

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

April 17, 2024

[REDACTED]
LUCINDA AND RANDALL JEWART
[REDACTED]
[REDACTED]

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

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/04/2024 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]

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]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-3 SP* Date: *06/03/1996* Issued By: *Dept L & I*

Staffing Hours

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

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Monitoring* Exit Conference Date: *04/04/2024*

Inspection Dates and Department Representative

04/04/2024 - 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: *7*
 Diagnosed with Mental Illness: *8* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

04/04/2024 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *04/21/2024*

04/15/2024 - POC Submission

Submitted By: [REDACTED] Date Submitted: *04/15/2024*
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *04/30/2024*

Inspections / Reviews *(continued)*

04/17/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/15/2024

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

252 - Record Content

1. Requirements

2600.

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

Description of Violation

Resident [REDACTED] 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

Plan of Correction

Accepted [REDACTED] 04/15/2024)

Administrator immediately on [REDACTED] drew up a demographic sheet.

Administrator on [REDACTED] included this demographic sheet to new resident [REDACTED] file.

Administrator immediately on [REDACTED] implemented this sheet in new resident [REDACTED] file Administrator will immediately monitor to include this demographic sheet in All residents' files.

Licensee's Proposed Overall Completion Date: 04/15/2024

Implemented [REDACTED] - 04/17/2024)