

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

May 3, 2023

[REDACTED]
LUCINDA AND RANDALL JEWART
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 review on 11/10/2022, 11/22/2022, 11/23/2022, 12/06/2022, 12/12/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *JEWART'S WHISPERING PINES MANOR* License #: *42685* License Expiration: *06/03/2023*
 Address: *P.O. BOX 249, 8 WEST CHURCH ST., SAGAMORE, PA 16250*
 County: *ARMSTRONG* Region: *WESTERN*

Administrator

Name: [Redacted] Phone: [Redacted] Email: [Redacted]

Legal Entity

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

Certificate(s) of Occupancy

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

Staffing Hours

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

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #: [Redacted]
 Reason: *Complaint* Exit Conference Date: *12/12/2022*

Inspection Dates and Department Representative

11/10/2022 On Site [Redacted]
 11/22/2022 Off Site [Redacted]
 11/23/2022 Off Site [Redacted]
 12/06/2022 Off Site [Redacted]
 12/12/2022 Off 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: [Redacted] Capacity: [Redacted] Residents Served: [Redacted]

Hospice
 Current Residents: *0*

Number of Residents Who:
 Receive Supplemental Security Income: *8* 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

11/10/2022 - Partial
 Lead Inspector: [Redacted] Follow-Up Type: *POC Submission* Follow-Up Date: *01/15/2023*

02/17/2023 - POC Submission

Submitted By: [REDACTED] Date Submitted: 05/03/2023
Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 02/22/2023

03/30/2023 - POC Submission

Submitted By: [REDACTED] Date Submitted: 05/03/2023
Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 04/15/2023

04/14/2023 - Document Submission

Submitted By: [REDACTED] Date Submitted: 05/03/2023
Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 04/20/2023

05/01/2023 - Document Submission

Submitted By: [REDACTED] Date Submitted: 05/03/2023
Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 05/05/2023

05/03/2023 - Document Submission

Submitted By: [REDACTED] Date Submitted: 05/03/2023
Reviewer: [REDACTED] Follow-Up Type: Not Required

42b - Abuse

1. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

Resident #1, admitted [redacted] /17, is diagnosed with the following:

[redacted]

Resident #1 has had recurrent episodes of life-threatening [redacted]

[redacted] as indicating in the following hospital admissions:

On [redacted] /21, the resident was admitted to the hospital for [redacted].

On [redacted] /22, the resident was sent to the hospital with [redacted] [redacted] was admitted to the hospital for [redacted]

On [redacted] /22, resident was discharged back to the home with directions to follow-up with family medicine physician within one week, and surgery urology physician within two weeks. The home did not make appointments for these follow-ups, and resident #1 was not seen by either physician.

On [redacted] /22, a visiting LPN called the VA (Veteran's Affairs) to report that on 3/3/22 resident #1 started having symptoms of [redacted]. The LPN requested a [redacted] test; however, this request was denied, and the physician indicated that the resident needed to be seen in the ER since the last time resident had these symptoms, [redacted] was very sick and required a long hospital stay. This information was relayed to staff person A, the home's administrator and owner. However, the resident was not taken to the ER, and did not receive medical treatment for these symptoms.

According to resident interviews, resident #1 had been declining in health over the past months, [redacted]. The other residents in the home often helped resident #1 up when [redacted] fell, and with [redacted].

On [redacted] /22, the resident received a prescribed administration of [redacted] by the visiting LPN. The LPN noted that the resident was alert and oriented, however, remained totally dependent on the home for [redacted] care, transferring and repositioning.

On [redacted] /22, staff person A called the VA nurse to indicate that, on [redacted] /22, resident #1 began having [redacted].

On [redacted] /22, the resident was sent to the hospital for [redacted]) [redacted]

On [redacted] /22, resident #1 was admitted to the hospital with the following diagnoses:

42b - Abuse (continued)

[REDACTED]

On [REDACTED]/22, the hospital noted the resident had [REDACTED].
[REDACTED] Treatment is supportive.

On [REDACTED]/22, the resident was diagnosed with [REDACTED].
[REDACTED]

On [REDACTED]/22, the resident was started on a feeding tube. On [REDACTED]/22, the resident had worsening [REDACTED].
On [REDACTED]/22, the resident was finally stable enough to be transferred to the Pittsburgh VA Hospital.

From 10/22/22 until 12/4/22, the resident remained in critical condition in the hospital.

On (date of death), resident #1 ceased to breathe at [REDACTED] a.m. due to [REDACTED].

Plan of Correction**Directed [REDACTED] 03/30/2023)**

Immediately Administrator will implement a sheet which a resident will sign if he or she refuses medical treatment for any reason. Administrator will try to convince the resident to seek medical treatment. If her or she agrees, medical treatment will be scheduled immediately and followed out. Administrator will document ALL dates, times and conversations with resident about there decision this will be implemented immediately. Resident will sign she et showing he or she agrees or disagrees. With Administrators suggestions. Administrator has finished course on A Staff Guide Abuse prevention and How to recognize a medical emergency when to call 911. A policy and procedure form has been implemented for a resident's health care when it changes to emergency medical care. This has been mplemented immediately 2-20-23. I have contacted [REDACTED] Area on Aging for further training if needed. They will let me know when they can do this if needed.

42b - Abuse (continued)**DIRECTED PLAN:**

By 4/15/23: All staff persons shall be educated in resident abuse and neglect from a Department-approved outside source. Documentation of the education shall be kept. [REDACTED] 3/29/23

By 4/15/23: All staff persons shall be educated that assisting the resident to secure medical care includes calling 911 immediately if the resident's medical or dental condition requires immediate medical attention, even if the resident requests otherwise. Documentation of the education shall be kept. [REDACTED] 3/29/23

By 4/15/23: The administrator or designee shall develop and implement a written system to monitor residents' health conditions to ensure the home assists the residents in securing medical care immediately if the resident's health status declines. [REDACTED] 3/29/23

Directed Completion Date: 02/20/2023

Implemented ([REDACTED] - 05/03/2023)

142a - Secure Medical Care**2. Requirements**

2600.

142.a. The home shall assist the resident to secure medical care if a resident's health status declines. The home shall document the resident's need for the medical care, including updating the resident's assessment and support plan.

Description of Violation

Resident #1, admitted [REDACTED] /17, is diagnosed with the following: [REDACTED]

Resident #1 has had recurrent episodes of life-threatening [REDACTED]

[REDACTED] as indicating in the following hospital admissions:

On [REDACTED] /21, the resident was admitted to the hospital for [REDACTED].

On [REDACTED] /22, the resident was sent to the hospital with [REDACTED]. [REDACTED] was admitted to the hospital for [REDACTED].

On [REDACTED] /22, resident was discharged back to the home with directions to follow-up with family medicine physician within one week, and surgery urology physician within two weeks. The home did not make appointments for these follow-ups, and resident #1 was not seen by either physician.

On [REDACTED] /22, a visiting LPN called the VA (Veteran's Affairs) to report that on [REDACTED] /22 resident #1 started having symptoms of [REDACTED]. The LPN requested a [REDACTED] however, this request was denied, and the physician indicated that the resident needed to be seen in the ER since the last time resident had these symptoms [REDACTED] was very sick and required a long hospital stay. This information was relayed to staff person A, the home's administrator and owner. However, the resident was not taken to the ER, and did not receive medical treatment for these symptoms.

142a - Secure Medical Care (continued)

According to resident interviews, resident #1 had been declining in health over the past months, was [REDACTED]. The other residents in the home often helped resident #1 [REDACTED].

On [REDACTED]/22, the resident received a prescribed administration of [REDACTED] by the visiting LPN. The LPN noted that the resident was alert and oriented, however, remained totally dependent on the home for [REDACTED].

On [REDACTED]/22, staff person A called the VA nurse to indicate that, on [REDACTED]/22, resident #1 began having [REDACTED].

On [REDACTED]/22, the resident was sent to the hospital ([REDACTED]) and was assessed to have an internal [REDACTED].

On [REDACTED]/22, resident #1 was admitted to the hospital with the following diagnoses:

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

On [REDACTED]/22, the hospital noted the resident had [REDACTED] upon admission, [REDACTED].

142a - Secure Medical Care (continued)

██████████ and was placed in ICU (intensive care unit). Hospital notes also stated, ██████████ remained non-verbal and is thought to (have) ██████████. Treatment is supportive.

On ██████████/22, the resident was diagnosed with ██████████

On ██████████/22, the resident was started on a feeding tube. On ██████████/22, the resident had worsening ██████████ (██████████). From ██████████/22 to ██████████/22 the resident remained on a ventilator. On ██████████/22, the resident was finally stable enough to be transferred to the ██████████ Hospital.

From ██████████/22 until ██████████/22, the resident remained in critical condition in the hospital.

On (date of death), resident #1 ceased to breathe at ██████████ a.m. due to ██████████

Plan of Correction

Directed ██████████ - 03/29/2023

Immediately Administrator will implement an assessment sheet which residents will sign if they decline medical treatment. Administrator will try to persuade resident to seek medical treatment. Administrator will immediately obtain medical treatment if resident agrees to. Administrator has finished course on A Staff Guide to Abuse prevention and How to recognize a medical emergency and when to call 911. A policy and procedure form has been implemented immediately 2-20-23. I have contacted ██████████ Area of Aging to seek further training if needed. They said they will let me know when this can be done if needed. The Administrator is the responsible person.

DIRECTED PLAN:

By 4/15/23: All staff persons shall be educated in resident abuse and neglect from a Department-approved outside source. Documentation of the education shall be kept. ██████████ 3/29/23

By 4/15/23: All staff persons shall be educated that assisting the resident to secure medical care includes calling 911 immediately if the resident's medical or dental condition requires immediate medical attention, even if the resident requests otherwise. Documentation of the education shall be kept. ██████████ 3/29/23

By 4/15/23: The administrator or designee shall develop and implement a written system to monitor residents' health conditions to ensure the home assists the residents in securing medical care immediately if the resident's health status declines. ██████████ 3/29/23

Directed Completion Date: 02/21/2023

Implemented ██████████ - 05/03/2023

225c - Additional Assessment

3. Requirements

2600.

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

2. If the condition of the resident significantly changes prior to the annual assessment.

Description of Violation

Resident #1's assessment, dated ██████████/21, was not updated to include the resident's need for assistance with

225c - Additional Assessment (continued)

recurrent [REDACTED], [REDACTED], [REDACTED], [REDACTED] and [REDACTED].

Plan of Correction

Accept [REDACTED] 02/17/2023)

Immediately Administrator will implement monthly checks of all resident's annual assessment. And make changes if need. If a residents needs change or condition change assessment and support plan will be up dated immediately . Monthly sheet will be kept showing this has been implemented. By Administrator.

Licensee's Proposed Overall Completion Date: 01/05/2023

Implemented [REDACTED] - 05/01/2023)