

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

April 17, 2025

[REDACTED], ADMINISTRATOR  
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 03/07/2025 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: *06/03/2025*  
 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: *06/03/1996* Issued By: *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: *03/07/2025*

**Inspection Dates and Department Representative**

03/07/2025 - 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: *3*  
 Diagnosed with Mental Illness: *8* Diagnosed with Intellectual Disability: *1*  
 Have Mobility Need: *0* Have Physical Disability: *0*

**Inspections / Reviews**

**03/07/2025 - Full**

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *04/04/2025*

**04/17/2025 - POC Submission**

Submitted By: [REDACTED] Date Submitted: *04/17/2025*  
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *04/24/2025*

Inspections / Reviews *(continued)*

04/17/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/17/2025

Reviewer: [REDACTED]

Follow-Up Type: *Bypass Document  
Submission*

04/17/2025 - Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/17/2025

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

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

On 3/7/25, at 10:36 am., there was a partially full, uncovered, unattended trash can in the first floor bathroom.

Plan of Correction

Accept ( [redacted] - 04/17/2025)

Administrator immediately 3-7 2025 checked bathroom trash can.

Administrator immediately on 3-7-2025 ordered replacement trash can.

Administrator immediately upon arrival replaced trash can in bathroom.

Administrator immediately 3-7-2025 implemented a sheet to remind Administrator to monitor ALL trash cans.

Administrator will check all trash cans daily a sheet has been implemented to remind Administrator. The sheet that was sent already.

Licensee's Proposed Overall Completion Date: 04/17/2025

Implemented ( [redacted] - 04/17/2025)

85e - Trash Outside Home

2. 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

The lid on the left side of the dumpster was not closed, therefore, leaving garbage exposed.

Repeat violation; 1/3/24

Plan of Correction

Accept ( [redacted] - 04/17/2025)

Administrator immediately on 3-7-2025 went and closed the lids.

Administrator immediately on 3-7 2025 posted a notice on dumpster to keep lids closed at all times

Administrator immediately on 3-7-2025 implemented a sheet to remind Administrator to check daily dumpster lids.

Licensee's Proposed Overall Completion Date: 04/02/2025

Implemented ( [redacted] - 04/17/2025)

101j2 - Bedroom Chairs

3. 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

Bedroom #2 is occupied by 3 residents; however, there were no chairs in this room.

Plan of Correction

Accept ( [redacted] - 04/17/2025)

Immediately Administrator on 3-7-2025 put chairs in the room while inspectors were here.

Administrator will immediately 3-7-2025 make sure chairs are in rooms of ALL residents.

**101j2 - Bedroom Chairs (continued)**

Administrator immediately 3-7-2025 implemented a sheet to remind Administrator to check chairs weekly.

Licensee's Proposed Overall Completion Date: 04/02/2025

Implemented ( ) - 04/17/2025)

**101j7 - Lighting/Operable Lamp****4. 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**

The resident in bedroom #1 did not have access to a source of light that can be turned on/off at bedside. The lamp was unplugged.

Repeat violation; 1/3/24

**Plan of Correction**

Accept ( ) - 04/17/2025)

Administrator immediately 3-7-2025 checked and corrected lamp while inspectors were here.

Administrator will immediately 3-7-2025 check ALL residents' bedside lamps and make sure they all work.

Administrator immediately 3-7-2025 implemented a sheet to remind Administrator to check bedside lamps weekly.

Licensee's Proposed Overall Completion Date: 04/02/2025

Implemented ( ) - 04/17/2025)

**103e - Left Overs****5. Requirements**

2600.

103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

**Description of Violation**

There was an unlabeled, undated container of pasta salad in the kitchen refrigerator.

**Plan of Correction**

Accept ( ) - 04/17/2025)

Administrator immediately on 3-7-2025 gave the pasta salad to ( ) to eat.

Administrator will immediately 3-7-2025 make sure all items not in their original package are marked and dated.

Administrator has implemented a sheet 3-7-2025 reminding Administrator to check daily to make sure all items are marked and dated. If needed.

Licensee's Proposed Overall Completion Date: 04/02/2025

Implemented ( ) - 04/17/2025)

**131f - Fire Extinguisher Inspection****6. 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.

131f - Fire Extinguisher Inspection (continued)

**Description of Violation**

Multiple fire extinguishers, to include the fire extinguisher in kitchen, have not been inspected by a fire safety expert since 11/2023.

**Plan of Correction**

Accept ( ) - 04/17/2025)

Administrator immediately 3-7-2025 called fire extinguisher inspector they wanted almost \$400.00 to inspect the extinguishers.

Administrator went to Lowes and purchased New Extinguishers on 3-12-2025 and more on 3-14-2025.

Administrator will make sure these will be inspected or replaced by 3-2026.

Administrator has immediately implemented a sheet to remind Administrator to have the inspected by 3-2026.

Licensee's Proposed Overall Completion Date: 04/02/2025

Implemented ( ) - 04/17/2025)

132b - Safety Inspection/Fire Drill

**7. Requirements**

2600.

132.b. A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

**Description of Violation**

There has not been a fire drill observed by a fire safety expert in the past 2 years.

**Plan of Correction**

Accept ( ) - 04/17/2025)

Administrator immediately 3-7-2025 checked blank copies of safety logs they also show fire drill scratched out; a copy is included.

Administrator immediately 3-8-25 printed new forms for future inspections.

There for fire drills and safety inspections were done each year and copies are included.

Administrator has immediately 3-8-25 implemented a sheet to remind Administrator to double check fire drill and fire safety papers, also to double check ALL forms.

Licensee's Proposed Overall Completion Date: 04/02/2025

Implemented ( ) - 04/17/2025)

132c - Fire Drill Records

**8. Requirements**

2600.

132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

**Description of Violation**

The fire drill record for the drills conducted in June 2024, July 2024, and August 2024 did not include the day the drills were conducted.

## 132c - Fire Drill Records (continued)

**Plan of Correction**

Accept (█) - 04/17/2025

Administrators immediately 3-7-2025 checked fire drill log

Administrator immediately on 3-10-2025 had fire drill and made sure All areas were filled out.

administrator immediately 3-7-2025 implemented a sheet to remind Administrator when filling out fire drill log to fill out completely, date, time , evac time etc. are filled out completely.

Licensee's Proposed Overall Completion Date: 04/03/2025

Implemented (█) - 04/17/2025

## 141b1 - Annual Medical Evaluation

**9. Requirements**

2600.

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

**Description of Violation**

Resident #1's medical evaluation, dated █, did not include special health or dietary needs. This area was blank.

Resident #2's medical evaluation, dated █, did not include the medication regimen. The medication evaluation indicated "see MAR for meds", however, there was no medication administration record provided.

**Plan of Correction**

Accept (█) - 04/17/2025

Administrator immediately 3-7-2025 phoned DR on resident #1 and faxed sheet while inspectors were here.

Administrator received 3-7-2025 corrected sheet on resident #1.

Administrator will immediately 3-7-2025 make sure All residents medical assessments are filled out completely.

Administrator immediately 3-7-2025 implemented a sheet to remind Administrator to check these regularly.

Administrator immediately 3-7-2025 put Mar for resident #2 in Med log

Administrator will continue immediately 3-7-2025 to put Mars in All residents' med log.

Administrator will check this weekly and each month when new Mars are used. A sheet has been implemented to remind Administrator

this sheet was already sent.

Licensee's Proposed Overall Completion Date: 04/17/2025

Implemented (█) - 04/17/2025

## 181c - Self-administration Assessment

**10. Requirements**

2600.

181c - Self-administration Assessment (continued)

181.c. The resident's assessment shall identify if the resident is able to self-administer medications as specified in § 2600.227(e) (relating to development of the support plan). A resident who desires to self-administer medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.

**Description of Violation**

Resident #3 self-administers the medication, [REDACTED]; however, resident #3 has not been assessed by a physician, physician's assistant or certified, registered nurse practitioner regarding ability to self-administer and the need for reminders to take medications.

**Plan of Correction**

Accept ( [REDACTED] ) - 04/17/2025)

Administrator immediately 3-7-2025 phoned DR on resident #3 while inspectors were here.

Administrator immediately 3-7-2025 obtained order for resident #3 from DR.

Administrator will immediately 3-7-2025 will make sure any resident has self-Administrator orders from Dr in med Log.

Administrator immediately 3-7-2025 implemented a sheet to remind Administrator to get self-administrator orders off of Dr. when needed.

Licensee's Proposed Overall Completion Date: 04/03/2025

Implemented ( [REDACTED] ) - 04/17/2025)