

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

March 22, 2024

[REDACTED], ADMINISTRATOR
[REDACTED]
[REDACTED]

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 01/03/2024 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]
[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: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *02/24/1999* 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* Exit Conference Date: *01/03/2024*

Inspection Dates and Department Representative

01/03/2024 - 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: *7* Are 60 Years of Age or Older: *6*
 Diagnosed with Mental Illness: *8* Diagnosed with Intellectual Disability: *1*
 Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

01/03/2024 Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *01/26/2024*

01/23/2024 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *02/21/2024*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *01/31/2024*

Inspections / Reviews *(continued)*

01/29/2024 POC Submission

Submitted By: [REDACTED] Date Submitted: 02/21/2024

Reviewer: [REDACTED] Follow Up Type: Document Submission Follow Up Date: 02/14/2024

03/22/2024 Document Submission

Submitted By: [REDACTED] Date Submitted: 02/21/2024

Reviewer: [REDACTED] Follow Up Type: Not Required

3c - Post Current License

1. Requirements

2600.

3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

At approximately 11:30 a.m., a copy of the most recent licensing inspection summaries dated 11/10/22 issued by the department were not posted in a conspicuous and public place in the home.

Plan of Correction

Accept ([redacted] - 01/29/2024)

Immediately Administrator located papers 1-3-2024.

Administrator purchased another bulletin board 1-4-2024 placed papers on new board 1-4-2024

Administrator immediately 1-4-2024 will monitor. And on every Monday Administrator will make sure papers are available. And if not, they will be replaced.

Licensee's Proposed Overall Completion Date: 01/27/2024

Implemented ([redacted] - 03/22/2024)

18 - Compliance With Laws

2. 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

The Influenza Awareness Act, enacted 11/21/16, requires influenza information to be posted in a public place in the facility year-round. There was no information posted in the home in accordance with The Influenza Awareness Act.

Plan of Correction

Accept ([redacted] - 01/29/2024)

Administrator immediately 1-4-2024 found poster.

Administrator immediately 1-4-2024 downloaded and laminated several flu posters.

Administrator immediately 1-4-2024 hung all the posters throughout the home. Administrator will continue to monitor daily and correct if needed.

Licensee's Proposed Overall Completion Date: 01/27/2024

Implemented ([redacted] - 03/22/2024)

20b1 - Financial Records

3. Requirements

2600.

20.b. If the home provides assistance with financial management or holds resident funds, the following requirements apply:

1. The home shall keep a record of financial transactions with the resident, including the dates, amounts of deposits, amounts of withdrawals and the current balance.

20b1 - Financial Records (continued)

Description of Violation

Staff person A, [REDACTED], manages the monthly personal needs allowance, to include #1 and resident #2; however, the home did not have a financial management sheet to track a record of financial transactions with the resident.

Plan of Correction

Accept ([REDACTED] - 01/29/2024)

Administrator immediately 1-3-2024 downloaded papers .

Administrator immediately 1-3-2024 filled out papers had residents that we supply help sign and date.

Administrator 1-3-2024 will continue to have residents sign for transactions when needed.

Licensee's Proposed Overall Completion Date: 01/27/2024

Implemented ([REDACTED] - 03/22/2024)

20b8 - Quarterly Account

4. Requirements

2600.

20.b. If the home provides assistance with financial management or holds resident funds, the following requirements apply:

8. The home shall give the resident and the resident's designated person, an itemized account of financial transactions made on the resident's behalf on a quarterly basis.

Description of Violation

Residents #1 and #2 are not being provided quarterly statements to the resident's or the resident's designated person.

Plan of Correction

Accept ([REDACTED] - 01/29/2024)

Administrator immediately 1-3 2024 downloaded papers.

Administrator immediately 1-3-2024 had residents that we take care of finances sign and date forms.

Administrator will immediately 1-3-2024 continue to have residents that we help with finances see and sign and date there quarterly report.

Licensee's Proposed Overall Completion Date: 01/27/2024

Implemented ([REDACTED] - 03/22/2024)

65f - Training Topics

5. Requirements

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

Description of Violation

Direct care staff person B did not receive annual training in medication self-administration training in the training year 2023.

Plan of Correction

Accept ([REDACTED] - 01/29/2024)

Administrator immediately 1-3-2024 included this training.

65f Training Topics (continued)

Administrator immediately on 1 3 2024 added this training on our yearly schedule form.

Administrator immediately 1 3 2024 will continue to monitor to make sure this topic is included in the yearly training. And that all topics that are required are there too.

Licensee's Proposed Overall Completion Date: 01/27/2024

Implemented [REDACTED] - 03/22/2024)

83a - Indoor Temperature

6. Requirements

2600.

83.a. The indoor temperature, in areas used by the residents, must be at least 70°F when residents are present in the home.

Description of Violation

At approximately 9:30 a.m., the bedroom, belonging to multiple residents, to include resident #3 measured 65.6 degrees Fahrenheit.

Plan of Correction

Accept [REDACTED] - 01/29/2024)

Administrator immediately 1 3 2024 checked all residents rooms

Administrator immediately 1 3 2024 checked resident #3 room found window not closed properly.

Administrator immediately 1 3 2024 closed window checked all residents' rooms to make sure all windows were closed properly. Administrator will on 1 3 2024 and on a daily basis check all windows in residents' rooms to make sure closed properly and that the room does not go below 70 degrees.

Licensee's Proposed Overall Completion Date: 01/27/2024

Implemented [REDACTED] - 03/22/2024)

85a - Sanitary Conditions

7. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

At approximately 9:20 a.m., a disposable spoon with a peanut butter substance was wrapped in a sandwich bag located on the 2nd floor in the mini refrigerator in the first room to the right; however, this was not labelled or dated.

Plan of Correction

Accept ([REDACTED] 01/29/2024)

Administrator 1 3 2024 immediately removed spoon.

Administrator 1 3 2024 immediately removed spoon from refrigerator. And threw away in trash.

Administrator immediately 1 3 2024 will monitor on a daily basis to make sure any items in refrigerator is dated and labeled what the content is. And disposed of if out dated. Administrator will continue to correct if needed.

Licensee's Proposed Overall Completion Date: 01/27/2024

85a - Sanitary Conditions (continued)

Implemented [redacted] - 03/22/2024)

85e - Trash Outside Home

8. Requirements

2600.

85.e. Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

Description of Violation

At approximately 9:00 a.m., the lid covering was open on the dumpster that was overly full with garbage.

Plan of Correction

Accept [redacted] - 01/29/2024)

Administrator immediately 1-3-2024 checked trash cans.

Administrator immediately 1-4-2024 checked trash cans to make sure lids were closed. And closed all lids. Administrator will continue to check these.

Administrator immediately 1-4-2024 implemented a daily check of all trash cans to make sure all lids closed and not too full. If lids open Administrator will close. Trash pickup is on Wednesdays.

Licensee's Proposed Overall Completion Date: 01/27/2024

Implemented [redacted] - 03/22/2024)

87 - Lighting

9. Requirements

2600.

87. Lighting - The home's hallways, interior stairs, outside steps, outside doorways, porches, ramps, evacuation routes, outside walkways and fire escapes shall be lighted and marked to ensure that residents, including those with vision impairments, can safely move through the home and safely evacuate.

Description of Violation

At approximately 9:25 a.m., the overhead fluorescent lighting, in the bedroom belonging to multiple residents, including resident #4, has one lightbulb that is burnt out and the second is not emitting adequate lighting.

Plan of Correction

Accept [redacted] - 01/29/2024)

Administrator immediately 1-3-2024 checked lights.

Administrator immediately 1-4-2024 purchased bulbs for ceiling light and replaced them with new bulbs. All other lights were checked plugged in if needed and bulbs changed if needed in all residents' rooms.

Administrator immediately 1-4-2024 implemented a daily check of all residents rooms to check all lights to make sure they are all in working order. Administrator will do this.

Licensee's Proposed Overall Completion Date: 01/27/2024

Implemented [redacted] - 03/22/2024)

88a - Surfaces

10. Requirements

88a - Surfaces (continued)

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

An 8" x 4" section of the carpet on the top stair riser is torn; posing as a trip hazard.

Plan of Correction

Accept (redacted) - 01/29/2024)

Administrator immediately 1-3-2024 checked carpet.

Administrator immediately 1-4-2024 removed loose piece of carpet.

Administrator immediately 1-4-2024 and on a daily basis will monitor all carpets to make sure they are all not torn and replace if needed.

Licensee's Proposed Overall Completion Date: 01/27/2024

Implemented (redacted) - 03/22/2024)

91 - Telephone Numbers

11. Requirements

2600.

91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

Description of Violation

The telephone numbers for emergency management and for personal care home complaint hotline were not posted nearby the kitchen telephone with the outside line.

Plan of Correction

Accept (redacted) - 01/29/2024)

Administrator immediately on 1-4-2024 checked for numbers.

Administrator immediately on 1-4-2024 found numbers and posted by land line.

Administrator will immediately 1-4-2024 monitor on a daily basis to make sure numbers are posted by land line.

Licensee's Proposed Overall Completion Date: 01/27/2024

Implemented (redacted) - 03/22/2024)

101j7 - Lighting/Operable Lamp

12. 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 Violation

At approximately 9:25 a.m., resident #4 do not have a source of lighting that can be turned on/off from bedside, as both the lamp and nightlight were unplugged from the wall.

Plan of Correction

Accept (redacted) - 01/29/2024)

Administrator immediately 1-3-2024 checked resident #4 lamp and night light.

101j7 - Lighting/Operable Lamp (continued)

Administrator immediately on 1-3-2024 plugged in resident #4 lamp and nightlight. resident has been advised that these lights remain plugged in at all times.

Administrator immediately as of 1-3-2024 will monitor daily that all residents lights remain operating .

Licensee's Proposed Overall Completion Date: 01/27/2024

Implemented [REDACTED] - 03/22/2024)

121a - Unobstructed Egress

13. 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 9:05 a.m., a black tower fan was sitting on the floor, approximately 16 inches away from the front of the exit door in the living room, blocking the emergency egress route.

Plan of Correction

Accept [REDACTED] - 01/29/2024)

Administrator immediately on 1-3-2024 checked doorway for obstructions.

Administrator immediately on 1-3-2024 removed fan from in front of the emergency doorway.

Administrator immediately as of 1-3-2024 will monitor daily that all emergency exists are clear of obstacles. Residents have been advised that all exits need to be free of obstacles so they can safely exit.

Licensee's Proposed Overall Completion Date: 01/27/2024

Implemented [REDACTED] - 03/22/2024)

141a - Medical Evaluation

14. Requirements

2600.

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

Description of Violation

Resident #1 was admitted to the home on [REDACTED]; however, a medical evaluation has not been completed.

Plan of Correction

Accept [REDACTED] - 01/29/2024)

Administrator immediately 1-3-2024 checked for resident # 1 evaluation.

Administrator immediately on 1-3-2024 located resident #1 evaluation . Administrator put evaluation with resident #1 other records.

Administrator immediately as of 1-3-2024 will continue to monitor and make sure all residents medical

141a Medical Evaluation (continued)

evaluations are in there files.

Licensee's Proposed Overall Completion Date: 01/27/2024

Implemented (█) - 03/22/2024)

191 - Resident Right to Refuse**15. Requirements**

2600.

191. Resident Education - The home shall educate the resident of the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

Description of Violation

Resident #4 has not been educated to the resident's right to question or refuse medication if the resident believes that there may be a medication error.

Resident #1's contract indicates the resident has the right to refuse medications; however, it does not indicate the resident's right to question or refuse medication if the resident believes that there may be a medication error.

Plan of Correction

Accept (█) - 01/29/2024)

Administrator immediately on 1 3 2024 checked residents right sheets.

Administrator immediately on 1 3 2024 corrected the resident right sheet to include that they have the right to refuse if they think there is an error with their meds and that any error is corrected. Administrator immediately on 1 3 2024 educated all residents on their right to refuse meds and had all resident's sign that they were trained.

Administrator immediately on 1 3 2024 will monitor and update all resident of their rights to refuse meds.

Licensee's Proposed Overall Completion Date: 01/27/2024

Implemented (█) - 03/22/2024)

225a - Assessment 15 Days**16. Requirements**

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

Resident #1's initial assessment does not include formal/informal supports, nor the date the assessment was completed, as page 1 is not included.

Resident #1's initial assessment includes a diagnosis of major depressive disorder only and does not address suicide attempt, dysphagia, constipation, nor depression.

Plan of Correction

Accept (█) - 01/29/2024)

Administrator immediately on 1 3 2024 checked resident #1 support plan.

225a - Assessment 15 Days (continued)

Administrator immediately on 1-3-2024 found resident #1 first page of support plan. Administrator put resident #1 page in his support plan.

Administrator will immediately as of 1-3-2024 monitor on a monthly basis to make sure all residents support plans include all the pages. Administrator will fix if needed.

Licensee's Proposed Overall Completion Date: 01/27/2024

Implemented ([REDACTED] - 03/22/2024)

252 - Record Content**17. Requirements**

2600.

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

Description of Violation

Resident #1's record did not include the following information:

Name, gender, admission date, birth date, social security number

Race, height, weight, color of hair, color of eyes, religious affiliation, identifying marks

A photograph of the resident

Language or means of communication spoken or used by the resident

The name, address, telephone number and relationship of a designated person to be contacted in case of an emergency

The name, address, and telephone number of the resident's physician or source of health care.

A list of allergies.

An inventory of the resident's personal property as voluntarily declared by the resident upon admission and voluntarily updated.

An inventory of the resident's property entrusted to the administrator for safekeeping.

Resident #4's record did not include the following information:

Name, gender, admission date, birth date, social security number

Race, height, weight, color of hair, color of eyes, religious affiliation, identifying marks

Language or means of communication spoken or used by the resident

The name, address, telephone number and relationship of a designated person to be contacted in case of an emergency

The name, address, and telephone number of the resident's physician or source of health care.

A list of allergies.

An inventory of the resident's personal property as voluntarily declared by the resident upon admission and voluntarily updated.

An inventory of the resident's property entrusted to the administrator for safekeeping.

REPEAT VIOLATION 10/21/21

Plan of Correction

Accept ([REDACTED] - 01/29/2024)

Administrator immediately on 1-4-2024 checked all resident demographics

Administrator immediately as of 1-4-2024 implemented a new demographic sheet which includes all the information required.

252 Record Content (continued)

Administrator immediately on 1 4 2024 implemented a new demographic sheet. Administrator will immediately monitor to include this new demographic sheet in all resident files.

Licensee's Proposed Overall Completion Date: 01/27/2024

Implemented [REDACTED] - 03/22/2024)