident's height, body positioning or ability to use or avoid poisonous materials. These sections of the form were blank.

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.)

Administrator had physician immediately correct dme and make sure every area Required has been marked. Administrator will continue to monitor All DME's of all residents and have any Corrected if needed immediately. Check list has been implemented.

Within 30 days of receipt of these plans of correction, all staff persons responsible for reviewing medical evaluations will be educated on §2600.141(b)(1) and ensuring that medical evaluations are complete and accurate upon receipt. 11/15/19

Legal Entity Representative

Signature

Lucinda Jewett-Admin 11-4-19
Printed Name and Title Date

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- ☐ Partially Implemented - Inadequate Progress
- ☐ Not Implemented

183e - Storing Medications

Regulations

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

At 1:31 p.m., resident #5's blood glucose testing strips were present in the home. However, the testing strips expired on 5/31/19.

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.)

Administrator immediately removed old strips on 8-21-19 and replaced with ones not outdated Administrator on a regular basis will check all meds and supplies to insure not expired and replace if needed. Check list has been implemented

Administrator checks of expiration dates of medical supplies will occur at least weekly. 11/15/19

Legal Entity Representative

Signature

Lucinda Stuart Admin 11-4-19
Printed Name and Title Date

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The above plan of correction was approved by (Initials)

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

185a. Implement Storage Procedures

Regulations

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.

Description of Violation

The home's policy for accountability of scheduled medications indicates that staff will count, secure and keep receipts of medications upon receipt. However, the home has no record of any of the resident's narcotics and did not document the number of narcotic pills received from the pharmacy or the number of narcotic pills available in the home for the following residents:

*Resident #1's Lorazepam 1 mg tablet- take 1 tablet at bed time, 10 pills present

*Resident #1's Lorazepam 1 mg tablet- take ½ tablet by mouth every morning, 8 doses present.

*Resident #2's Lorazepam 1 mg tablet- take 1 tablet by mouth at bedtime, 27 pills present.

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.)

Administartor immediately phoned mission pharmacy and requested Narcotic control sheets, sheets were obtained on 08-21-2019 and have Been implemented. Administrator will continue to use these sheets on a Daily basis for all residents with controlled substances.

Within 30 days of receipt of these plans of correction all staff persons responsible for medication administration will be educated on the home's policy for accountability of scheduled medications and use of the narcotics count sheets obtained on 8/21/19. 11/15/19

Legal Entity Representative

Signature

Lucinda Newcott-Admin 11-4-19

Printed Name and Title Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX

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Plan of correction implementation status as of 11/15/19 (Date)

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- ☐ Partially Implemented - Inadequate Progress
- ☐ Not Implemented

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187.d. Follow Prescriber's Orders

Regulations

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

On 7/17/19, resident #1 was ordered Nicotine 24-hour patch, 1 patch to skin once a day for 28 days. However, the patches were not administered to the resident.

On 11/19/18, resident #5 was prescribed blood glucose tests four times a day. According to the home's August 2019 blood glucose log and resident #5's glucometer, resident #5's blood glucose tests were completed as follows:

* 8/1/19-8/8/19, blood glucose tests were completed only one time a day - before breakfast
* 8/9/19-8/11/19, no blood glucose tests were completed
* 8/12/19-8/16/19, blood glucose tests were completed only one time a day - before breakfast
* 8/17/19, no blood glucose test was completed
* 8/18/19-8/20/19, blood glucose tests were completed only one time a day - before breakfast

Repeat Violation: 8/30/18

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.)

Administrator will immediately contact residents DR and let him know resident refuses a med, And obtain new orders. Administrator immediately on 8-21-19 implemented gluclose readings. Done as ordered and readings kept track of on paper will continue daily

Within 10 days of receipt of these plans of correction, then at least monthly thereafter, the administrator or designated staff person will conduct a medication audit and compare resident medications to prescribers orders and ensure that all medications are being administered as prescribed. 11/15/19

Within 30 days of receipt of these plans of correction, all staff responsible for medication administration will be educated on §2600.187(d). 11/15/19

Legal Entity Representative

Signature

Lucia da Jewart-Admin 11-4-19

Printed Name and Title Date

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

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Plan of correction implementation status as of 11/15/19 (Date)

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- ☐ Partially Implemented - Inadequate Progress
- ☐ Not Implemented

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:

Resident #5's preadmission screening dated, 12/15/17, does not include a determination that the home can meet the service needs of the resident. This section of the form was blank.

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.)

Administrator immediately corrected pre admision screening for resident #5. administrator will continue to make sure all areas on pre screening are Filled in on all new admits. Check list has been implemented.

Within 30 days of receipt of these plans of correction, all staff persons responsible for preadmission screenings will be educated on §2600.224(a) and the importance of ensuring that the needs of the resident can be met by the services provided by the home. 11/15/19

Legal Entity Representative:

Signature

Printed Name and Title

11-4-19
Date

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- ☐ Partially Implemented - Inadequate Progress
- ☐ Not Implemented

225c Additional Assessment

Regulations

2600.

225.c. The resident shall have additional assessments as follows:

1. Annually.

Description of Violation

Resident #1's assessment dated 8/18/19 does not address the need for psychiatric services as indicated on the resident's medical assessment, dated 6/27/19.

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.)

Administrator immediatley 8-21-2019 corrected rasp residents #1 Assessment. Administrator will continue to monitor all residents Assessments and update when needed. Check list has been implemented.

Within 30 days or receipt of these plans of correction, then at least monthly thereafter, the administrator or designated staff person will review resident assessments to ensure completeness and accuracy. 11/15/19

Legal Entity Representative

Signature

Printed Name and Title

11-4-19
Date

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

The above plan of correction is approved as of 11/15/19 (Date)

11/15/19 (Date)

[2]

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

- ☐ Fully Implemented
- ☑ Partially Implemented - Adequate Prog s
- ☐ Partially Implemented - Inadequate P ress
- ☐ Not Implemented

227h. Support Plan Refuse Sign

Regulation(s)

2600.

227.h. If a resident or designated person is unable or chooses not to sign the support plan, a notation of inability or refusal to sign shall be documented.

Description of Violation

The support plan for resident #1, dated 8/18/19, was not signed by the resident or noted by the home that the resident refused or was unable to sign.

Plan of Correction (POC)

(Attach pages as necessary. Remember that you must sign and date any attached pages. Includ... ibed 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.)

Administrator immediatley on 8-21-2019 had resident #1 sign support plan. Administrator will continue to monitor when support plans renew to have all Resident sign and date. Check list has been implemented.

Within 30 days of receipt of these plans of correction, then at least monthly for six months,the administrator or designated staff person will review all resident assessments and support plans to ensure compliance with §2600.227(h). 11/15/19

Legal Entity Representative

Signature | Printed Name and Title | Date

11-4-19

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[2]