



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to LUCINDA AND RANDALL JEWART

LEGAL ENTITY

To operate JEWART'S WHISPERING PINES MANOR

NAME OF FACILITY OR AGENCY

Located at P.O. BOX 249, 8 WEST CHURCH ST. SAGAMORE, PA 16250

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

To provide Personal Care Homes

TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 8
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Restrictions: _____

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes

(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from May 12, 2015 until November 12, 2015,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 426852

Robert E. Robinson

ISSUING OFFICER

Matthew J. [Signature]

DIRECTOR

NOTE: This certificate is issued for the above site(s) only and is not transferable
and should be posted in a conspicuous place in the facility.

HS 628 - 12/14



pennsylvania

DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

MAILING DATE:

MAY 12 2015

Ms. Lucinda Jewart, Administrator
Lucinda and Randall Jewart
P.O. Box 166, 8 West Church Street
Sagamore, Pennsylvania 16250

RE: Jewart's Whispering Pines Manor
License #: 426852

Dear Ms. Jewart:

As a result of the Department of Human Services' (Department) licensing inspection on November 5, 2014, November 14, 2014, December 15, 2014 and February 10, 2015 of the above facility, we found that violations specified for your previous PROVISIONAL license have not been corrected and we found new violations not found during our previous inspection.

A SECOND PROVISIONAL license is being issued based on substantial compliance with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes). Your PROVISIONAL license is enclosed.

All violations specified on the Licensing Inspection Summary must be corrected by the dates specified on the Licensing Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Pursuant to 62 P.S. 1085-1087 and 55 Pa.Code §§ 2600.261-268 (relating to enforcement), the Department intends to assess a fine for the following violations unless fully corrected on or before the mandated correction date.

55 Pa.Code Chapter 2600 Section no.	Class of Violation	Census at Inspection X	Fine Per resident Per day	Calculated Fine = Per day	Mandated Correction Date (to avoid Fine)
141b1	II	5	\$5	\$25	5 calendar days from mailing date of this letter
225c	II	5	\$5	\$25	5 calendar days from mailing date of this letter
20b1	III	5	\$3	\$15	15 calendar days from mailing date of this letter
20b3	III	5	\$3	\$15	15 calendar days from mailing date of this letter
104b3	III	5	\$3	\$15	15 calendar days from mailing date of this letter

A fine will be assessed on a daily basis beginning with the date of this letter and will continue until the violation is fully corrected, and full compliance with the regulation has been achieved. If the violation is fully corrected, and full compliance with the regulation has been achieved, by the mandated correction date, no fine will be assessed. You must notify the Department's Regional Human Services Licensing office in writing as soon as each violation is fully corrected and submit written documentation of each correction. The Department will conduct an on-site inspection after the mandated correction date, and within 20 calendar days of the date of this letter. If one or more violations is not fully corrected and full compliance with the regulation has not been achieved, you will periodically receive invoices from the Department's Bureau Human Services Licensing with payment instructions. The fines will continue to accumulate until the violation is fully corrected and full compliance with the regulation has been achieved.

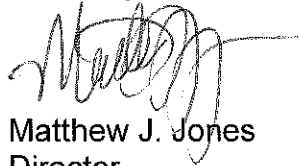
No fine is being assessed at this time; therefore, you may not appeal any fine at this time. If a violation is not corrected and full compliance with the regulation has not been achieved by the mandated correction date, a fine will be assessed and an invoice will be mailed. This invoice will contain the right to appeal the fine.

If you disagree with the decision to issue a PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa.Code Part II, Chs. 31-35. If you decide to appeal your PROVISIONAL license, a written request for an appeal must be received within 10 days of the date of this letter by:

Jacob Herzing, Enforcement Manager
Human Services Licensing
Department of Human Services
Room 631 Health and Welfare Building
625 Forster Street
Harrisburg, Pennsylvania 17120

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,

A handwritten signature in dark ink, appearing to read "Matthew J. Jones", with a stylized flourish extending to the right.

Matthew J. Jones
Director

Enclosures
License
Licensing Inspection Summary

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

Page 1 of 24

PCH Name: JEWART S WHISPERING PINES MANOR		License Number: 42685
Address: P O BOX 249 8 WEST CHURCH ST, SAGAMORE, PA 16250		County: Armstrong
Administrator: Lucinda Jewart		Region: WEST
Legal Entity Name: LUCINDA AND RANDALL JEWART		
Legal Entity Address: P.O. BOX 249 8 WEST CHURCH ST., SAGAMORE, PA 16250		
Certificate(s) of Occupancy Other 06/03/1996 Labor and Industry		JAN 27 2015 RECEIVED WEST VIRGINIA DEPT. OF HEALTH PERSONAL CARE HOMES
Staffing Hours		
Resident Support: 0	Total Daily Staff: 7	Waking Staff: 5
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal, Provisional, Complaint, Incident		
On-Site Inspections Dates and Department Representatives On-Site 11/05/2014: Garrigan, Laurie; Marini, Michael 11/14/2014: Garrigan, Laurie; Marini, Michael		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 8 Number of Residents Served: 7 Secured Dementia Care Unit In Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 0	Number of Residents who: Receive Supplemental Security Income: 4 Are 60 Years of Age or Older: 3 Have Mental Illness: 7 Have an Intellectual Disability: 3 Have a Mobility Need: 0 Have a Physical Disability: 0	

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JAN 27 2015

Page 2 of 24

Violation Report: 42885 - 11/05/2014 - Garrigan, Laurie
 PCH Name: JEWART'S WHISPERING PINES MANOR

1. REGULATION 55 Pa. Code §2600

2600.3(c) - The personal care home shall post the current license, a copy of the current licensing inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

2a. DESCRIPTION OF VIOLATION

On 11/5/14, a copy of the current license inspection summary was posted on the bulletin board in the first floor kitchen; however, this is not conspicuous and public place, as residents and the public do not have access to the kitchen.

On 11/5/14, the following were not posted in a conspicuous and public place in the home:

- * 55 Pa. Code Chapter 2600 regulations
- * Current license

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

There has been a bulletin board put where all residents and anyone else can have access to it. and a copy of our licence has been posted. This was available the second day the inspectors were here. we will continue to keep this posted here

Immediately: The administrator or designated staff person shall check the home, at least weekly, to ensure all items specified in 2600.3c are posted in a conspicuous and public place.

Rn 4/29/15

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page)

Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of

4/29/15
 (Date)

Plan of correction implementation status as of 4/29/15
 (Date)

- ☒ Fully Implemented *R*
- ☐ Partially Implemented - Adequate Progress
- ☐ Partially Implemented - Inadequate Progress
- ☐ Not Implemented

The above plan of correction was approved by

L
 (Initials)

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Violation Report: 42686 - 11/05/2014 - Garrigan, Laurie
PCH Name: JEWART S WHISPERING PINES MANOR

JAN 27 2015

1. REGULATION 55 Pa.Code §2600

2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION

On 11/10/14 at approximately 8:00 AM, resident #6 stood in the center of the road in the front of the personal care home and said, "I want to kill myself". Resident #6 then walked to the home's parking lot and waved a lighter near his/her T-shirt in attempt to light himself/herself on fire, while screaming and yelling. Staff person B, the home's administrator, called 911 and resident #6 was taken by ambulance to the hospital and admitted for evaluation. This incident was not reported to the Department until 11/17/14.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

will report all unusual incidents within the 24 HR period. we were told by previous inspectors that we needed to report if the police are involved. we will report now any unusual incidents within the 24 HR period

Immediately: All staff members shall be educated on all reportable incidents and conditions specified in 2600.16a. Documentation of the education shall be kept.

Immediately: The home shall develop and implement a system to ensure all reportable incidents and conditions specified in 2600.16a are reported to the Department within 24 hours.

for 4/29/15

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Laurie Garrigan</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Laurie Garrigan	1-27-15

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The above plan of correction is approved as of 4/29/15
(Date)

The above plan of correction was approved by [Signature]
(Initials)

Plan of correction implementation status as of 4/29/15
(Date)

- ☐ Fully Implemented
- ☒ Partially Implemented - Adequate Progress *[Signature]*
- ☐ Partially Implemented - Inadequate Progress
- ☐ Not Implemented

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JAN 27 2015

Page 4 of 24

Violation Report: 42885 - 11/05/2014 - Garrigan, Laurie
PCH Name: JEWART S WHISPERING PINES MANOR

1. REGULATION 55 Pa.Code §2800

2600.20(b)(2) - Resident funds shall be disbursed during normal business hours within 24 hours of the resident's request.

2a. DESCRIPTION OF VIOLATION

On 11/10/14, resident #6 requested \$20.00 from his/her account. Staff person B denied the request and told resident #6 he/she had to wait until 11/13/14 to get any money from his/her account.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Resident #6 was discharged from the home on 12/16/14.
Resident will be given funds within
24 HRS after requested.

Immediately: All residents of the home shall be educated that resident funds will be disbursed within 24 hours of the resident's request.

for
4/29/15

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

Date 1-27-15

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(Date)

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(Initials)

Plan of correction implementation status as of 4/29/15
(Date)

- ☐ Fully Implemented
- ☒ Partially Implemented - Adequate Progress
- ☐ Partially Implemented - Inadequate Progress
- ☐ Not Implemented

Violation Report: 42685 - 11/05/2014 - Garrigan, Laurie
 PCH Name: JEWART S WHISPERING PINES MANOR

IAN 27 2015

1. REGULATION 55 Pa.Code §2600

2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION

There were approximately 16 cigarette butts on the ground leading to the kitchen entrance. Also, a can, approximately 1/3 third full of cigarette butts, was observed on the front porch, along with numerous cigarette butts on the ground on either side of the front porch. None of these areas are designated smoking areas. (Observed 11/5/14)

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

These areas are my personal living areas. We will make sure all areas are kept sanitary and keep all cans emptied daily. will monitor daily

Immediately: All cigarette butts shall be removed from the grounds of the home, including the area leading to the kitchen entrance and the front porch.

Immediately: All residents and staff members shall be re-educated on the location of the home's designated smoking area, located at the picnic table in the front of the home. Documentation of resident and staff education shall be kept.

Immediately: The administrator or designated staff person shall check all outdoor areas of the home, at least daily, to ensure sanitary conditions are maintained, to include disposal of cigarette butts in fireproof receptacles, located in the designated smoking section.

for 4/29/15

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page)

Date 1-27-15

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

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4/29/15
 (Date)

The above plan of correction was approved by


 (Initials)

Plan of correction implementation status as of 4/29/15
 (Date)

- ☐ Fully Implemented
☐ Partially Implemented - Adequate Progress
☐ Partially Implemented - Inadequate Progress
☒ Not Implemented

Violation Report: 42685 - 11/05/2014 - Garrigan, Laurie
 PCH Name: JEWART'S WHISPERING PINES MANOR

1. REGULATION 55 Pa.Code §2800

2600.95 - Furniture and equipment must be in good repair, clean and free of hazards.

2a. DESCRIPTION OF VIOLATION

The dresser for resident #2 was missing handles on 2 of the drawers. (Observed 11/5/14)

The dresser for resident #3 was missing a handle on 1 of the drawers. (Observed 11/5/14)

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

These were repaired. Inspector
 were shown. will monitor + make
 sure all are in working order
 daily. The dresser for resident #3 was repaired.

Immediately: The dresser for resident #2 shall be repaired. If the dresser is unable to be repaired, a new dresser shall immediately be provided to the resident.

Immediately: The administrator shall inspect all furniture and equipment to ensure it is in good repair, clean and free of hazards.

Immediately: The administrator or designated staff person shall inspect all furniture and equipment, at least monthly, to ensure it is in good repair, clean and free of hazards.

for
4/29/15

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page)			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)			Date
Laurie Garrigan			1-27-15

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The above plan of correction was approved by <u>[Signature]</u> (Initials)	☐ Fully Implemented ☐ Partially Implemented - Adequate Progress ☒ Partially Implemented - Inadequate Progress ☐ Not Implemented

Violation Report: 42685 - 11/05/2014 - Garrigan, Laurie
 PCH Name: JEWART S WHISPERING PINES MANOR

1. REGULATION 55 Pa.Code §2600

2600.101(j)(2) - Each resident shall have the following in the bedroom: A chair for each resident that meets the resident's needs.

2a. DESCRIPTION OF VIOLATION

There were no chairs present in the shared bedroom of residents #1, #2 and #3. (Observed 11/5/14)

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

These were removed because I was replacing the flooring. They were put in the closet while the inspectors were here. Will monitor + make sure all chairs are in residents rooms. Chairs were added to the shared bedrooms of residents #1, #2 and #3.

Immediately: The administrator or designated staff person shall inspect all resident bedrooms to ensure each resident has a chair that is in good repair that meets the residents' needs.

Immediately: The administrator or designated staff person shall inspect all resident's bedrooms, at least monthly, to ensure each resident has a chair that is in good repair and meets the residents' needs.

hr
4/29/15

Repeat Violation: No	Date(s) of Previous Violation(s):	
Signature of Legal Entity Representative (Required on EVERY Page)		
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date
Laurie J. Garrigan		1-27-15

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The above plan of correction was approved by <u>[Signature]</u> (Initials)	☐ Fully Implemented ☒ Partially Implemented - Adequate Progress ☐ Partially Implemented - Inadequate Progress ☐ Not Implemented

Violation Report: 42685 - 11/05/2014 - Garrigan, Laurie
 PCH Name: JEWART S WHISPERING PINES MANOR

1. REGULATION 55 Pa.Code §2600

2600.103(c) - Food shall be protected from contamination while being stored, prepared, transported and served.

2a. DESCRIPTION OF VIOLATION

On 11/5/14 at 11:36 AM, the following condiments were stored on the heater in the main living/dining room:

- * 1-38 ounce bottle of Burman's Tomato Ketchup, approximately 1/2 full
- * 1-20 ounce bottle of French's mustard, approximately 1/2 half full
- * 1-14 ounce bottle of Smart Sense yellow mustard, approximately 1/4 full

JAN 27 2015

The manufacture's instructions on the condiments indicate to refrigerate after opening.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

will make sure all above items
 are stored + protected from contamination
 will monitor daily. This was
 corrected when inspectors were
 here

Immediately: All staff members will be educated regarding the safe storage
 of food items, including refrigeration of required food items.
 Documentation of the training shall be kept.

4/29/15

Repeat Violation: No	Date(s) of Previous Violation(s):	
Signature of Legal Entity Representative (Required on EVERY Page)		
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date
LUCINDA JEWART		1-27-15
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!		
The above plan of correction is approved as of (Date)	Plan of correction implementation status as of (Date)	
4/29/15	4/29/15	
The above plan of correction was approved by (Initials)	☐ Fully Implemented ☒ Partially Implemented - Adequate Progress ☐ Partially Implemented - Inadequate Progress ☐ Not Implemented	

Violation Report: 42685 - 11/05/2014 - Garrigan, Laurie
 PCH Name: JEWART S WHISPERING PINES MANOR

1. REGULATION 55 Pa.Code §2600
 2600.103(d) - Food shall be stored off the floor.

2a. DESCRIPTION OF VIOLATION

On 11/5/14 at 9:45 AM, a 50 pound bag of potatoes, approximately 3/4 full, was observed on the floor of the kitchen pantry.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

These were placed in a crate
 while inspectors were here will
 continue to monitor daily and
 keep off the floor

Immediately: All staff members will be educated that all food
 items shall be stored off the floor. Documentation shall
 be kept. for
 4/29/15

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page)

Date

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4/29/15
 (Date)

The above plan of correction was approved by

(Initials)

Plan of correction implementation status as of

4/29/15
 (Date)

☐ Fully Implemented

☒ Partially Implemented - Adequate Progress

☐ Partially Implemented - Inadequate Progress

☐ Not Implemented

Violation Report: 42685 - 11/05/2014 - Garrigan, Laurie
 PCH Name: JEWART S WHISPERING PINES MANOR

1. REGULATION 55 Pa.Code §2600

2600.103(g) - Food shall be stored in closed or sealed containers.

2a. DESCRIPTION OF VIOLATION

On 11/5/14 at 12:04 PM, there was a 1 lb. box of angel hair pasta, unsealed in the kitchen pantry cupboard.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

This was removed + disposed of
 while inspectors were here will
 monitor + correct daily

Immediately: All staff members shall be re-educated on proper food
 storage, including all food items shall be stored in closed or
 sealed containers. Documentation shall be kept.

Immediately: The administrator shall check the home daily to
 ensure all food items are stored in closed or sealed containers

for
 4/29/15

Repeat Violation: Yes

Date(s) of Previous Violation(s):

11/04/2013

Signature of Legal Entity Representative
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page)

Lucinda Jewart

Date 1-27-15

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of

4/29/15
 (Date)

Plan of correction implementation status as of

4/29/15
 (Date)

The above plan of correction was approved by

f
 (Initials)

☐ Fully Implemented

☒ Partially Implemented - Adequate Progress

☐ Partially Implemented - Inadequate Progress

☐ Not Implemented

Violation Report: 42685 - 11/05/2014 - Garrigan, Laurie
 PCH Name: JEWART S WHISPERING PINES MANOR

1. REGULATION 55 Pa.Code §2600

2600.104(b)(3) - Plastic and paper plates, utensils and cups for meals may not be used on a regular basis.

2a. DESCRIPTION OF VIOLATION

According to residents #4 and #5, disposable plastic or styrofoam plates, as well as disposable utensils are used for all meals on a regular basis.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

This has been corrected we now use regular plates & utensils on a regular basis. Will continue to monitor

Immediately: Disposable plastic and paper plates, utensils and cups shall not be used on a regular basis.

Immediately: All staff members shall be educated that disposable plastic and paper plates, utensils and cups shall not be used on a regular basis.

Immediately: The administrator will monitor the home daily during each meal to ensure disposable plastic and paper plates, utensils and cups are not being used.

4/29/15

Repeat Violation: Yes	Date(s) of Previous Violation(s):	11/04/2013		
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Signature of Legal Entity Representative
 (Required on EVERY Page)

Laurie Garrigan

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page)

Laurie Garrigan

Date 1-27-15

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

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4/29/15
 (Date)

Plan of correction implementation status as of 4/29/15
 (Date)

The above plan of correction was approved by


 (Initials)

- ☐ Fully Implemented
☐ Partially Implemented - Adequate Progress
☒ Partially Implemented - Inadequate Progress
☐ Not Implemented

Violation Report: 42685 - 11/05/2014 - Garrigan, Laurie
 PCH Name: JEWART S WHISPERING PINES MANOR

1. REGULATION 55 Pa. Code §2800

2600.109(b) - Cats and dogs present at the home shall have a current rabies vaccination. A current certificate of rabies vaccination from a licensed veterinarian shall be kept.

2a. DESCRIPTION OF VIOLATION

The home's cat does not have a current certificate of rabies vaccination.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Cat has been vaccinated & copy of
 licence included. will make sure all
 pets are current

Immediately: All cats and dogs present at the home shall receive a current rabies vaccination from a licensed veterinarian. Documentation of the rabies vaccination shall be kept.

Immediately: The administrator shall develop and implement a system to ensure each cat and dog present at the home is revaccinated by a licensed veterinarian prior to the expiration of the current rabies vaccination.

for
 4/29/15

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page)

Date 1-27-15

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

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 (Date)

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- ☐ Partially Implemented - Adequate Progress
- ☐ Partially Implemented - Inadequate Progress
- ☒ Not Implemented

The above plan of correction was approved by

for
 (Initials)

Violation Report: 42685 - 11/05/2014 - Garrigan, Laurie
PCH Name: JEWART S WHISPERING PINES MANOR

1. REGULATION 55 Pa.Code §2600

2600.123(b) - Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

2a. DESCRIPTION OF VIOLATION

The home's emergency procedures were not posted in a conspicuous and public place in the home. (Observed 11/5/14)

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

There has been a bulletin board placed where this item is now posted for all to see. This was corrected + inspector saw it. will monitor + make sure it kept there

Immediately: the administrator or designated staff person shall monitor the home, at least weekly, to ensure the home's emergency procedures are posted in a conspicuous and public place.

for
4/29/15

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

Lucinda Jewart

Date 1-27-15

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The above plan of correction is approved as of

4/29/15
(Date)

Plan of correction implementation status as of 4/29/15
(Date)

The above plan of correction was approved by

(Initials)

- ☒ Fully Implemented
☐ Partially Implemented - Adequate Progress
☐ Partially Implemented - Inadequate Progress
☐ Not Implemented

Violation Report: 42885 - 11/05/2014 - Garrigan, Laurie
 PCH Name: JEWART S WHISPERING PINES MANOR

JAN 27 2015

1. REGULATION 55 Pa.Code §2600

2600.131(a) - There shall be at least one operable fire extinguisher with a minimum 2-A rating for each floor, including the basement and attic.

2a. DESCRIPTION OF VIOLATION

On 11/5/14 at 11:21 AM, there was no operable fire extinguisher in the attic.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

There was one placed there while
 Inspector were here. will continue
 to monitor + make sure all areas
 have the appropriate fire extinguishers.

Immediately: The administrator or designated staff person shall inspect the home to ensure there is at least one operable fire extinguisher with a minimum 2-A rating on each floor, including the basement and attic.

Immediately: The administrator or designated staff person shall inspect the home, at least monthly, to ensure there is at least one operable fire extinguisher with a minimum 2-A rating on each floor, including the basement and attic.

for
 4/29/15

Repeat Violation: No	Date(s) of Previous Violation(s):	
Signature of Legal Entity Representative (Required on EVERY Page)		
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date
Lucinda Jewart		1-27-15

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The above plan of correction is approved as of 4/29/15
 (Date)

The above plan of correction was approved by [Signature]
 (Initials)

Plan of correction implementation status as of 4/29/15
 (Date)

- ☐ Fully Implemented
- ☒ Partially Implemented - Adequate Progress for
- ☐ Partially Implemented - Inadequate Progress
- ☐ Not Implemented

Violation Report: 42885 - 11/05/2014 - Garrigan, Laurie
PCH Name: JEWART S WHISPERING PINES MANOR

1. REGULATION 55 Pa.Code §2600

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.

2a. DESCRIPTION OF VIOLATION

On 11/5/14, the following fire extinguishers did not include the date of the last inspection, so it is unable to be determined if they were inspected and approved by a fire safety expert within the past year:

- * fire extinguisher on attic steps
- * fire extinguisher on the front porch
- * fire extinguisher in the kitchen pantry

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

These fire extinguishers were removed while inspectors were present. They were just extra ones, will monitor and make sure all areas have inspected extinguishers here

Immediately: The administrator or designated staff person shall inspect the home to ensure each fire extinguisher has been inspected and approved by a fire safety expert within the past year. The date of the inspection shall be present on each fire extinguisher.

Immediately: The administrator shall develop and implement a system to ensure all fire extinguishers are inspected and approved by a fire safety expert at least annually. The date of the inspection shall be present on each fire extinguisher.

Rm 4/29/15

Repeat Violation: No

Date(s) of Previous Violation(s)

Signature of Legal Entity Representative
(Required on EVERY Page)

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

Lucinda Jewart

Date 1-27-15

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The above plan of correction is approved as of

4/29/15
(Date)

Plan of correction implementation status as of 4/29/15
(Date)

The above plan of correction was approved by

f
(Initials)

- ☐ Fully Implemented
- ☒ Partially Implemented - Adequate Progress
- ☐ Partially Implemented - Inadequate Progress
- ☐ Not Implemented

Violation Report: 42885 - 11/05/2014 - Garrigan, Laurie
 PCH Name: JEWART S WHISPERING PINES MANOR

1. REGULATION 55 Pa.Code §2600

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.

2a. DESCRIPTION OF VIOLATION

The home's fire drill record does not indicate the day the fire drill was conducted in June 2014. The record only indicates, "6" to indicate the month of June.

The home's fire drill record does not indicate the day the fire drill was conducted in October 2014. The record only indicates, "10" to indicate the month of October.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

will make sure all months include the day + date etc. will monitor to make sure all areas are correct and filled out. The fire drill records for the fire drills conducted on 6/15/14 and 1/22/15 include all required information specified in 2600.132c.

Immediately: The administrator will monitor all fire drills and the fire drill records monthly to ensure all required information specified in 2600.132c is included and legible on the fire drill record, to include the date the fire drill was conducted.

for
4/29/15

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page)

Lucinda Jewart

Date 1-27-15

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4/29/15
 (Date)

The above plan of correction was approved by

[Signature]
 (Initials)

Plan of correction implementation status as of

4/29/15
 (Date)

- ☐ Fully Implemented
- ☒ Partially Implemented - Adequate Progress *[Signature]*
- ☐ Partially Implemented - Inadequate Progress
- ☐ Not Implemented

Violation Report: 42685 - 11/05/2014 - Garrigan, Laurie
 PCH Name: JEWART S WHISPERING PINES MANOR

1. REGULATION 55 Pa.Code §2600

2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION

Resident #1 had a medical evaluation completed on 12/21/12; however, the next medical evaluation was not completed until 1/14/14.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

will make sure all resident med evals
 are completed before the yr. is over.
 will monitor and correct when
 needed

Immediately: The administrator or designated staff person shall review all resident records to ensure each resident has an in-person medical evaluation, completed in its entirety, within the past year. A copy of the medical evaluation shall be maintained in each resident's record.

Immediately: The administrator shall develop and implement a system to ensure each resident has an in-person medical evaluation completed at least annually, or if the condition of the resident changes prior to the annual medical evaluation. Documentation of the new system shall be kept.

for
 4/29/15

Repeat Violation: Yes

Date(s) of Previous Violation(s): 11/04/2013

Signature of Legal Entity Representative
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page)

Date 1-27-15

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4/29/15
 (Date)

Plan of correction implementation status as of 4/29/15
 (Date)

The above plan of correction was approved by

for
 (Initials)

- ☐ Fully Implemented
- ☐ Partially Implemented - Adequate Progress
- ☒ Partially Implemented - Inadequate Progress for
- ☐ Not Implemented

Violation Report: 42685 - 11/05/2014 - Garrigan, Laurie
 PCH Name: JEWART S WHISPERING PINES MANOR

1. REGULATION 55 Pa.Code §2600

2600.162(c) - Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

2a. DESCRIPTION OF VIOLATION

The home's current menu posted does not include dates, so it is unable to be determined which week the menu is for.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

This has been corrected will monitor and make sure menu has weekly dates on them. The home has posted the menu at least 1 week in advance.

Immediately: The administrator or designated staff person shall monitor the home, at least weekly, to ensure a copy of the home's menu is posted 1 week in advance in a conspicuous and public place.

for
4/29/15

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page)			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date	
Lucinda Jewart		1-27-15	
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!			
The above plan of correction is approved as of <u>4/29/15</u> (Date)		Plan of correction implementation status as of <u>4/29/15</u> (Date)	
The above plan of correction was approved by <u>[Signature]</u> (Initials)		☐ Fully Implemented ☒ Partially Implemented - Adequate Progress ☐ Partially Implemented - Inadequate Progress ☐ Not Implemented	

Violation Report: 42685 - 11/05/2014 - Garrigan, Laurie
 PCH Name: JEWART S WHISPERING PINES MANOR

1. REGULATION 55 Pa.Code §2600

2600.183(a)(1) - Prescription medications, OTC medications and CAM shall be kept in their original labeled containers and may not be removed more than 2 hours in advance of the scheduled administration.

2a. DESCRIPTION OF VIOLATION

On 11/5/14 at 12:13 PM, 11 medication cups with a total of approximately 40 pills, were observed pre-poured in the unlocked kitchen pantry medication cabinet. According to staff person B, the medications are to be administered to residents between 2:00 PM and 10:00 PM on 11/5/14; however, staff person B indicated he/she had pre-poured all of the medications at 9:00 AM on 11/5/14.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

This has been corrected all meds are poured as needed and not in advance. will continue to monitor and only pour when needed at correct times.

Immediately: All staff persons qualified to administer medications shall be re-educated by a Department-approved medication administration train-the-trainer on proper medication administration procedures, to include medications not being removed from their original container more than 2 hours in advance of the scheduled administration time. Documentation of the education shall be kept.

Immediately: A designated staff person shall check the home daily to ensure no medications are removed from their original container more than 2 hours in advance of the scheduled administration time.

RM 4/29/15

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page)			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)			Date
Laurie Garrigan			1-27-15
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!			
The above plan of correction is approved as of <u>4/29/15</u> (Date)		Plan of correction implementation status as of <u>4/29/15</u> (Date)	
The above plan of correction was approved by <u>[Signature]</u> (Initials)		☐ Fully Implemented ☒ Partially Implemented - Adequate Progress <u>RM</u> ☐ Partially Implemented - Inadequate Progress ☐ Not Implemented	

Violation Report: 42685 - 11/05/2014 - Garrigan, Laurie
 PCH Name: JEWART S WHISPERING PINES MANOR

1. REGULATION 55 Pa.Code §2600

2600.183(b) - Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

2a. DESCRIPTION OF VIOLATION

On 11/15/14 at 9:45 AM, 4 vials of Albuterol Sulfate-0.083% and a nebulizer, belonging to staff person A, were unlocked and accessible to residents on the kitchen table.

On 11/5/14 at 12:13 PM, the following medications belonging to staff person A, were unlocked and accessible to residents in the left kitchen pantry cabinet:

- * A nicotine inhalation system with a 10-mg cartridge
- * A Sprivia Handi Inhaler
- * A box of Albuterol Sulfate-0.083%

On 11/5/14 at 11:36 AM, resident #4's Triaxacin topical anesthetic cream-0.25%, was unlocked and accessible to residents on the heater in the main living room.

On 11/5/14 at 12:13 PM, 11 medication cups with a total of approximately 40 pills, were observed pre-poured in the unlocked kitchen pantry medication cabinet.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

These meds were removed while inspectors were here. All family meds were removed & put away from residents' meds. Resident were educated on keeping topical meds in their rooms not in public living spaces. We will continue to monitor and make sure all meds are kept in safe places.

See page 20A of 24

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page)

Lucinda Jewart

Date 1-27-15

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of

4/29/15
 (Date)

The above plan of correction was approved by

(Initials)

Plan of correction implementation status as of

4/29/15
 (Date)

- ☐ Fully Implemented
- ☐ Partially Implemented - Adequate Progress
- ☐ Partially Implemented - Inadequate Progress
- ☒ Not Implemented

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APR 29 2015

Page 20 of 24

Violation File # 42685 - 11/09/2014 - Garbino, Laurie

PCN Name: EWART S WHISPERING PINES MANOR

1. REGULATION 66 Pa.Code 52800

2600.23(c) - Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

2. DESCRIPTION OF VIOLATION

On 11/5/14 at 9:45 AM, 4 vials of Albuterol sulfate 0.083% and a nebulizer, belonging to staff person A, were unlocked and accessible to residents on the kitchen table.

On 11/11/14 at 12:13 PM, the following medications belonging to staff person A, were unlocked and accessible to residents in the left kitchen pantry cabinet:

- * A nebulizer system with a 10-mg cartridge
- * A Spriva Hand Inhaler
- * A box of Albuterol Sulfate-0.083%

On 11/11/14 at 11:38 AM, resident #4's Trixalon topical anesthetic cream-0.25%, was unlocked and accessible to residents on the heater in the main living room.

On 11/11/14 at 12:13 PM, 11 medication cups with a total of approximately 40 pills, were observed pre-poured in the unlocked kitchen pantry medication cabinet.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Immediately: All prescription medications, OTC medications, CAM and syringes belonging to residents and staff members shall be kept in an area or container that is locked.

Immediately: All staff members and residents shall be re-educated on the importance of storing all prescription medications, OTC medications, CAM and syringes in an area or container that is locked. Documentation of the education shall be kept.

Immediately: A designated staff person shall monitor the home, at least once per shift, to ensure all prescription medications, OTC medications, CAM and syringes are stored in an area or container that is locked.

Repeat Violation: No	Date(s) of Previous Violation(s):	
Signature of Legal Entity Representative (Required on EVERY Page)		
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date
Laurinda J. Treadwell		4-29-15

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of _____ (Date)	Plan of correction implementation status as of _____ (Date)
The above plan of correction was approved by _____ (Initials)	☐ Fully Implemented ☐ Partially Implemented - Adequate Progress ☐ Partially Implemented - Inadequate Progress ☐ Not Implemented

Violation Report: 42685 - 11/05/2014 - Garrigan, Laurie
 PCH Name: JEWART S WHISPERING PINES MANOR

1. REGULATION 55 Pa.Code §2600

2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION

The home's medication policy states, "Prescription medication, OTC meds, and CAM shall be kept in their original containers and may not be removed more than 2 hours in advance of the scheduled administration." On 11/5/14 at 12:13 PM, 11 medication cups with a total of approximately 40 pills, were observed pre-poured in the unlocked kitchen pantry medication cabinet. According to staff person B, the medications are to be administered to residents between 2:00 PM and 10:00 PM on 11/5/14; however, staff person B indicated he/she had pre-poured all of the medications at 9:00 AM on 11/5/14.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

These meds are in locked cabinets + only poured when needed, will continue to monitor + make sure all are kept safe + given when time.

Immediately: All staff persons qualified to administer medications shall be re-educated by a Department-approved medication administration train-the-trainer on proper medication administration procedures, to include medications not being removed from their original container more than 2 hours in advance of the scheduled administration time. Documentation of the education shall be kept.

Immediately: A designated staff person shall check the home daily to ensure no medications are removed from their original container more than 2 hours in advance of the scheduled administration time.

Repeat Violation: Yes		Date(s) of Previous Violation(s):	03/10/2014
Signature of Legal Entity Representative (Required on EVERY Page)			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)			Date
Laurie Garrigan			1-27-15
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!			
The above plan of correction is approved as of <u>4/29/15</u> (Date)		Plan of correction implementation status as of <u>4/29/15</u> (Date)	
The above plan of correction was approved by <u>[Signature]</u> (Initials)		☐ Fully Implemented ☒ Partially Implemented - Adequate Progress <u>[Signature]</u> ☐ Partially Implemented - Inadequate Progress ☐ Not Implemented	

Violation Report: 42685 - 11/05/2014 - Garrigan, Laurie
 PCH Name: JEWART S WHISPERING PINES MANOR

1. REGULATION 55 Pa.Code §2600

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

AN 2:21

2a. DESCRIPTION OF VIOLATION

Resident #4 is prescribed, "Trixaicin Topical Anesthetic Capsaicin 0.25% Cream-Apply small amount to right shoulder every day as needed" However, this medication was not indicated on the resident's November 2014 medication administration record (MAR).

There is no diagnosis or purpose on resident #6's November 2014 MAR for the following medications:

- * Topiramate-50mg-Take 1 tablet along with 200 mg by mouth twice a day
- * Haloperidol-0.5mg-Take 1 tablet by mouth at bedtime

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

This was corrected while inspectors were here.
 will make sure all residents record include all
 the above 1-14 will monitor & correct
 when needed - daily
 Resident #4's MAR was updated to include
 all prescribed medications.
 Resident #6 was discharged from the home on 6/11/14
 See page 22A of 24

Repeat Violation: Yes	Date(s) of Previous Violation(s):	11/04/2013
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Signature of Legal Entity Representative
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page)

Lucinda Stewart

Date 1-27-15

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The above plan of correction is approved as of 4/29/15
 (Date)

The above plan of correction was approved by [Signature]
 (Initials)

Plan of correction implementation status as of 4/29/15
 (Date)

- ☐ Fully Implemented
- ☒ Partially Implemented - Adequate Progress [Signature]
- ☐ Partially Implemented - Inadequate Progress
- ☐ Not Implemented

Violation Report: 42885 - 11/05/2014 - Garfield County
 PCH Name: EWART S WHISPERING PINI S MANOR

1. REGULATION 55 Pa. Code §2600

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including prn's (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

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APR 29 2015

WEST REGION FIELD OFFICE
 Human Services Licensing

2a. DESCRIPTION OF VIOLATION

Resident #4 is prescribed, "Trixadin Topical / topical Capsaicin 0.25% Cream-Apply small amount to right shoulder every day as needed." However, this medication was not indicated on the resident's November 2014 medication administration record (MAR).

There is no diagnosis or purpose on resident #8's November 2014 MAR for the following medications:

- * Topiramate- Omg-Take 1 tablet along with 2 XO mg by mouth twice a day
- * Haloperidol- 1.5mg-Take 1 tablet by mouth at bedtime

3. PLAN OF CORRECTION (POC) (Attach pages if necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Immediately: The administrator or designated staff person qualified to administer medications shall review all resident medication administration records for accuracy and completion, to include that all medications prescribed are indicated in the residents' medication administration records and all medications indicate a diagnosis or purpose.

Immediately: All staff persons who administer medication shall be re-educated by a Department-approved medication administration train-the-trainer on proper medication administration procedures, to include updating resident medication administration records with medication names and diagnosis.

Immediately: The administrator or designated staff person shall monitor the resident's medication administration records monthly to ensure all required information specified in 2600.187a is present.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	11/0 /2013	
Signature of Legal Entity Representative (Required on EVERY Page)			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date 4-29-15	
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE			

1. REGULATION 55 Pa.Code §2600

2600.225(c) - The resident shall have additional assessments as follows:

- (1) Annually.
- (2) If the condition of the resident significantly changes prior to the annual assessment.
- (3) At the request of the Department upon cause to believe that an update is required.

JAN 27 2015

2a. DESCRIPTION OF VIOLATION

Resident #6's assessment, dated 9/10/14, indicates the resident is independent with managing finances; however, the home manages and dispenses the resident's spending money.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Resident #6 was discharged from the home on 12/16/14.
This has been corrected. we were his
ref payee. It was not corrected on his
assessment. This resident no longer resides
here. we will make sure any other residents
we support this is noted on there assessment
will monitor & correct when needed

Immediately: The administrator or designated staff person shall review all resident assessments to ensure each resident has a thorough, accurate and timely assessment completed, at least annually, to include an assessment of the residents' ability to manage finances independently. A copy of the assessment shall be maintained in each resident's record.

Immediately: The administrator will develop and implement a system to ensure each resident has a thorough, accurate and timely assessment completed and least annually. As resident's care needs change, the resident's assessment shall immediately be updated to reflect the change.

for 4/29/15

Repeat Violation: Yes

Date(s) of Previous Violation(s): 11/04/2013

Signature of Legal Entity Representative
(Required on EVERY Page)

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

Lucinda Jewart A

Date 1-27-15

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of

4/29/15
(Date)

Plan of correction implementation status as of

4/29/15
(Date)

The above plan of correction was approved by

(Initials)

☐ Fully Implemented

☐ Partially Implemented - Adequate Progress

☒ Partially Implemented - Inadequate Progress

☐ Not Implemented

Violation Report: 42685 - 11/05/2014 - Garrigan, Laurie

PCH Name: JEWART S WHISPERING PINES MANOR

1. REGULATION 55 Pa.Code §2600

2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

2a. DESCRIPTION OF VIOLATION

Resident #6's support plan, dated 9/10/14, indicates no supervision is needed in the home or when in the community, no problem with judgment, and minimal problem with agitation and aggression. However, according to staff and resident interviews, and the home's documentation and counseling records, resident #6 exhibited the following behaviors:

* 11/10/14 at approximately 8:00 AM: Resident #6 got upset and angry when he/she was denied money from the resident's account. Resident #6 stood in the center of the road in the front of the personal care home and said, "I want to kill myself". Resident #6 then walked to the home's parking lot and waved a lighter near his/her T-shirt in attempt to light himself/herself on fire, while screaming and yelling. 911 was contacted and the resident was admitted to the hospital for evaluation.

* Counseling notes, dated 7/18/14, indicate, "PI had been found lying by side of the road before coming in and had been making suicidal statement."

* Counseling notes, dated 7/7/14, indicate resident #6 reported having a stressful weekend when he/she was called a "retard" by someone at the personal care home. Resident #6 took a piece of glass and cut his/her arm and took off down the road, having thoughts of jumping into the lake.

* Counseling notes, dated 12/10/13, indicate resident #6 reported he/she left the personal care home and went to the lake with thoughts to jump in.

Resident #6's support plan, dated 9/10/14, does not address the resident's behaviors or supervision needs.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Resident #6 was discharged from the home on 12/16/14. + 4/29/15
This resident no longer resides here.

will make sure all resident support plan include all the above requirements will monitor + correct when needed updated

See page 24A of 24

Repeat Violation: Yes

Date(s) of Previous Violation(s)

11/4/13

Signature of Legal Entity Representative
(Required on EVERY Page)Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

Laurie Garrigan

Date 1-27-15

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The above plan of correction is approved as of

4/29/15
(Date)

Plan of correction implementation status as of

4/29/15
(Date)

The above plan of correction was approved by

f
(Initials)☐ Fully Implemented☒ Partially Implemented - Adequate Progress☐ Partially Implemented - Inadequate Progress☐ Not Implemented

RECEIVED

Page 24 of 24

Violation Report # 42885 - 11/05/2014 - Garman, Laurie
 PCH Name: JEWART S WHISPERING PINE MANOR

WEST REGION FIELD OFFICE
 Human Services Licensing

1. REGULATION: 55 Pa. Code §2600

2600.227(d) Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services. If the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

2a. DESCRIPTION OF VIOLATION

Resident #8's support plan, dated 9/10/14, indicates no supervision is needed in the home or when in the community, no problem with judgment, and minimal problem with agitation and aggression. However, according to staff and resident interviews, and the home's documentation and counseling records, resident #8 exhibited the following behaviors:
 * 11/10/14 at approximately 8:00 AM: Resident #8 got upset and angry when he/she was denied money from the resident's account. Resident #8 stood in the center of the road in the front of the personal care home and said, "I want to kill myself". Resident #8 then walked to the home's parking lot and waved a lighter near his/her T-shirt in attempt to light himself/herself on fire, while screaming and yelling. 911 was contacted and the resident was admitted to the hospital for evaluation.

* Counseling notes, dated 7/18/14, indicate, "P had been found lying by side of the road before coming in and had been making suicidal statements."

* Counseling notes, dated 1/7/14, indicate resident #6 reported having a stressful weekend when he/she was called a "retard" by someone at the personal care home. Resident #6 took a piece of glass and cut his/her arm and took off down the road, having thoughts of jumping into the lake.

* Counseling notes, dated 12/10/13, indicate resident #5 reported he/she left the personal care home and went to the lake with thoughts to jump in.

Resident #8's support plan, dated 9/10/14, does not address the resident's behaviors or supervision needs.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, list the dates by which the steps will be completed.

Immediately. The administrator or designated staff person shall review all resident support plans to ensure each resident has a thorough, accurate and timely support plan completed at least annually, to include supervision needs, behaviors, judgment, agitation and aggression. A copy of the support plan shall be maintained in each resident's record.

Immediately. The administrator shall develop and implement a system to ensure each resident has a thorough, accurate and timely support plan completed at least annually. As resident's care needs change, the resident's support plan shall immediately be updated to reflect the change.

Repeat Violation: Yes	Date(s) of Previous Violation(s): 11/4/13
Signature of Legal Entity Representative (Required on EVERY Page)	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	
Date: 4-29-15	

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The above plan of correction is approved as of _____ (Date)	Plan of correction implementation status as of _____ (Date)
The above plan of correction was approved by _____ (Initials)	☐ Fully Implemented
	☐ Partially Implemented - Adequate Progress
	☐ Partially Implemented - Inadequate Progress
	☐ Not Implemented

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

Page 1 of 16

PCH Name: JEWART S WHISPERING PINES MANOR		License Number: 42685
Address: P O BOX 249 8 WEST CHURCH ST, SAGAMORE, PA 16250		County: Armstrong
Administrator: Lucinda Jewart		Region: WEST
Legal Entity Name: LUCINDA AND RANDALL JEWART		
Legal Entity Address: P.O. BOX 249 8 WEST CHURCH ST., SAGAMORE, PA 16250		
Certificate(s) of Occupancy SP 06/03/1996 Labor and Industry		RECEIVED MAR 20 2015 WESTERN PA. STATE OFFICE HUMAN SERVICES DIVISION
Staffing Hours		
Resident Support: 0	Total Daily Staff: 5	Waking Staff: 4
Type of Inspection: Interim - POC	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Interim		
On-Site Inspections Dates and Department Representatives On-Site		
02/10/2015: Garrigan, Laurie; Rosol, Jennifer		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 8 Number of Residents Served: 5 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 0	Number of Residents who: Receive Supplemental Security Income: 5 Are 60 Years of Age or Older: 2 Have Mental Illness: 5 Have an Intellectual Disability: 2 Have a Mobility Need: 0 Have a Physical Disability: 0	

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Violation Report: 42685 - 02/10/2015 - Garigan, Laurie
PCH Name: JEWART S WHISPERING PINES MANOR

WEST VIRGINIA DEPARTMENT OF
HUMAN SERVICES

1. REGULATION 55 Pa.Code §2600
2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

2a. DESCRIPTION OF VIOLATION
At 10:03 AM, resident information was posted on the bulletin board in the first floor hallway, to include the following:
* A physician's statement for resident #1, dated 3/20/14, indicating he/she has a severe mood disorder and it would be helpful if he/she did small chores.
* A pharmacy prescription for resident #2, dated 3/18/14, for Ibuprofen-400 mg tablet, take 1 tablet by mouth every 6 hours as needed for pain/inflammation.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

These items were removed. Will continue to monitor and make sure there is no private information where anyone can view it.

Immediately: The administrator shall educate all staff members that resident information, including diagnoses and medication prescriptions, shall be kept confidential and stored in an area that is locked.

Immediately: The administrator or designated staff person shall monitor the home daily to ensure all resident information is kept confidential and stored in an area that is locked.

R
4/29/15

Repeat Violation: No	Date(s) of Previous Violation(s):	
Signature of Legal Entity Representative (Required on EVERY Page)		
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date
Lucinda Jewart		3-20-15

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The above plan of correction is approved as of <u>4/29/15</u> (Date)	Plan of correction implementation status as of <u>4/29/15</u> (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	☐ Fully Implemented ☒ Partially Implemented - Adequate Progress R ☐ Partially Implemented - Inadequate Progress ☐ Not Implemented

98 (REVISED)

Violation Report: 42685 - 02/10/2015 - Garrigan, Laurie
PCH Name: JEWART S WHISPERING PINES MANOR

1. REGULATION 55 Pa.Code §2600

2600.20(b)(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.

2a. DESCRIPTION OF VIOLATION

The home manages finances for residents #1 and #3. However, there is no documentation of financial transactions for residents #1 and #3, to include dates, amounts of deposits, amounts of withdrawals and the current balance as follows:
* The home was representative payee for resident #1 from 11/1/13 until the resident was discharged on 12/16/14. Staff person A, the home's administrator, indicated resident #1 received \$20.00 every week and \$5.00 upon request, for a total of \$85.00 per month. According to staff person A, resident #1 received his/her rent rebate sometime in July 2014, in the amount \$325.00. The record of financial transactions only indicates resident #1 received \$85.00 the first of every month from 12/1/13 to 12/1/14, and does not include documentation of when the rent rebate was deposited or withdrawn.
*The home is currently representative payee for resident #3. According to staff person A and resident #3, the resident receives \$20.00 a month in cash and 10 cigarettes per day, which the home purchases with the resident's money and dispenses to the resident. However, the only record of financial transactions indicates resident #3 received \$85.00 on 2/1/15.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

*Resident #1 was discharged from the home on 12/16/14.
The home has implemented - documentation
of - Rep payee - Resident dispended funds
will continue to do this w/needed*

Immediately: The administrator shall develop and implement a form to record financial transactions or use the Department-approved form to maintain a record of financial transactions for each resident for whom the home manages finances, which includes exact dates of transactions, exact amounts of deposits, exact amounts of withdrawals and the current balance. Documentation of all financial transactions shall be maintained on the form. A separate form shall be used for each resident.

4/29/15

Repeat Violation: Yes	Date(s) of Previous Violation(s):	11/04/2013
Signature of Legal Entity Representative (Required on EVERY Page)		
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date
<i>Laurie J. Garrigan</i>		<i>3-20-15</i>

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The above plan of correction is approved as of <u>4/29/15</u> (Date)	Plan of correction implementation status as of <u>4/29/15</u> (Date)
The above plan of correction was approved by <u><i>[Signature]</i></u> (Initials)	☐ Fully Implemented ☐ Partially Implemented - Adequate Progress ☒ Partially Implemented - Inadequate Progress <i>[Signature]</i> ☐ Not Implemented

Violation Report: 42685 - 02/10/2015 - Garrigan, Laurie
 PCH Name: JEWART S WHISPERING PINES MANOR

1. REGULATION 55 Pa.Code §2600

2600.20(b)(3) - The home shall obtain a written receipt from the resident for cash disbursements at the time of disbursement.

2a. DESCRIPTION OF VIOLATION

The home manages finances for residents #1 and #3. However, there is no written receipt from the residents for cash disbursements at the time of disbursement, to include the following:

- * Staff person A indicated resident #1 received \$20.00 every week and \$5.00 upon request, for a total of \$85.00 per month. However, the record of financial transactions indicates \$85 was given to the resident on the 1st of the month from 12/1/13-12/1/14.
- * According to staff person A, resident #1 received his/her rent rebate sometime in July 2014, in the amount \$325.00. However, there is no written receipt from the resident for the disbursement of the amount of the rent rebate.
- * According to staff person A and resident #3, the resident receives \$20.00 a month in cash and 10 cigarettes per day, which the home purchases with the resident's money and dispenses to the resident. However, the only record of financial transactions indicates resident #3 received \$85.00 on 2/1/15.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Resident #1 was discharged from the home on 12/16/14,
 the home has implemented
 written receipt for all resident
 disbursements. will continue to keep
 all receipts. w/needed

Immediately: The administrator shall develop and implement a form to record financial transactions or use the Department-approved form to maintain a record of financial transactions for each resident for whom the home manages finances, which includes the exact dates of transactions, exact amounts of deposits, exact amounts of withdrawals and the current balance. Documentation of all financial transactions shall be maintained on the form. A separate form shall be used for each resident. The home shall obtain a written receipt from the resident for all cash disbursements at the time of disbursement.

R
 4/29/15

Repeat Violation: Yes	Date(s) of Previous Violation(s): 11/04/2013	
Signature of Legal Entity Representative (Required on EVERY Page)		
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date
Lucinda Jewart		3-20-15
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!		
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The above plan of correction was approved by <u>[Signature]</u> (Initials)	☐ Fully Implemented ☐ Partially Implemented - Adequate Progress ☒ Partially Implemented - Inadequate Progress ☐ Not Implemented	

MAR 20 2015

Page 5 of 16

Violation Report: 42685 - 02/10/2015 - Garrigan, Laurie
PCH Name: JEWART S WHISPERING PINES MANOR

1. REGULATION 55 Pa.Code §2600

2600.25(d) - A home may not seek or accept payments from a resident in excess of one-half of any funds received by the resident under the Senior Citizens Rebate and Assistance Act (72 P.S. §§ 4751-1- 4751-12). If the home will be assisting the resident to manage a portion of the rent rebate, the requirements of § 2600.20 (relating to financial management) may apply. There may be no charge for filling out this paperwork.

2a. DESCRIPTION OF VIOLATION

The home received resident #1's rent rebate, in the amount of \$325.00, in July 2014. Resident #1 was discharged from the home on 12/16/14. On 12/16/14, staff person A sent resident #1 a statement of account from the pharmacy indicating resident #1 owes the pharmacy \$126.78. Staff person A attached a note to the bottom of the pharmacy bill indicating, "will pay out of rent rebate will forward balance of money." Staff person A did not get permission from resident #1 to pay the pharmacy bill with rent rebate monies. As of 3/5/15, the pharmacy has not received a payment for resident #1's pharmacy bill since 5/6/14, in the amount of \$20. The resident's current pharmacy bill totals \$132.18. According to the record of financial transactions for resident #1, there is no documentation of when the rent rebate was received, the amount that was deposited, the amount that was withdrawn or a written receipt from the resident for any cash disbursement of the rent rebate.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Called Pharmacy to check on payment + balance. Billing said they never received payment. I re submitted payment. And requested proof they received it. We do not charge to do paper work will obtain permission from residents in the future to pay med bill.

See page 5A of 16

Repeat Violation: No	Date(s) of Previous Violation(s):	
Signature of Legal Entity Representative (Required on EVERY Page)		
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date
Laurie Garrigan 3-20-15		
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!		
The above plan of correction is approved as of (Date)	Plan of correction implementation status as of (Date)	
4/29/15	4/29/15	
The above plan of correction was approved by (Initials)	☐ Fully Implemented ☐ Partially Implemented - Adequate Progress ☒ Partially Implemented - Inadequate Progress ☐ Not Implemented	

Violation Report 05/10/2016 - Carriage, Laurie
 PCH Name: J. W. S. WHISPERING PINES NATION

1. REGULATORY CODE 2600.25(1) - A home may not seek or accept payments from a resident in excess of one-half of any funds received by the resident under the Senior Citizens Rebate and Assistance Act (72 P.S. §§ 4751-1-4751-12). If the home will be assisting the resident to manage a portion of the rent rebate, the requirements of § 2600.20 (relating to financial management) may apply. There may be no charge for filing of this paperwork.

2a. DESCRIPTION OF VIOLATION

The home received resident #1's rent rebate, in the amount of \$325.00 in July 2014. Resident #1 was discharged from the home on 12/18/14. On 12/18/14, staff person A sent resident #1 a statement of account from the pharmacy indicating resident #1 owes the pharmacy \$120.90. Staff person A attached a note to the bottom of the pharmacy bill indicating, "will pay out of rent rebate will forward balance or more." Staff person A did not get permission from resident #1 to pay the pharmacy bill with rent rebate monies. As of 3/5/15, the pharmacy has not received a payment for resident #1's pharmacy bill since 5/6/14, in the amount of \$20. The resident's current pharmacy bill totals \$132.15. According to the record of financial transactions for resident #1, there is no documentation of when the rent rebate was received, the amount that was deposited, the amount that was withdrawn or a written receipt from the resident for any cash disbursement of the rent rebate.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Within 30 days of receipt of the plan of correction: The administrator will issue a refund to resident #1 in the amount of \$255.00. The administrator will submit a copy of the cashed check to the Department once resident #1 has cashed the check.

Immediate: The home shall not utilize resident funds on the resident's behalf without prior permission from the resident. If permission is received from the resident, the home shall document the transaction in accordance with 2600.20b1 and 2600.20b3. The home shall maintain copies of all receipts and checks that are paid on the resident's behalf.

Report Violation No:	Date(s) of Previous Violation(s):	
Signature of Legal Entity Representative (Required on EVERY Page)		
Printer Name and Title of Legal Entity Representative (Required on EVERY Page)		Date
4-29-15		
DEPARTMENT USE ONLY - NOTICE MAY NOT WRITE BELOW THIS LINE!		
The above plan of correction is approved as of _____ (Date)	Plan of correction implementation status as of _____ (Date)	
The above plan of correction was approved by _____ (Initials)	☐ Fully Implemented	
	☐ Partially Implemented - Adequate Progress	
	☐ Partially Implemented - Inadequate Progress	
	☐ Not Implemented	

MAR 20 2015

Page 6 of 18

Violation Report: 42685 - 02/10/2015 - Garrigan, Laurie
PCH Name: JEWART S WHISPERING PINES MANOR

1. REGULATION 55 Pa.Code §2600

2600.42(s) - A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

2a. DESCRIPTION OF VIOLATION

At 10:41 AM, resident #5 had blood drawn by a staff person from the hospital at the dining room table. Residents of the home, including resident #4, were present at the table during the blood draw.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Residents have been advised that when medical procedures are preformed that they are to be done in private will continue to monitor & advise residents.

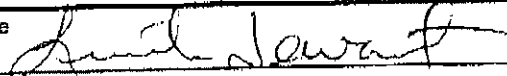
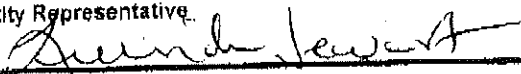
Immediately: All residents and staff persons, including hospital and hospice staff, shall be educated on the residents' right to privacy during bathing, dressing, changing and medical procedures, to include blood draws. Documentation of the education shall be kept.

Immediately: The administrator or designated staff person shall monitor the home daily to ensure residents' rights to privacy during bathing, dressing, changing and medical procedures are maintained.

Pr
4/29/15

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

Date 3-20-15

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The above plan of correction is approved as of

4/29/15
(Date)Plan of correction implementation status as of 4/29/15
(Date)

The above plan of correction was approved by


(Initials)☐ Fully Implemented☒ Partially Implemented - Adequate Progress R☐ Partially Implemented - Inadequate Progress☐ Not Implemented

MAR 20 2015

Violation Report: 42685 - 02/10/2015 - Garrigan, Laurie
PCH Name: JEWART S WHISPERING PINES MANOR

1. REGULATION 55 Pa.Code §2600

2600.83(a) - The indoor temperature, in areas used by the residents, shall be at least 70°F when residents are present in the home.

2a. DESCRIPTION OF VIOLATION

At 2:13 PM, resident #3's bedroom measured 68.6 degrees Fahrenheit. Resident #3 indicated he/she was cold and was observed in bed, covered with a hat on.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Storm window was closed + tv. cables were removed while inspectors were here. Will continue to monitor temp + make sure home remains 70°

Immediately: All staff persons shall be educated on maintaining a temperature in the home of at least 70°F. Documentation shall be kept.

Immediately: A designated staff person shall monitor the home on a daily basis to ensure the temperature in the home is at least 70°F.

fr
4/29/15

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

Date 3-20-15

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of

4/29/15
(Date)

The above plan of correction was approved by

f
(Initials)

Plan of correction implementation status as of 4/29/15
(Date)

- ☐ Fully Implemented
- ☒ Partially Implemented - Adequate Progress f
- ☐ Partially Implemented - Inadequate Progress
- ☐ Not Implemented

RECEIVED

Violation Report: 42685 - 02/10/2015 - Garrigan, Laurie
PCH Name: JEWART S WHISPERING PINES MANOR

1. REGULATION 55 Pa.Code §2600

2600.100(b) - The home shall ensure that ice, snow and obstructions are removed from outside walkways, ramps, steps, recreational areas and exterior fire escapes.

2a. DESCRIPTION OF VIOLATION

A layer of ice, approximately 1" thick, completely covered the pathway to the picnic table in the yard, which is the home's designated smoking area.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Salt was spread on Icy area
and ice melted. Will continue to
monitor all walk areas + keep
salted + Ice melted

Immediately: All staff persons shall be educated on the importance of ensuring all ice, snow and other obstructions are removed from the outside walkways, ramps, steps, recreational areas and exterior fire escapes. Documentation will be kept.

Immediately: During ice and snow conditions, designated staff persons will check all outside walkways, ramps, steps, recreational areas and exterior fire escapes, at least hourly, to ensure they are free and clear of ice, snow and obstructions.

f
4/29/15

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

Date 3-15-15

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of

4/29/15
(Date)

Plan of correction implementation status as of 4/29/15
(Date)

☐ Fully Implemented

☒ Partially Implemented - Adequate Progress R

☐ Partially Implemented - Inadequate Progress

☐ Not Implemented

The above plan of correction was approved by

P
(Initials)

MAR 26 2015

Page 9 of 16

Violation Report: 42685 - 02/10/2015 - Garrigan, Laurie
 PCH Name: JEWART S WHISPERING PINES MANOR

1. REGULATION 55 Pa.Code §2600

2600.101(j)(4) - Each resident shall have the following in the bedroom: A storage area for clothing that includes a chest of drawers and a closet or wardrobe space with clothing racks or shelves accessible to the resident.

2a. DESCRIPTION OF VIOLATION

Resident #5 did not have a dresser in his/her bedroom. The resident's dresser was disassembled and stored in the closet, obstructing the use of the closet.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

This room was being remodeled with a new vinyl floor. It has been replaced and the dresser put back in the room. Will make sure all residents have what is required.

Immediately: A storage area for clothing, which includes a chest of drawers in good repair, shall be provided to resident #5. Obstructions not belonging to resident #5 shall immediately be removed from resident's closet.

Immediately: The administrator or designated staff person shall inspect all resident bedrooms to ensure each resident has a chest of drawers in good repair, and obstructions not belonging to residents are removed from their closet space.

Immediately: The administrator shall monitor all resident bedrooms, at least monthly, to ensure all residents have a storage area for clothing that includes a chest of drawers, as well as a closet or wardrobe space with clothing racks or shelves that are in good repair and are accessible to the residents.

R 4/29/15

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page)

Date 3-20-15

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of

4/29/15
 (Date)

Plan of correction implementation status as of

4/29/15
 (Date)

- ☐ Fully Implemented
- ☐ Partially Implemented - Adequate Progress
- ☐ Partially Implemented - Inadequate Progress
- ☒ Not Implemented R

The above plan of correction was approved by

R
 (Initials)

Violation Report: 42685 - 02/10/2015 - Garrigan, Laurie
 PCH Name: JEWART S WHISPERING PINES MANOR

RECEIVED

1. REGULATION 55 Pa.Code §2600
 2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

APR 6 2015

WEST REGION FIELD OFFICE
 Human Services Licensing

2a. DESCRIPTION OF VIOLATION

Resident #3's medical evaluation, dated 9/8/14, does not include a mobility needs assessment.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Phone & DR office asked nurse [redacted] if this could be marked. She said it could be marked & corrected. will continue to check and monitor med evals to make sure all areas are filled out
 Resident #3's medical evaluation, dated 9/8/14, has been updated to include a mobility needs assessment.

Immediately: The administrator or designated staff person shall review all resident records to ensure each resident has an in-person medical evaluation, completed in its entirety, to include a mobility needs assessment. Any medical evaluations with contents missing, shall be returned to the physician, physician's assistant or certified registered nurse practitioner for completion. A copy of the medical evaluation shall be maintained in each resident's record.

R
 4/29/15

Repeat Violation: Yes

Date(s) of Previous Violation(s):

11/04/2013

Signature of Legal Entity Representative
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page)

Lucinda J. Jart

Date 3-20-15

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The above plan of correction is approved as of

4/29/15
 (Date)

The above plan of correction was approved by

R
 (Initials)

Plan of correction implementation status as of

4/29/15
 (Date)

- ☐ Fully Implemented
☒ Partially Implemented - Adequate Progress R
☐ Partially Implemented - Inadequate Progress
☐ Not Implemented

Violation Report: 42685 - 02/10/2015 - Garrigan, Laurie
 PCH Name: JEWART S WHISPERING PINES MANOR

MAR 20 2015

1. REGULATION 65 Pa.Code §2600

2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION

Resident #4's medical evaluation was completed on 8/15/13; however, a new medical evaluation was not completed until 9/30/14.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

This was already noted at a previous inspection. will make sure all med evals are completed within the yr.

Immediately: The administrator or designated staff person shall review all resident records to ensure each resident has an in-person medical evaluation, completed in its entirety, within the past year. A copy of the medical evaluation shall be maintained in each resident's record.

Immediately: The administrator shall develop and implement a system to ensure each resident has an in-person medical evaluation completed at least annually, or if the condition of the resident changes prior to the annual medical evaluation. Documentation of the new system shall be kept.

for
4/29/15

Repeat Violation: Yes

Date(s) of Previous Violation(s):

11/04/2013

Signature of Legal Entity Representative
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page)

Laurie Garrigan

Date 3-20-15

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4/29/15
 (Date)

Plan of correction implementation status as of 4/29/15
 (Date)

The above plan of correction was approved by

(Initials)

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☐ Partially Implemented - Adequate Progress

☒ Partially Implemented - Inadequate Progress

☐ Not Implemented

Violation Report: 42685 - 02/10/2015 - Garrigan, Laurie
 PCH Name: JEWART S WHISPERING PINES MANOR

1. REGULATION 55 Pa.Code §2600

144(c)(2) Location of a smoking room or outside smoking area a safe distance from heat sources, hot water heaters, combustible or flammable materials and away from common walkways and exits.

2a. DESCRIPTION OF VIOLATION

At 10:15 AM and 12:45 PM, resident #4 was observed smoking on the front porch. However, the home's designated smoking area is the picnic table in the front yard. Staff person A indicated residents routinely smoke on the front porch during inclement weather.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

This is not a common walkway or exit
 It is only used to go out to smoke.
 Our main entrance is where we have
 a ramp for wheel chairs + steps.
 All residents have been advised that
 smoking in this area is not advised
 by D.P.W.

Immediately: All residents, staff, visitors and volunteers shall be educated on the location of the home's designated smoking area. No resident, staff, visitor or volunteer shall smoke outside of the designated smoking area.

Documentation of the education shall be kept.

Immediately: The administrator or designated staff person shall monitor the home, at least daily on each shift, to ensure no resident, staff, visitor or volunteer is smoking outside of the home's designated smoking area. No exceptions shall be made due to weather conditions.

R 4/29/15

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page)

Date 3-20-15

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☐ Partially Implemented - Inadequate Progress
☒ Not Implemented R

Violation Report: 42685 - 02/10/2015 - Garrigan, Laurie
 PCH Name: JEWART S WHISPERING PINES MANOR

1. REGULATION 55 Pa.Code §2600

2600.162(e) - A change to a menu shall be posted in a conspicuous and public place in the home and shall be accessible to a resident in advance of the meal. Meal substitutions shall be made in accordance with § 2600.161 (relating to nutritional adequacy).

2a. DESCRIPTION OF VIOLATION

On 2/9/15, country fried steak, french fries, orange slices and a beverage were posted on the home's menu to be served for dinner. However, residents indicated 2 corn dogs, french fries and tea were served. A change to the menu was not posted in a conspicuous and public place in the home.

On 2/10/15, barbecue sandwich, tater tots and chocolate cake were posted on the home's menu to be served for lunch. However, bologna sandwich, chips and tea were served. A change to the menu was not posted in a conspicuous and public place in the home.

Staff person A indicated changes in the menu are not posted in a conspicuous and public place.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

All changes to the menu will be posted in a conspicuous & public place.

Immediately: The administrator shall post the home's menu, at least one week in advance, in accordance with 2600.162c. Any changes to the menu shall be posted in a conspicuous and public place in the home, prior to the start of the meal.

Immediately: The administrator will review the weekly menu and the available food in the home to ensure the home is capable of providing the meals indicated on the menu. If there is a change to the menu, the administrator or designated staff person will ensure the change is posted in a conspicuous and public place prior to the start of the meal.

RR
4/29/15

Repeat Violation: No	Date(s) of Previous Violation(s)		
Signature of Legal Entity Representative (Required on EVERY Page)			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)			Date
Laurie J. Garrigan			3-20-15
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!			
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The above plan of correction was approved by <u>[Signature]</u> (Initials)		☐ Fully Implemented ☐ Partially Implemented - Adequate Progress ☐ Partially Implemented - Inadequate Progress ☒ Not Implemented <u>[Signature]</u>	

Violation Report: 42685 - 02/10/2015 - Garrigan, Laurie
 PCH Name: JEWART S WHISPERING PINES MANOR

MAR 20 2015

1. REGULATION 55 Pa.Code §2600

2600.183(b) - Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

2a. DESCRIPTION OF VIOLATION

At 10:15 AM, resident medications, including resident #4's medications, were unlocked, unattended and accessible to residents in the medication cabinet in the home's kitchen.

At 10:36 AM, resident #3's Triamcinolone Acetonide cream was unlocked, unattended and accessible on resident #3's bedroom dresser. Resident #3 was out of the home for a medical appointment.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Resident #3 cream was removed
 while inspectors were here
 will make sure all meds etc are
 locked at all times. will
 continue to monitor + correct w/needed

Immediately: All prescription medications, OTC medications, CAM and syringes belonging to residents and staff members shall be kept in an area or container that is locked.

Immediately: All staff members and residents shall be re-educated on the importance of storing all prescription medications, OTC medications, CAM and syringes in an area or container that is locked. Documentation of the education shall be kept.

Immediately: A designated staff person shall monitor the home, at least once per shift, to ensure all prescription medications, OTC medications, CAM and syringes are stored in an area or container that is locked.

pr
4/29/15

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page)

Date: 3-20-15

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4/29/15
(Date)Plan of correction implementation status as of 4/29/15
(Date)

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(Initials)

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☐ Partially Implemented - Adequate Progress
☐ Partially Implemented - Inadequate Progress
☒ Not Implemented

Violation Report: 42685 - 02/10/2015 - Garrigan, Laurie
PCH Name: JEWART S WHISPERING PINES MANOR

1. REGULATION 55 Pa.Code §2800

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.

2a. DESCRIPTION OF VIOLATION

Resident #3's assessment, dated 7/11/14, indicates this resident is independent with managing finances; however, the home manages and dispenses the resident's money.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

this was corrected while inspectors were here. will make sure all Assessments are updated. when needed. will continue to monitor. Resident #3's assessment was updated to indicate the financial assistance provided to the resident by the home.

Immediately: The administrator or designated staff person shall review all resident assessments to ensure each resident has a thorough, accurate and timely assessment completed, to include an assessment of the residents' ability to manage finances independently. A copy of the assessment shall be maintained in each resident's record.

Immediately: The administrator will develop and implement a system to ensure each resident has a thorough, accurate and timely assessment completed. As resident's care needs change, the resident's assessment shall immediately be updated to reflect the change.

4/29/15

Repeat Violation: No	Date(s) of Previous Violation(s):	
Signature of Legal Entity Representative (Required on EVERY Page)		
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date
Laurie Garrigan A		3-20-15

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

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Violation Report: 42685 - 02/10/2015 - Garrigan, Laurie
 PCH Name: JEWART S WHISPERING PINES MANOR

1. REGULATION 55 Pa.Code §2600

2600.225(c) - The resident shall have additional assessments as follows:

MAR 7-C 2015

- (1) Annually.
- (2) If the condition of the resident significantly changes prior to the annual assessment.
- (3) At the request of the Department upon cause to believe that an update is required.

2a. DESCRIPTION OF VIOLATION

Resident #5's assessment, dated 2/1/14, indicates "not applicable" for managing finances; however, the home manages and dispenses the resident's money.

Resident #6's assessment, dated 7/23/14, does not address the diagnoses of hyperlipidemia, obstructive sleep apnea, and benign prostatic hyperplasia as indicated on the resident's medical evaluation, dated 9/5/14.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

This was corrected while inspectors were here
 will continue to correct w/ needed +
 monitor + document changes w/ needed
 Resident #5's assessment was updated to indicate the financial assistance
 provided to the resident by the home.

Immediately: Resident #6's assessment shall be updated to include all current medical diagnoses.

Immediately: The administrator or designated staff person shall review all resident assessments to ensure each resident has a thorough, accurate and timely assessment completed, at least annually, to include an assessment on the residents' ability to manage finances independently. A copy of the assessment shall be maintained in each resident's record.

Immediately: The administrator will develop and implement a system to ensure each resident has a thorough, accurate and timely assessment completed and least annually. As resident's care needs change, the resident's assessment shall immediately be updated to reflect the change.

4/29/15

Repeat Violation: Yes	Date(s) of Previous Violation(s): 11/04/2013	
Signature of Legal Entity Representative (Required on EVERY Page)		
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date
Lucinda Jewart		3-15-15

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

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VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

Page 1 of 2

PCH Name: JEWART S WHISPERING PINES MANOR		License Number: 42685
Address: P O BOX 249 8 WEST CHURCH ST, SAGAMORE, PA 16250		County: Armstrong
Administrator: Lucinda Jewart		Region: WEST
Legal Entity Name: LUCINDA AND RANDALL JEWART		
Legal Entity Address: P.O. BOX 249 8 WEST CHURCH ST., SAGAMORE, PA 16250		
Certificate(s) of Occupancy SP 06/03/1996 L&I		
Staffing Hours Resident Support: 0 Total Daily Staff: 5 Waking Staff: 4		
Type of Inspection: Partial BHA Docket Number: Notice: Unannounced		
Reason(s) for Inspection(s) Complaint, Incident		
On-Site Inspections Dates and Department Representatives On-Site 12/15/2014; Phillips, Joseph; Pfaff, Vicki		
 MAR 13 2015 WEST REGION FIELD OFFICE Human Services Licensing		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details Partial or Full Triggers: Random Indicators:		
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 8 Number of Residents Served: 5 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 0	Number of Residents who: Receive Supplemental Security Income: 4 Are 60 Years of Age or Older: 2 Have Mental Illness: 5 Have an Intellectual Disability: 3 Have a Mobility Need: 0 Have a Physical Disability: 0	

RECEIVED

Violation Report: 42685 - 12/15/2014 - Phillips, Joseph
 PCH Name: JEWART S WHISPERING PINES MANOR

1. REGULATION 55 Pa.Code §2600

2600.15(a) - The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adults Protective Services Act (35 P.S. Sections 10225.701 - 10225.707) and 6 Pa. Code Sections 15.21 - 15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

2a. DESCRIPTION OF VIOLATION

On 12/8/14 at approximately 6:00 p.m., resident #1 and resident #2 had an argument in the dining room. Resident #1 was assaulted by resident #2 at the bottom of the interior stairs to the second floor living area. Resident #2 kicked Resident #1 in the head and abdomen multiple times, causing resident #1 to lose control of his/her bladder. The police were notified and resident #2 was arrested and transported to the hospital.

This incident was not reported to the Area Agency on Aging.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The incident was reported to the Area Agency on Aging on 4/6/15.
 I am very sorry for forgetting to notify area of aging. I have only had to do this 1 time in 20 yrs. I will remember in the future to report to area of aging with in the time allotted. And every one else required. This show ever was investigated by area of aging. Resident #2 was discharged from the home on 12/16/14.

Immediately: All staff persons shall be educated on abuse reporting in accordance with the Older Adult Protective Services Act. Documentation of the education shall be kept.

Immediately: The administrator or designated staff person shall review all reportable incidents daily to ensure any allegations of abuse are reported to the Area Agency on Aging in accordance with the Older Adult Protective Services Act.

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page)			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)			Date
Lucinda Jewart			3-13-15

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The above plan of correction is approved as of 4/29/15
 (Date)

The above plan of correction was approved by [Signature]
 (Initials)

Plan of correction implementation status as of 4/29/15
 (Date)

- ☐ Fully Implemented
- ☒ Partially Implemented - Adequate Progress [Signature]
- ☐ Partially Implemented - Inadequate Progress
- ☐ Not Implemented

for
4/29/15