



MAILING DATE: March 4, 2020

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 Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on January 30, 2020, of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

A handwritten signature in black ink that reads "Jon B. Kimberland". The signature is written in a cursive style.

Jon Kimberland
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

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FEB 25 2020

WEST REGION FIELD OFFICE
Human Services Licensing

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 & Industry*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *7* Waking Staff: *5*

Inspection

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

Inspection Dates and Department Representative

01/30/2020 - On-Site: Scott Klein, Barbara Barone

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *8* Residents Served: *7*

Secured Dementia Care Unit

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

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *5* Are 60 Years of Age or Older: *3*
Diagnosed with Mental Illness: *7* Diagnosed with Intellectual Disability: *2*
Have Mobility Need: *0* Have Physical Disability: *0*

FEB 25 2020

85a - Sanitary Conditions

Regulations

2600.

85.a. Sanitary conditions shall be maintained.

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Human Services Licensing

Description of Violation

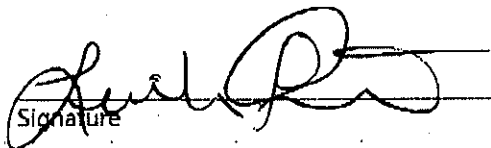
At approximately 9:45 a.m. in resident #1's bedroom, there was a sheet on the floor underneath the resident's bed that is soaked with what appears to be urine, and at the foot of the resident's bed, there is a small puddle measuring approximately 2 inches in diameter that appears to be urine.

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 dirty laundry - Room was fully cleaned. 1-30-2020
Admin will continue to monitor and correct dirty residents room, if needed.

Legal Entity Representative



Signature

Lucinda Jewart
Printed Name and Title Admin Date 2-18-20

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The above plan of correction is approved as of 2/26/2020 (Date)

Plan of correction implementation status as of 2/26/2020 (Date)

The above plan of correction was approved by  (Initials)

Implemented
 Not Implemented

101j7 - Lighting/Operable Lamp

WEST REGION FIELD OFFICE
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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 approximately 9:45 a.m. in resident #2, resident #3, and resident #4's shared bedroom, there is no operable source of light at bedside for resident #3's and resident #4's bed.

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 on 1-30-2020 moved lamp where it was to be and plugged other lamp in
Admin - on a daily basis will check to make sure residents have not moved or unplugged lamps. In all residents rooms, lamp was moved while inspectors were here

Legal Entity Representative



Signature

Lucinda Jewart 2-18-2020
Printed Name and Title Admin Date

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131f - Fire Extinguisher Inspection

Regulations

2600.

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

Description of Violation

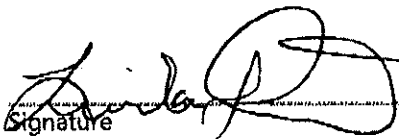
None of the home's fire extinguishers to include the first floor kitchen, the first floor hallway next to the stairs, the basement at the foot of the stairs, and the 2nd floor hallway next to resident #4's bedroom, have been inspected by a fire safety expert since 12/2018.

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 - Called fire extinguisher inspector while DPW. were here.
All extinguishers have been inspected on 2-11-2020.
Admin - has added this and the date when next inspection on Check list

Legal Entity Representative



Signature

Lucinda Jewart 2-18-2020

Printed Name and Title


Admin

Date

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132b - Safety Inspection/Fire Drill

WEST REGION FIELD OFFICE
Human Services Licensing

Regulations

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.

Description of Violation

The home's fire safety inspection and fire drill conducted by a fire safety expert is documented on 9/15/19. However, the Department is unable to measure annual compliance because the home did not have documentation of the fire safety inspection and fire drill conducted by a fire safety expert for 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 - will keep copy of fire safety experts inspection sheet for past yrs as of 1-1-2020 This is done Annually.
Admin mustaterly - threw out 2018

Legal Entity Representative



Signature

Lucinda Stewart 2-18-2020
Printed Name and Title Admin Date

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132e - Fire Drill Sleeping Hours

FEB 25 2020

Regulations

WEST REGION FIELD OFFICE
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2600.

132.e. A fire drill shall be held during sleeping hours once every 6 months.

Description of Violation

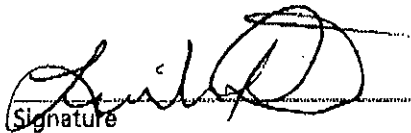
The home's last sleeping hours fire drill was held on 4/18/19 at 10:10 p.m.

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 2
fire drills will be held during
sleeping hours and documentation is
right did fire drill during sleep hours
on 1-30-2020

Legal Entity Representative



Signature

Lucinda Jewart 2-18-2020
Printed Name and Title Admin Date

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187a - Medication Record

WEST REGION FIELD OFFICE
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Regulations

2600.

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

6. Dose.

12. Diagnosis or purpose for the medication, including pro re nata (PRN).

Description of Violation

Resident #1's medication administration record indicates Glutose 15 Gel 40% - Take 2 tubes (30gm) by mouth as needed. However, resident #1 is ordered Dextrose 24GM/31GM Squeeze Tube - Use 2 Tubes mouth as needed for low blood sugar.

Resident #1 is ordered Novolog Insulin 100 Unit/ML INJ, blood glucose checks three times a day before meals with coverage subcutaneously as follows: 70-130=0U; 131-180=1U; 181-240=2U; 241-300=3U; 301-350=4U; 351-400=5U; Above 400=6U and call MD. However, on 1/28/2020 at 12:56 p.m. the resident's blood glucose reading was 137 and the medication administration record does not indicate that 1 unit of insulin was administered.

Resident #4 is ordered Prazosin 2mg Capsule - Take one capsule by mouth at bedtime. However, the medication administration record for resident #4 does not indicate the diagnosis or purpose for the medication.

Resident #4 is ordered Lamotrigene 150mg Tablet - Take one tablet by mouth twice a day. However, the medication administration record for resident #4 does not indicate the diagnosis or purpose for the medication.

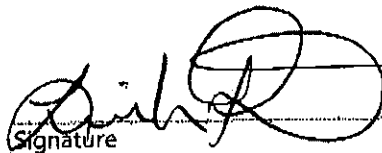
Resident #5 is ordered Simvastatin 20mg Tablet - Take one tablet by mouth once a day in the evening. However, the medication administration record for resident #5 does not indicate the diagnosis or purpose for the medication.

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 monitor and make sure immediately that dose - dio - purpose of meds are followed and indicated thru use of 1-30-2020
Admin - will immediately make sure all meds have dio or purpose of all meds. Residents 1, 4, 5 were corrected

Legal Entity Representative


Signature

Lucinda Lewis
Printed Name and Title Admin
Date 2-18-2020

187a - Medication Record (continued)

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187b - Date/Time of Medication Admin.

Regulations

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident #1 is ordered blood glucose checks three times daily. However, the resident's blood glucose reading of 91 taken on 1/30/2020 9:30 a.m. was not documented in the resident's medication administration record.

Resident #1 is ordered blood glucose checks three times daily. However, the resident's blood glucose reading of 98 taken on 1/29/2020 at 8:20 a.m. was not documented in the resident's medication administration record.

Resident #1 is ordered blood glucose checks three times daily. However, the resident's blood glucose reading of 137 taken on 1/28/2020 at 12:56 p.m. was not documented in the resident's medication administration record.

Resident #1 is ordered blood glucose checks three times daily. However, the resident's blood glucose reading of 118 taken on 1/28/2020 at 8:31 a.m. was not documented in the resident's medication administration record.

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 implemented recording all glucose readings at the time given. Admin will continue daily 3 times a day recording all readings. Admin will double check all blood glucose daily.

Legal Entity Representative


Signature


Lucinda Jewart
Printed Name and Title

2-18-2020
Date

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Human Services Licensing

187d - Follow Prescriber's Orders

Regulations

2600.

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

Description of Violation

Resident #1 is ordered Novolog Insulin 100 Unit/ML INJ, with blood glucose checks, three times a day before meals with coverage subcutaneously as follows: 70-130=0U; 131-180=1U; 181-240=2U; 241-300=3U; 301-350=4U; 351-400=5U; Above 400=6U and call MD. However, the home did not perform blood glucose checks three times daily as ordered and subsequently did not administer Novolog Insulin on a sliding scale as ordered on multiple dates and times to include:


- * 1/29/2020 6:00 p.m.
- * 1/29/2020 12:00 p.m.
- * 1/28/2020 6:00 p.m.
- * 1/27/2020 6:00 p.m.
- * 1/26/2020 6:00 p.m.
- * 1/26/2020 12:00 p.m.
- * 1/25/2020 6:00 p.m.
- * 1/25/2020 12:00 p.m.
- * 1/24/2020 6:00 p.m.
- * 1/24/2020 12:00 p.m.

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 implemented getting blood glucose readings 3 time daily and following sliding scale. HAVE received cream to soften up fingers to get blood easily. Admin will continue on daily basis

Legal Entity Representative



Signature

Lucinda Jewart-Admin 2-18-2020
Printed Name and Title Date

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225c - Additional Assessment

Regulations

2600.

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

- 1. Annually.

Description of Violation

Resident #5's most recent assessment was completed on 9/28/18.

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 - Has immediately implemented a check list to make sure all assessments are done Annually
 Administrator will check all assessments and make sure all are up to date
 Admin had Resident #5 had updated Assessment on 1-30-2020

Legal Entity Representative



Signature

Lucinda Dewey Admin

Printed Name and Title


2-18-2020

Date

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- Not Implemented

227c - Support Plan Revision

WEST REGION FIELD OFFICE
Human Services Licensing

Regulations

2600.

227.c. The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

Description of Violation

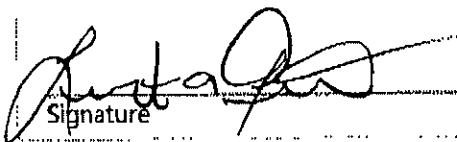
Resident #5's Most recent support plan was completed on 9/28/18.

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 - immediately implemented
check list to make sure all assessments are
done annually 1-30-2020 ^{Admin} will continue
to monitor and check list daily to
see what needs done
Admin completed Resident # 5 support
plan on 1-30-2020

Legal Entity Representative


Signature

Lucinda J. Jewart - Admin
Printed Name and Title

2-12-2020

Date

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JEWART'S WHISPERING PINES MANOR

WEST REGION FIELD OFFICE
Human Services Licensing

252 - Record Content

Regulations

2600.

252. Content of Resident Records - Each resident's record must include the following information:

Description of Violation

The resident record for resident #4 does not include a photograph that is no more than 2 years old. The photograph in resident #4's record is dated 8/4/16.

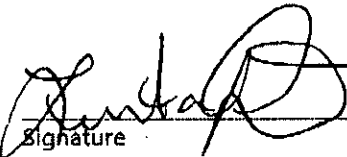
Plan of Correction (POC)

(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 took new photo of resident # 4 / Admin will make sure All Residents photos are updated every 2 yrs.

Admin - has added this to checklist that has been implemented

Legal Entity Representative


Signature

Lucinda Dewitt 2-18-2020
Printed Name and Title Admin Date

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