



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

# CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to **LUCINDA AND RANDALL JEWART**  
LEGAL ENTITY

To operate **JEWART'S WHISPERING PINES MANOR**  
NAME OF FACILITY OR AGENCY

Located at **P.O. BOX 249, 8 WEST CHURCH ST. SAGAMORE, PA 16250**  
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

\_\_\_\_\_  
ADDRESS OF SATELLITE SITE/SERVICE LOCATION

\_\_\_\_\_  
ADDRESS OF SATELLITE SITE/SERVICE LOCATION

\_\_\_\_\_  
ADDRESS OF SATELLITE SITE/SERVICE LOCATION

To provide **Personal Care Homes**  
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed **8**  
(MAXIMUM CAPACITY)  
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

Restrictions: \_\_\_\_\_

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

**55 Pa.Code Chapter 2600: Personal Care Homes**  
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from **July 2,** **2021** until **January 2,** **2022**,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **426851**

*Jennifer Biderup*  
ISSUING OFFICER

*Jamie J. Buchenauer*  
DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.



**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**MAILING DATE:** July 2, 2021

[REDACTED]  
Administrator  
Lucinda and Randall Jewart  
PO Box 249  
8 West Church Street  
Sagamore, Pennsylvania 16250

RE: Jewart's Whispering Pines Manor  
License #426851

Dear [REDACTED]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) licensing inspections on January 26, 2021; March 29, 2021 and April 14, 2021, of the above facility, the violations specified on the enclosed Licensing Inspection Summary (LIS) were found.

Based on violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), failure to submit an acceptable plan to correct noncompliance items, and failure to comply with the acceptable plan to correct noncompliance items, the Department hereby REVOKES your certificate of compliance (426850) dated April 26, 2020 to April 26, 2021 and issues you a FIRST PROVISIONAL license to operate the above facility. A FIRST PROVISIONAL license is being issued based on your acceptable plan to correct the violations as specified on the LIS. This decision is pursuant to 62 P.S. § 1026 (b)(1) and 55 Pa. Code § 20.71(a)(2); (3); (4); (relating to conditions for denial, nonrenewal or revocation). Your FIRST PROVISIONAL license is enclosed and is valid from July 2, 2021 to January 2, 2022.

All violations specified on the LIS must be corrected by the dates specified on the report and continued compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), must be maintained. Failure to implement the plan of correction or failure to maintain compliance may result in a revocation of the license.

Pursuant to 62 P.S. 1085-1087 and 55 Pa. Code § 2600.261-268 or § 2800 (relating to enforcement), the Department intends to assess a fine for the following violation(s) unless fully corrected on or before the mandated correction date.

Ms. Jewart

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55 Pa. Code Chapter 2600 or 2800	Class of Violation	Census at Inspection X	Fine Per resident Per day	Calculated Fine = Per day	Mandated Correction Date (to avoid Fine)
<hr/>					
Section:					
101j7	III	8	\$3	\$24	15 calendar days from mailing date of this letter

A fine will be assessed daily beginning with the date of this letter and will continue until the violation is fully corrected, and full compliance with the regulation has been achieved. If the violation is fully corrected, and full compliance with the regulation has been achieved, by the mandated correction date, no fine will be assessed. You must notify the Department's Regional Human Services Licensing office in writing as soon as each violation is fully corrected and submit written documentation of each correction. The Department will conduct an on-site inspection after the mandated correction date, and within 20 calendar days of the date of this letter. If one or more violations is not fully corrected and full compliance with the regulation has not been achieved, you will periodically receive invoices from the Department's Bureau of Human Services Licensing with payment instructions. The fines will continue to accumulate until the violation is fully corrected and full compliance with the regulation has been achieved.

No fine is being assessed at this time; therefore, you may not appeal any fine at this time. If a violation is not corrected and full compliance with the regulation has not been achieved by the mandated correction date, a fine will be assessed and an invoice will be mailed. This invoice will contain the right to appeal the fine.

If you disagree with the decision to issue a PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa. Code Part II, Chapters 31-35. If you decide to appeal your PROVISIONAL license, a written request for an appeal must be received within 10 days of the date of this letter by:

Shivani Patel, Enforcement Manager  
Pennsylvania Department of Human Services  
Bureau of Human Services Licensing  
Room 631, Health and Welfare Building  
625 Forster Street  
Harrisburg, Pennsylvania 17120  
PH: 717-214-1304

Ms. Jewart

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This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,

*Jamie L. Buchenauer*

Jamie L. Buchenauer  
Deputy Secretary  
Office of Long-Term Living

Enclosure  
License  
Licensing Inspection Summary

cc:

[Redacted]

**Department of Human Services  
Bureau of Human Service Licensing  
LICENSING INSPECTION SUMMARY - PUBLIC**

**Facility Information**

Name: *JEWART'S WHISPERING PINES MANOR* License #: *42685* License Expiration Date: *04/26/2021*  
 Address: *P.O. BOX 249, 8 WEST CHURCH ST., SAGAMORE, PA 16250*  
 County: *ARMSTRONG* Region: *WESTERN*

**Administrator**

Name: [REDACTED] Phone: *7247837049* Email: [REDACTED]

**Legal Entity**

Name: *LUCINDA AND RANDALL JEWART*  
 Address: *P.O. BOX 249, 8 WEST CHURCH ST., SAGAMORE, PA, 16250*  
 Phone: *7247837049* Email: [REDACTED]

**Certificate(s) of Occupancy**

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

**Staffing Hours**

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

**Inspection**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
 Reason: *Renewal* Exit Conference Date: *01/27/2021*

**Inspection Dates and Department Representative**

*01/26/2021 - On-Site:* [REDACTED]

**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: *2*  
 Diagnosed with Mental Illness: *2* Diagnosed with Intellectual Disability: *2*  
 Have Mobility Need: *0* Have Physical Disability: *0*

**Inspections / Reviews**

**01/26/2021 - Full**

Lead Inspector: [REDACTED] - Follow-Up Type: *POC Submission* Follow-Up Date: *03/01/2021*

Inspections / Reviews (*continued*)

3/4/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *03/09/2021*

3/17/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *03/29/2021*

6/10/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Exception*

18 - Compliance With Laws

1. Requirements

2600.

- 18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

Per the Order of the Secretary of the Pennsylvania Dept. of Health Requiring Universal Face Coverings, updated November 18, 2020.

Section 2

Face Coverings Required

Except as provided in Section 3, every individual, age two and older, in the Commonwealth of Pennsylvania shall wear a face covering when (select the appropriate section):

A. Indoors or in an enclosed space, where another person or persons who are not members of the individual's household are present in the same space, irrespective of physical distance.

B. Outdoors with others who are not members of a person's household and unable to maintain sustained physical distance.

Staff person A, [REDACTED] was observed interacting with residents throughout the day without wearing a face covering.

Plan of Correction

Accept

[REDACTED] corrected immediately-mask will be worn when interacting with residents at all times. Check list has been implemented. Mask will be required by all non residents. Immediately 3-8-2021 Administrator will enforce.

Completion Date: 03/08/2021 Licensee's Proposed Date for POC Implementation

Document Submission

 6/10/21 Implemented

[REDACTED] MAKES SURE MASK IS WORN WHEN AROUND RESIDENTS.

85a - Sanitary Conditions

1. Requirements

2600.

- 85.a. Sanitary conditions shall be maintained.

Description of Violation

On 1/26/21 at approximately 8:00 am, 12:00 pm and 6:00 pm staff person A used staff person B's glucometer to measure resident # [REDACTED]'s blood glucose levels.

85a - Sanitary Conditions (continued)

**Plan of Correction**

**Directed**

Administrator will immediately make sure glucometer is sanitized before and after each use. Check list has immediately been implemented 3-8 2021 Administrator will check.

**(Directed)-**

Within 24 hours of receipt, the home shall purchase a new glucometer for resident # [redacted] **S.Q. 3/17/21**

Within 24 hours of receipt, the home shall ensure resident # [redacted]'s glucometer is labeled to with [redacted] name. **S.Q. 3/17/21**

Within 24 hours of receipt, resident # [redacted] and [redacted] designated person (if applicable) shall be notified by letter of the shared glucometer use in the facility and the possibility of blood borne diseases. Copies of the letters shall be maintained by the home for Department review. **S.Q. 3/17/21**

Within 24 hours, resident # [redacted]'s physician shall be notified of shared glucometer use and all recommendations made by the physician (i.e. testing for blood borne pathogens) shall be followed. Documentation of the notification to the physician, the recommendations of the physician, and the home's follow-up based on the recommendations shall be maintained by the home for Department review. **S.Q. 3/17/21**

Immediately upon receipt and daily thereafter, the administrator shall ensure each resident's blood glucose reading is measured only with their own glucometer. Documentation shall be kept. **S.Q. 3/17/21**

Within 10 days of receipt, the administrator shall review and amend the home's policies regarding §2600.185a, specifically addressing the safe storage, access, distribution, and use of glucometers and testing equipment. A copy of the updated policy shall be provided to and reviewed with all medication administration staff. Documentation shall be kept. **S.Q. 3/17/21**

**Completion Date:** 03/08/2021

Licensee's Proposed Date for POC Implementation

 **6/10/21 Not Implemented**

85b - Infestation

**1. Requirements**

2600.

85.b. There may be no evidence of infestation of insects or rodents in the home.

**Description of Violation**

Resident #2 and #3 share a bedroom. At approximately 12:35 pm, a bedbug was observed crawling on resident #2's bed. At approximately 12:40 pm, a bedbug was observed crawling on resident #3's bed.

85b - Infestation (continued)

**Plan of Correction**

**Directed**

Administrator corrected- Home has continuously sprayed, had exterminator in. Washed and dried all clothing regulary. and spray bed every other day. Bought numerous bug killers. Will continue to do what we have been doing daily Check list has been implemented immediately 3-8-2021. Administrator will check.

**Directed-**

Any evidence of re-infestation shall be addressed and resolved immediately. Documentation shall be kept. **S.Q.**  
**3/17/21**

Completion Date: 03/08/2021

Licensee's Proposed Date for POC Implementation

*SE* 6/10/21 Not Implemented

85d - Trash Receptacles

**1. Requirements**

2600.

85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

**Description of Violation**

At 12:15 pm there was a full, uncovered trash can in the common downstairs bathroom.

**Plan of Correction**

**Accept**

Administrator corrected immediately. Bought new trash can with lid. Will be emptied daily when needed. Check list has been implemented immediately 3-8 2021 Administrator will check.

Completion Date: 03/08/2021

Licensee's Proposed Date for POC Implementation

*SE* 6/10/21 Implemented

**Document Submission**

ADMINISTRATOR REPLACED, WILL MONITOR DAILY AND MAKE SURE EMPTIED WHEN NEEDED

89b - Hot Water Temperature

**1. Requirements**

2600.

89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

**Description of Violation**

At 12:15 pm, the hot water temperature in the downstairs common shower was 127.8 degrees Fahrenheit and at 3:27 pm the temperature was 128 degrees Fahrenheit.

89b - Hot Water Temperature (continued)

**Plan of Correction**

**Directed**

Administrator corrected immediately. New hot water tank turned down to 120 degrees.  
 Will monitor weekly and adjust immediately if needed. Check list has been implemented immediately 3-8-2021  
 Administrator will check

**Directed-**

Immediately upon receipt, daily thereafter for 1 month, and weekly thereafter, a designated staff person shall check the hot water temperature in the downstairs common shower and at least 2 other locations. Any temperature exceeding 120 degrees Fahrenheit shall immediately be reported to the administrator and immediate corrective action shall be taken to reduce the temperature to 120 degrees Fahrenheit or lower. Documentation shall be kept.

**S.Q. 3/17/21**

Completion Date: 03/08/2021 Licensee's Proposed Date for POC Implementation

**Document Submission**

*SE* 6/10 21 Implemented

ADMINISTRATOR CHECKS WATER TEMP AT 3 DIFFERENT AREAS DAILY. IF NEEDED TANK WILL BE ADJUSTED

92 - Windows

**1. Requirements**

2600.

- 92. Windows and Screens - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

**Description of Violation**

The glass pane in resident #1's bedroom window is broken. 2 arch shaped cracks in the lower left corner are partially covered with peeling duct tape, posing a cutting hazard.

There is no screen in the window nearest resident #4's bed.

**Plan of Correction**

**Accept**

Administrator corrected immediately- screen was above bed. Put back in window will monitor daily to make sure screen has not been removed.

Completion Date: 02/20/2021 Licensee's Proposed Date for POC Implementation

**Document Submission**

*SE* 6/10/21 Implemented

ADMINISTRATOR REPAIRED WINDOW, WILL CONTINUE TO CHECK WINDOWS AND REPAIR WHEN NEEDED

101j2 - Bedroom Chairs

**1. Requirements**

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**

Residents #3, #4 and #7 share 1 bedroom; however, there are only 2 chairs in this bedroom.

Residents #2, #5 and #6 share 1 bedroom; however, there are only 2 chairs in this bedroom.

101j2 - Bedroom Chairs (continued)

Plan of Correction

Directed

Administrator corrected- All missing chairs have been placed back in the residents rooms. Will monitor weekly to make sure all chairs are where they belong. Check list was implemented immediately 3-8-2021. Administrator will check.

Directed-

Within 48 hours of receipt and daily thereafter, the administrator or designated staff person shall monitor resident bedrooms to ensure each resident has a chair that meets the resident's needs. Any missing chairs discovered shall immediately be replaced. Documentation shall be kept. S.Q. 3/17/21

Completion Date: 03/08/2021 Licensee's Proposed Date for POC Implementation

Document Submission

SE 6/10/21 Implemented

ADMINISTRATOR DOES A TWICE DAILY ROOM CHECK FOR CHAIRS, WILL REPLACE IF MISSING

101j5 - Bedside Table/Shelf

1. Requirements

2600.

- 101.j. Each resident shall have the following in the bedroom:
  - 5. A bedside table or a shelf.

Description of Violation

There is no bedside table or shelf beside resident #1's bed.

Plan of Correction

Accept

Administrator corrected immediately- put table and lamp next to resident #1 bed. Will monitor daily to make sure it remains where it is supposed to be.

Completion Date: 02/20/2021 Licensee's Proposed Date for POC Implementation

SE 6/10/21 Not Implemented

101j7 - Lighting/Operable Lamp

1. Requirements

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 Repeat Violation

Resident #1 does not have access to a source of light that can be turned on/off at bedside.

Resident #4 does not have access to a source of light that can be turned on/off at bedside.

Repeat Violation: 01/30/2020

101j7 - Lighting/Operable Lamp (continued)

Plan of Correction

Directed

Administrator corrected- Resident #1 and # 4 have light that they can use if needed. Will monitor daily to make sure they are not removed and that they work. Check list was implemented immediately 3-8-2021 Administrator will check.

Directed-

Within 24 hours of receipt and twice daily thereafter, the administrator or designated staff person shall monitor all resident bedrooms to ensure each resident has an operable lamp or other source of lighting that can be turned on/off at bedside. Any damaged or missing light sources discovered shall immediately be repaired or replaced. Documentation shall be kept. S.Q. 3/17/21

Completion Date: 03/08/2021 Licensee's Proposed Date for POC Implementation

SE 6/10/21 Not Implemented

101r - Bedroom - shades/drapes/window covering

1. Requirements

2600.

101.r. There must be drapes, shades, curtains, blinds or shutters on the bedroom windows. Window coverings must be clean, in good repair, provide privacy and cover the entire window when drawn.

Description of Violation

There are no, shades, blinds or shutters on the left window in the bedroom occupied by residents #3, #4 and #7. The valance hanging on the top portion of the window covers approximately 1/4 of the window and does not provide privacy.

There is a broken slat in the blind covering the window in resident #1's bedroom.

Plan of Correction

Accept

Administrator immediately replaced the blinds for resident #3 #4 #7 will monitor daily to make sure all blinds are in good condition and replace when worn out. Resident #1 blind was also replaced.

Completion Date: 02/20/2021 Licensee's Proposed Date for POC Implementation

Document Submission

SE 6/10/21 Implemented

ADMINISTRATOR CORRECTED, WILL CONTINUE TO MONITOR AND CORRECT WHEN NEEDED

109b - Rabies Vaccination

1. Requirements

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

On 1/26/21, a cat named Dora was present at the home; however, the home does not have a current certificate of rabies vaccination for Dora.

Plan of Correction

Accept

Administrator corrected- Dora has an appt on Thursday 25 Feb- Have been unable to get this done because of Covid. Will continue to keep updated. Check list has been implemented immediately 3-8-2021 Administrator will check.

Completion Date: 03/08/2021 Licensee's Proposed Date for POC Implementation

109b - Rabies Vaccination (continued)

Document Submission

*SE* 6/10/21 Implemented

ADMINISTRATOR CORRECTED , WILL MAKE SURE SHE GETS NEXT ONE IN 3 YRS WHEN NEEDED

121a - Unobstructed Egress

1. Requirements

2600.

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

Description of Violation

At approximately 12:20 pm, 3 metal screws were fastened into the exterior frame of the fire exit door in resident #1's bedroom, obstructing egress. Excessive force was required to open the door.

Plan of Correction

Accept

Administrator corrected while inspector was here. Will monitor daily to make sure emergency door and all doors are able to open with no problem.

Completion Date: 02/20/2021 Licensee's Proposed Date for POC Implementation

Document Submission

*SE* 6/10/21 Implemented

ADMINISTRATOR CORRECTED, CHECK IS DONE DAILY, WILL CONTINUE TO MONITOR

141b1 - Annual Medical Evaluation

1. Requirements

2600.

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

Description of Violation

Resident #1's most recent medical evaluation was completed on [REDACTED]

Resident #4's most recent medical evaluation was completed on [REDACTED]

Resident #5's most recent medical evaluation was completed on [REDACTED] however, [REDACTED] previous medical evaluation was completed on [REDACTED]

141b1 - Annual Medical Evaluation (continued)

**Plan of Correction**

**Directed**

Administrator will correct-these were not done because of Covid this was out of my control. Will get med evals updated and continue to do so yrly Resident #4 found eval dated [REDACTED]. Scheduling appts immediately. Check list has been implemented immediately 3-8-2021 Administrator will check.

**Directed-**

Due to COVID-19, Governor Wolf signed an Emergency Disaster Declaration on 3/6/20. As a result, regulation §2600.141(b)(1) has a limited suspension. The suspension shall end when Governor Wolf ends the Disaster Proclamation, unless OLTL has stated a different time or unless OLTL later sets another time. The limited suspension states "If the resident's primary care physician determines that the medical evaluation can be conducted at a later date, then the facility can postpone the medical evaluation to the date determined by the physician; provided that, the medical evaluation must be performed no later than 90 days after the Emergency Declaration is lifted. The facility shall document the primary care physician's determination in the resident's record for subsequent review." Within 5 days of receipt, the administrator shall contact the primary care physician for resident #1 and resident #5 and schedule appointments to have their DME's completed, or obtain documentation from the primary care physician indicating the medical evaluation can be conducted at a later date, in which case the medical evaluation must be performed no later than 90 days after the Emergency Declaration is lifted. Documentation shall be kept.

**S.Q. 3/17/21**

Within 10 days of receipt, the administrator shall audit all resident records to ensure a medical evaluation has been conducted within the past year, is complete, and present in all resident files, or in the absence of a DME, documentation from the primary care physician indicating the medical evaluation can be conducted at a later date, in which case the medical evaluation must be performed no later than 90 days after the Emergency Declaration is lifted. Documentation shall be kept. **S.Q. 3/17/21**

**Completion Date:** 03/08/2021 Licensee's Proposed Date for POC Implementation

**Document Submission**

 **6/10/21 Implemented**

ADMINISTRATOR HAS CONTACTED DR WILL MAKE SURE ALL RESIDENTS MED EVALS ARE DONE WITHIN THE YR

162c - Menus Posted

**1. Requirements**

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**

No menus were posted in the home.

**Plan of Correction**

**Accept**

Administrator corrected immediately- will make sure a. weekly menu is posted for two weeks. Will monitor and change when needed. Check list was implemented immediately 3-8-2021 Administrator will check.

**Completion Date:** 03/08/2021 Licensee's Proposed Date for POC Implementation

**Document Submission**

 **6/10/21 Implemented**

ADMINISTRATOR POSTED MENUES WILL CONTINUE TO KEEP THEM POSTED

## 162d - Past Menus

## 1. Requirements

2600.

162.d. Past menus of meals that were served, including changes, shall be kept for at least 1 month.

## Description of Violation

*The home does not retain past menus.*

## Plan of Correction

Accept

*Administrator will correct- all past menus will be kept for 1 month. will start immediately.*

*Check list was implemented immediately 3-8-2021 .Administrator will check.*

**Completion Date:** 03/08/2021 Licensee's Proposed Date for POC Implementation

## Document Submission

 6/10/21 Implemented

*ADMINISTRATOR WILL KEEP 1 MONTH PAST MENUE*

## 187a - Medication Record

## 1. Requirements

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.

## Description of Repeat Violation

*Resident # [REDACTED] is prescribed Novolog 100 units/ml. - Inject units subcutaneously 3 times a day before meals for diabetes per sliding scale: 70-130 =0 units, 131-180=1 unit, 181-240=2 units, 241-300=3 units, 301-350=4 units, 351-400 =5 units, above 400= 6 units and call MD. However this medication is not included on resident # [REDACTED]'s January 2021 medication administration record.*

*Repeat Violation: 01/30/2020*

187a - Medication Record (continued)

**Plan of Correction**

**Directed**

Administrator corrected immediately- Called pharmacy and had put on MAR will continue to monitor MAR to make sure all meds are on MAR correctly. Check list was immediately implemented 3-8-2021 Administrator will check.

**Directed-**

Within 10 days of receipt and at least monthly thereafter, the administrator shall conduct a medication audit. The audit shall include:

\* Review all resident records to verify all prescription medication and changes in medication are prescribed in writing by an authorized prescriber in accordance with §2600.186(a) and §2600.186(c).

\* Compare all prescriber's orders to resident MARs to ensure accuracy in accordance with §2600.187(a).

\* Compare all resident MARs to all medications in the home to ensure all prescribed medications are available, stored in their original containers, labeled and stored in accordance with manufacturer's directions and labeled according to the prescriber's orders in accordance with §2600.183(a), §2600.183(e), §2600.184(a), §2600.185(a) and §2600.187(d).

\* Any deficiencies discovered shall immediately be addressed with the prescriber (if applicable) and resolved. Applicable MAR corrections shall be made immediately. Documentation shall be kept and reviewed at quality management plan reviews. **S.Q. 3/17/21**

Completion Date: 03/08/2021 Licensee's Proposed Date for POC Implementation

**Document Submission**

 **6/10/21 Implemented**

ADMINISTRATOR WILL DO A MONTHLY AUDIT OF MARS -MEDS

221c - Post Activity Calendar

**1. Requirements**

2600.

221.c. A current weekly activity calendar shall be posted in a conspicuous and public place in the home.

**Description of Violation**

The home does not have a current weekly activity calendar posted in a public and conspicuous place. The activity calendar that is posted is dated January 2019 to December 2019.

**Plan of Correction**

**Directed**

Administrator corrected immediately- activities calendar was updated and placed on bulliten board . Will continue to monitor and correct when changes need to be made.

Check list has immediately been implemented 3-8-2021 Administrator will check

**Directed-**

The home provided documentation of activity calendars for February 2021 and March 2021; however, the calendars did not indicate dates. **S.Q. 3/17/21**

Within 5 days of receipt, the administrator shall update the home's activity calendar for March 2021, to indicate dates and ensure all future activity calendars include dates. Documentation shall be kept. **S.Q. 3/17/21**

Completion Date: 03/08/2021 Licensee's Proposed Date for POC Implementation



## 227a - Support Plan 30 Days (continued)

**Plan of Correction****Directed**

Administrator will correct- will make sure all new residents initial support plan is completed within 30 days of admission. Check list was implemented immediately 3-8-2021. Administrator will check.

**Directed-**

The home submitted documentation resident #6's support plan was completed 1/26/21. **S.Q. 3/17/21**

With 10 days of receipt, the administrator shall audit all resident records to ensure all resident support plans are completed within the required time frame, in accordance with 2600.227a. Documentation shall be kept. **S.Q. 3/17/21**

Completion Date: 03/08/2021 Licensee's Proposed Date for POC Implementation

**Document Submission** **6/10/21 Implemented**

ADMINISTRATOR MADE SURE ALL SUPPORT PLANS ARE UP TO DATE, WILL CONTINUE TO MONITOR .

**Department of Human Services  
Bureau of Human Service Licensing  
LICENSING INSPECTION SUMMARY - PUBLIC**

**Facility Information**

Name: *JEWART'S WHISPERING PINES MANOR* License #: *42685* License Expiration Date: *04/26/2021*  
Address: *P.O. BOX 249, 8 WEST CHURCH ST., SAGAMORE, PA 16250*  
County: *ARMSTRONG* Region: *WESTERN*

**Administrator**

Name: [REDACTED] Phone: *7247837049* Email: [REDACTED]

**Legal Entity**

Name: *LUCINDA AND RANDALL JEWART*  
Address: *P.O. BOX 249, 8 WEST CHURCH ST., SAGAMORE, PA, 16250*  
Phone: *7247837049* Email: [REDACTED]

**Certificate(s) of Occupancy**

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

**Staffing Hours**

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

**Inspection**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
Reason: *Monitoring* Exit Conference Date: *04/14/2021*

**Inspection Dates and Department Representative**

*03/29/2021 - On-Site:* [REDACTED]  
*04/14/2021 - Off-Site:* [REDACTED]

**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: *6* Are 60 Years of Age or Older: *2*  
Diagnosed with Mental Illness: *2* Diagnosed with Intellectual Disability: *2*  
Have Mobility Need: *1* Have Physical Disability: *0*

## Inspections / Reviews

03/29/2021 - Partial

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *05/21/2021*

5/18/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *05/25/2021*

5/21/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *05/31/2021*

6/10/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Exception*

16c - Written Incident Report

1. Requirements

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On 2/17/21, resident #1 had [redacted] and diagnosed with [redacted]. However, this incident was not reported to the Department.

Plan of Correction

Directed

The administrator Immediately with in 24 HRS will report any incident where an accident has happened and [redacted] is needed. This will be handled by the administrator.

Directed-

Immediately, then at least weekly, the administrator shall review all reportable incidents and conditions to ensure all reportable incidents and conditions are reported to the Department in accordance with regulation 2600.16c. Documentation of reviews shall be kept.

S.Q. 5/21/21

Completion Date: 05/19/2021 Licensee's Proposed Date for POC Implementation

SE 6/10/21 Not Implemented

81a - Accomodation

1. Requirements

2600.

81.a. The home shall provide or arrange for physical site accommodations and equipment necessary to meet the health and safety needs of a resident with a disability and to allow safe movement within the home and exiting from the home.

Description of Violation

On 2/17/21, resident #1 had [redacted] and diagnosed with [redacted]. [redacted] was unable to access [redacted] due to [redacted]. As a result, resident #1 [redacted].

Plan of Correction

Directed

The Administrator immediately implemented procedures to accommodate resident #1. To have safe movement threw out the home and while exiting the home. A room [redacted] was equipped to handle resident #1 and [redacted] disability. administrator will continue to make sure all accommodations are as needed.

Directed-

Immediately and at least weekly, the administrator shall monitor residents to ensure the home provides for physical site accommodations and equipment necessary to meet the health and safety needs of a resident with a disability and to allow safe movement within the home and exiting from the home. Any changes in a resident's condition shall immediately be addressed and accommodations shall immediately be made to comply with this regulation.

S.Q. 5/21/21

Completion Date: 05/19/2021 Licensee's Proposed Date for POC Implementation

SE 6/10/21 Not Implemented

101g - Bedroom Resident's Use Only

1. Requirements

2600.

101.g. A resident's bedroom shall be used only by the occupying resident and not for activities common to other residents.

Description of Violation

On 2/17/21, resident #1 had [redacted] and diagnosed with [redacted] [redacted] was unable to access [redacted] As a result, resident #1 [redacted]

Plan of Correction

Accept

The Administrator immediately set up a private room on the [redacted] resident #1 to accommodate [redacted] disability. Administrator will continue to monitor daily to make sure all accommodations are working. And update if needed.

Completion Date: 05/19/2021 Licensee's Proposed Date for POC Implementation

Document Submission

SE 6/10/21 Implemented

Accepted

101j4 - Bedroom Storage Area

1. Requirements

2600.

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

- 4. A storage area for clothing that includes a chest of drawers and a closet or wardrobe space with clothing racks or shelves accessible to the resident.

Description of Violation

On 2/17/21, resident #1 had [redacted] and diagnosed with [redacted] [redacted] unable to access [redacted] As a result, resident #1 [redacted] However, [redacted] [redacted] does not provide resident #1 with a storage area for clothing that includes a chest of drawers and a closet or wardrobe space with clothing racks or shelves that are accessible to [redacted]

Plan of Correction

Directed

The Administrator immediately set resident #1 up a private room, which includes ample storage and easy access for [redacted] belongings. Administrator will continue to monitor daily to make sure all are working for resident.

Directed-

Within 24 hours of receipt and weekly thereafter, the administrator or designated staff person shall inspect all resident bedrooms to ensure each resident has a storage area for clothing that includes a chest of drawers and a closet or wardrobe space with clothing racks or shelves accessible to the resident. Any deficiencies discovered shall immediately be repaired or replaced. Documentation shall be kept.

S.Q. 5/21/21

Completion Date: 05/19/2021 Licensee's Proposed Date for POC Implementation

SE 6/10/21 Not Implemented

101j5 - Bedside Table/Shelf

1. Requirements

2600.

101j5 - Bedside Table/Shelf (continued)

101.j. Each resident shall have the following in the bedroom:  
5. A bedside table or a shelf.

Description of Violation

On 2/17/21, resident #1 had [redacted] and diagnosed with [redacted] [redacted] was unable to access [redacted] As a result, resident #1 [redacted] However, the [redacted] does not provide resident #1 with a bedside table or a shelf.

Plan of Correction

Directed

The Administrator immediately put a lamp and bedside table in Resident #1 room Administrator has implemented daily checks to make sure all are in working order.

Directed-

Within 24 hours of receipt and weekly thereafter, the administrator or designated staff person shall inspect all resident bedrooms to ensure each resident has a bedside table or a shelf. Any deficiencies discovered shall immediately be repaired or replaced. Documentation shall be kept.

S.Q. 5/21/21

Completion Date: 05/19/2021 Licensee's Proposed Date for POC Implementation

 6/10/21 Not Implemented

101j6 - Mirror

1. Requirements

2600.  
101.j. Each resident shall have the following in the bedroom:  
6. A mirror.

Description of Violation

On 2/17/21, resident #1 had [redacted] diagnosed with [redacted] [redacted] was unable to access [redacted] As a result, resident #1 [redacted] However, the [redacted] does not provide resident #1 with a mirror.

Plan of Correction

Directed

The Administrator immediately placed a mirror in resident #1 room, Administrator will continue to monitor daily to make sure mirror is in room.

Directed-

Within 24 hours of receipt and weekly thereafter, the administrator or designated staff person shall inspect all resident bedrooms to ensure each resident has a mirror. Any deficiencies discovered shall immediately be repaired or replaced. Documentation shall be kept.

S.Q. 5/21/21

Completion Date: 05/19/2021 Licensee's Proposed Date for POC Implementation

 6/10/21 Not Implemented

101j7 - Lighting/Operable Lamp

1. Requirements

101j7 - Lighting/Operable Lamp (continued)

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 Repeat Violation**

On 2/17/21, resident #1 had [redacted] diagnosed with [redacted] [redacted] unable to access [redacted] As a result, resident #1 [redacted] However, the [redacted] does not provide resident #1 with an operable lamp or other source of lighting that can be turned on at bedside.

Repeat Violation: 01/30/2020

**Plan of Correction**

**Directed**

The Administrator immediately placed a working lamp in resident #1 room, Administrator will monitor daily to make sure lamp works.

**Directed-**

Within 24 hours of receipt and weekly thereafter, the administrator or designated staff person shall inspect all resident bedrooms to ensure each resident has a bedside table or a shelf. Any deficiencies discovered shall immediately be repaired or replaced. Documentation shall be kept.

**S.Q. 5/21/21**

Completion Date: 05/19/2021 Licensee's Proposed Date for POC Implementation

*SE* **6/10/21 Not Implemented**

101k - Cots/Portable Beds

**1. Requirements**

2600.

101.k. Cots and portable beds are prohibited.

**Description of Violation**

On 2/17/21, resident #1 had [redacted] diagnosed with [redacted] [redacted] was unable to access [redacted] As a result, resident #1 [redacted]

**Plan of Correction**

**Accept**

Administrator immediately made sure resident #1 has [redacted] own bed in [redacted] own private room. Administrator will continue to monitor daily to make sure resident has a required bed.

Completion Date: 05/19/2021 Licensee's Proposed Date for POC Implementation

*SE* **6/10/21 Not Implemented**

186c - Change in Medications

**1. Requirements**

2600.

186.c. Changes in medication may only be made in writing by the prescriber, or in the case of an emergency, an alternate prescriber, except for circumstances in which oral orders may be accepted by nurses in accordance with regulations of the Department of State. The resident's medication record shall be updated as soon as the home receives written notice of the change.

## 186c - Change in Medications (continued)

**Description of Violation**

On 2/17/21, the home discontinued blood glucose monitoring for resident # [REDACTED]; however, the home had not received a written order from an authorized prescriber for the change and does not have registered nurses authorized to receive verbal orders.

**Plan of Correction****Directed**

Administrator received orders from Residents # [REDACTED] PCP, Administrator will immediately make sure ALL residents Dr orders are updated when received in Written form.

**Directed-**

Immediately and weekly thereafter, the administrator shall audit all resident medication to ensure any changes in medication are made in writing by the prescriber, or in the case of an emergency, an alternate prescriber, except for circumstances in which oral orders may be accepted by nurses in accordance with regulations of the Department of State. The resident's medication record shall be updated as soon as the home receives written notice of the change. Documentation shall be kept.

**S.Q. 5/21/21**

Completion Date: 05/19/2021 Licensee's Proposed Date for POC Implementation

 6/10/21 Not Implemented