

Department of Human Services
Bureau of Human Service Licensing

December 17, 2021

[REDACTED], ADMINISTRATOR/OWNER

[REDACTED]
P.O. BOX 249, 8 WEST CHURCH ST.
SAGAMORE, PA, 16250

RE: JEWART'S WHISPERING PINES
MANOR
P.O. BOX 249, 8 WEST CHURCH ST.
SAGAMORE, PA, 16250
LICENSE/COC#: 42685

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 10/21/2021 of the above facility, the citations specified on the enclosed Licensing Inspection Summary (LIS) were found.

We have determined that your plan of correction is: Acceptable

All citations specified on the plan of correction must be corrected by the dates specified on the License Inspection Summary (violation report) and continued compliance with Department statutes and regulations must be maintained.

Sincerely,

[REDACTED]

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

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:
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

[REDACTED]

Certificate(s) of Occupancy

Type: *Other* Date: *06/13/1996* Issued By: *Dept L & I*

Staffing Hours

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

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal, Provisional* Exit Conference Date: *10/21/2021*

Inspection Dates and Department Representative

10/21/2021 - 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: *3*
Diagnosed with Mental Illness: *8* Diagnosed with Intellectual Disability: *1*
Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

10/21/2021 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *11/29/2021*

10/21/2021 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *12/16/2021*

Inspection Dates and Department Representative (*continued*)

10/21/2021 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: *01/12/2022*

63b - Current First Aid Training

1. Requirements

2600.

63.b. Current training in first aid and certification in obstructed airway techniques and CPR shall be provided by an individual certified as a trainer by a hospital or other recognized health care organization.

Description of Violation

Direct care staff persons A and B were trained in first aid and certified in CPR by New Life CPR. This training source is conducted online with no hands-on practice.

Plan of Correction

Accept

Administrator contacted trainer from Red Cross who does fire dept and [REDACTED] came to home and did hands on training. Will continue to use this trainer. [REDACTED] has agreed to train again in two years when this one needs renewed. Administrator implemented immediately a check list to remind when this needs renewed in 2023.

Completion Date: 12/12/2021

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

The exterior door knob of the home's second floor emergency exit was wrapped with, and secured to, the exterior wall of the home with duct tape.

REPEAT VIOLATION: 1/26/2021

Plan of Correction

Accept

Administrator has immediately implemented a check list which includes a daily check of all doors. They will be checked several times a day.

Completion Date: 12/09/2021

131f - Fire Extinguisher Inspection

1. Requirements

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

Multiple fire extinguishers inside the home, including the extinguishers located behind the front door and in the second floor hallway, have not been inspected by a fire safety expert since February 2020.

Plan of Correction

Accept

Administrator immediately implemented a check list which includes all fire extinguisher being check every November 1st by a fire safety expert. And dates will be on extinguisher when inspected.

Completion Date: 12/09/2021

141b1 - Annual Medical Evaluation

1. Requirements

141b1 - Annual Medical Evaluation (*continued*)

2600.

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

Description of Violation

Resident #1's most recent medical evaluation, dated [REDACTED], does not include the resident's ability to self-administer medications or body positioning/movement. These sections of the form are blank.

REPEAT VIOLATION: 1/26/2021

Plan of Correction**Directed**

Administrator immediately implemented a check list which includes checking all resident DME S . weekly on Mondays to make sure ALL areas are filled in.

(Directed)

By 12/30/21, resident #1's medical evaluation will be reviewed and signed by the physician.

(AD 12/17/21)

Completion Date: 12/09/2021

190a - Completion Medication Course

1. Requirements

2600.

190.a. A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

Description of Violation

There is no documentation that staff person A, [REDACTED] successfully completed the annual practicum in accordance with the Department approved medication administration course. Staff person A has administered medications to multiple residents on numerous days and times, including the following medications to resident #1:

- [REDACTED] daily from 10/1/21-10/20/21
- [REDACTED], twice a day from 10/1/21-10/20/21

Plan of Correction**Directed**

Administrator immediately implemented a check list to make sure all annual practicum medication administration course papers are put in file. When inspector needs to view them they Will be available. **(Directed) Documentation will be submitted to the Department. ([REDACTED] 12/17/21)**

Completion Date: 12/09/2021

252 - Record Content

1. Requirements

2600.

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

3. A photograph of the resident that is no more than 2 years old.

252 - Record Content (continued)

Description of Violation

The most recent photograph in resident #1's record is dated [REDACTED]

Plan of Correction**Directed**

Administrator immediately implemented a check list for all residents' files to be checked weekly for photos not to be more than 2 years old. Photos will be updated immediately if more the 2 years old. **(Directed)** Documentation will be submitted to the Department. ([REDACTED] 12/17/21)

Completion Date: 12/09/2021