



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

11 Stanwix Street
Room 230
Pittsburgh, Pennsylvania 15222

ADULT RESIDENTIAL LICENSING

Phone: (412) 565-5616/5614
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www.dpw.state.pa.us

Mailing Date: **JUL 20 2011**

Ms. Janet Wangler, Executive Director
Juniper Village at Forest Hills, LLC
400 Broadacres Drive
Bloomfield, New Jersey 07003

RE: Juniper Village at Forest Hills
107 Fall Run Road
Pittsburgh, Pennsylvania 15221

Dear Ms. Wangler:

As a result of the Department of Public Welfare's licensing inspection on February 1, 2011, March 11, 2011, and April 15, 2011, of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.

All violations specified on the enclosed Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Adult Residential Licensing so that compliance can be verified.



Sincerely,

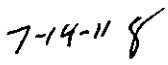
A handwritten signature in black ink that reads "Jon Kimberland".

Jon Kimberland
Regional Licensing Administrator

Enclosure(s)

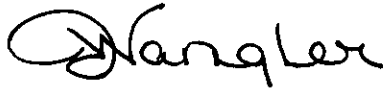
VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME JUNIPER VILLAGE AT FOREST HILLS, 107 FALL RUN ROAD PITTSBURGH, PA 15221		CURRENT LICENSE NUMBER 433780	
INSPECTION DATES (Include all dates of the inspection) 02/01/2011		REGIONAL REPRESENTATIVE Susan Pollock	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY 	DATE 5.17.11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 6-9-11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
16c 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 § 2600.15 (relating to abuse reporting covered by law).	On 10/15/10, at 10:00 pm, resident #1 was found on the floor lying on his/her back. The resident was transported to Shadyside Hospital where he/she was admitted and diagnosed with a left hip fracture that required surgical repair. The home did not submit an incident report to the Department until 10/20/10. Western Region MAY 18 2011	5/31/11	The Administrator will schedule, conduct and document in-service training for all staff persons regarding reportable incidents and conditions. The Administrator will ensure all reportable incidents and conditions as outlined under Chapter 2600.16b are reported to the Department's Western Regional Licensing Office within the required time frame and by the required reporting method.	7-14-11 

See page 1A

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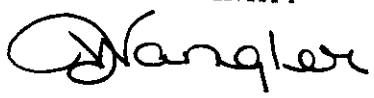
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42b A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.	<p>On 10/15/10 resident #1 was left unsupervised in the Wellspring family room of the home. At 10:00 p.m. on 10/15/10, staff person D found resident #1 on the floor lying on his/her back in the Wellsprings Family Room with the resident's wheelchair at his/her feet. Staff persons D, E and F state resident #1 was left unsupervised sitting in the Wellsprings family room as they attended to the needs of other residents. As a result of the fall resident #1 sustained a left hip fracture that required surgery.</p> <p>Upon admission on 8/23/10 a readmission screening was completed for the resident by Staff person B. The readmission screening indicates that resident #1 requires 24 hour direct supervision because the resident is</p>	5/31/11	<p>The Administrator will continue to ensure that no resident will be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.</p> <p>Although there has been no determination as to the cause of Resident #1's fall and we respectfully challenge the findings of this VR, nonetheless, to ensure compliance to this regulation the Administrator will review all files to determine if changes within support plans and/or assessments are indicated. Any changes necessary to ensure the appropriate level of supervision will be made.</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>7-14-11 Date Initials (DPW)</p>

Western Region

MAY 18 2011

Adult Residential Licensing


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	<p>unaware of unsafe areas, has total vision loss in one eye, Parkinson's disease, dementia, and is a high fall risk. The preadmission screening indicates the home can meet these needs. The initial assessment for resident was completed by resident #1 on 9/3/10 by staff person C. The assessment indicates the resident is a high fall risk and requires 24 hour supervision.</p> <p align="center">Western Region</p> <p align="center">MAY 18 2011</p> <p align="center">Adult Residential Licensing</p>	5/31/11	<p>The Administrator will continue to ensure that our existing system of 2 Hour safety checks will continue and, in addition, staff will be assigned in a staggered manner for the purpose of ensuring additional staff support and supervision for the Wellspring neighborhood.</p> <p>The Administrator will schedule, conduct and document in service training regarding the new assignments.</p> <p>The Administrator will schedule, conduct and document in service training of all staff regarding Chapter 2600.42b</p>	


See pages 3A and 3B

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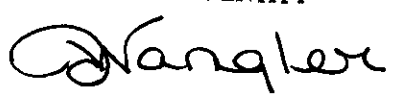
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	unaware of unsafe areas, has total vision loss in one eye, Parkinson's disease, dementia, and is a high fall risk. The preadmission screening indicates the home can meet these needs. The initial assessment for resident was completed by resident #1 on 9/3/10 by staff person C. The assessment indicates the resident is a high fall risk and requires 24 hour supervision.		the level of risk and level of proper supervision is documented on resident assessments and support plans. 6/30/11 - The administrator or designee will complete observations of resident care, weekly for three months and monthly thereafter, of residents assessed as having a fall risk to ensure the proper safety measures and supervision to prevent falls are in place and practiced. Documentation of observations will be kept.	

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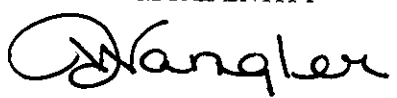

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227a A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.	Resident #1's support plan dated 9/3/10 does not indicate the care needs and services required to ensure the health, safety, and wellbeing of the resident related to the required 24 hour supervision and high fall risk identified in the resident's preadmission screening dated 8/23/10 and the residents assessment dated 9/3/10.		6/15/11 - The administrator or designee will review all resident assessments and support plans for accuracy and completion including the assessment fall risks, the proper level of supervision, and the care needs and services are addressed to ensure the health safety and wellbeing of each individual resident.	


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			<i>See page 4A</i>	

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INSPECTION DATES (Include all dates of the inspection) 03/11/2011, 4/15/11		REGIONAL REPRESENTATIVE Lisa V. Flinner-Alman, Lisa V. Flinner-Alman, Susan Pollock	
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SIGNATURE OF LEGAL ENTITY 	DATE 6/6/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION  (g)	DATE 6-24-11

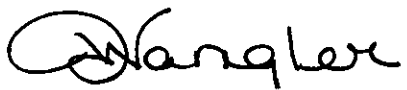
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183d Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.	On 4/15/11, the following medications belonging to individuals who are not current residents of the home were located in the home's medication refrigerator: <ul style="list-style-type: none"> • A bottle of Morphine Sul Sol 20mg/ml prescribed to individual #1 • A bottle of Lantus inj 100/ml, a bottle of Novolog inj 100/ml and ABHR .25ml / 10 doses prescribed for individual #2 • A bottle of Lorazepam Con. 2mg/ml prescribed to individual #3 	4.15.11	Corrected during site visit. Only current Prescription, OTC, sample and CAM for current residents will be kept on the cart. compliance will be maintained through ongoing cart audits completed weekly by the Med Tech Supervisor, a pharmacy rep. or the Director of Wellness (DOW). A new Director of Wellness was hired in May 2011 who is also a Med Tech Trainer. The plan is to re-train all Medication Tech's By June 30, 2011. A review of all P&P's will be incorporated into the re-training.	7-14-11 
Western Region JUN 2011 Adult Residential Licensing			See page 1A	

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183f1 Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person,	<p>The following was observed in the medication refrigerator:</p> <ul style="list-style-type: none"> • Four vials of Cyanocobalam INJ 1000MCG prescribed to Resident #4 that expired 10/22/10. • A bottle of Cyanocobalam INJ 1000MCG prescribed to Resident #5 that was discontinued prior to 9/10. <p>A blister card containing Hydrocodon/APAP 5/500mg prescribed to Resident #6 that was discontinued 2/2/11 was located in the 2nd floor medication cart.</p> <p>Observed on 4/15/11.</p> <p align="center">Western Region</p> <p align="center">JUN 7 2011</p>	4-15-11	<p>Corrected during site visit. Only current Prescription, OTC, sample and CAM for current residents will be kept in the refrigerator. Compliance will be maintained through ongoing refrigerator audits completed weekly by the Med Tech Supervisor, or the Director of Wellness (DOW).</p> <p>A new Director of Wellness was hired in May 2011 who is also a Med Tech Trainer. The plan is to re-train all Medication Tech's By June 30, 2011. A review of all P&P's will be incorporated into the re-training.</p>	7-14-11

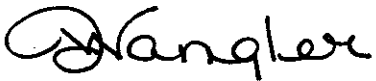
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if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.		6.2.11 § 6.8.11	7/15/11 - The administrator or a designated staff person qualified to administer medications will review and update the home's policy and procedures for the safe storage, access, security, distribution and use of medications including checking for and proper disposal of expired medications. 7/15/11 - All staff persons administering medications will be educated on the home's policy and procedures for the safe storage, access, security, distribution and use of medications including checking for and proper disposal of expired medications. Documentation of education will be kept.	


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185a 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. Western P JUN 7 2011 Adult Residential Licensing	On 4/15/11, several discrepancies in the narcotic count sheets and narcotics in the home were observed, including the following: <ul style="list-style-type: none"> • Resident #8 is prescribed Oxycodone 5mg, 2 tablets per dose. Narcotic count sheets indicate one dose was given on 4/14/11 and the count decreased from 30 tablets to 26 tablets. The home cannot account for the missing medication. 2011 Resident #10 is prescribed Ambien 5mg, 1 tablet per dose. Narcotic count sheets indicate there are 8 pills, however, a narcotic count conducted on 4/15/11 indicates there are 10 pills.	4.15.11	Effective immediately and ongoing, all DPW certified Medication Aides shall follow the policy regarding safe storage and accounting of all medications. Compliance will be maintained through ongoing medication audits reviewed weekly by the Med Tech Supervisor, or the Director of Wellness (DOW). The DOW will also provide a Mandatory Med Tech "refresher" course scheduled by 6/30/11. A new Director of Wellness was hired in May 2011 who is also a Med Tech Trainer. The plan is to re-train all Medication Tech's By June 30, 2011. A review of all P&P's will be incorporated into the re-training.	Steps have been taken to correct violation; full compliance is not verifiable 7-14-11 Date Initials (DPW)


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	<ul style="list-style-type: none"> • Resident #11 is prescribed Alprazolam 0.5mg, 1 tablet, three times per day. The medication administration record indicates a dose was given on 4/9/11 at 6:00am and a dose was given on 4/12/11 at 8:00pm. The narcotic count sheet does not reflect the administration of the medication. On 4/15/11, Resident #12 stated evening staff occasionally leaves medication in a cup on the dresser if the resident is sleeping or out of the room. On 12/23/10, the home took a verbal order for Keflex 250mg, 1 tablet four times daily for 7 days for Resident #17. The medication was not ordered by the home and the resident did not receive the medication. 	<p>6.2.11 E 6.8.11</p> <p>6.2.11 E 6.8.11</p>	<p>7/15/11 - The administrator or designated staff person qualified to administer medications will review the home's policy and procedures for the safe storage, access, security, distribution and use of medications including accountability of narcotics and controlled substances, proper medication administration practices and proper record keeping of medication administration.</p> <p>7/15/11 - All staff persons administering medications will be educated on the home's policy and procedures for the safe storage, access, security, distribution and use of medications and medical equipment including accountability of narcotics and controlled substances, proper medication administration practices and proper record keeping of medication administration. Documentation of education will be kept.</p> <p>7/15/11 - Two staff persons qualified to</p>	

See page 4A


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

NAME AND ADDRESS OF PERSONAL CARE HOME JUNIPER VILLAGE AT FOREST HILLS, 107 FALL RUN ROAD PITTSBURGH, PA 15221		CURRENT LICENSE NUMBER 433780	
INSPECTION DATES (Include all dates of the inspection) 03/11/2011 / 4/11/11		REGIONAL REPRESENTATIVE Lisa V. Flinner-Alman, Lisa V. Flinner-Alman, Susan Pollock	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY 	DATE 6.28.11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE 6-24-11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
		6.2.11 § 6.8.11	administer medications on each shift will complete a count of all narcotics and controlled substances and the check the documentation of medication administration to ensure accountability for all narcotics and controlled substances the proper documentation of medication administration. Documentation will be kept.	

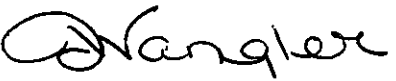
VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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NAME AND ADDRESS OF PERSONAL CARE HOME JUNIPER VILLAGE AT FOREST HILLS, 107 FALL RUN ROAD PITTSBURGH, PA 15221		CURRENT LICENSE NUMBER 433780	
INSPECTION DATES (Include all dates of the inspection) 03/11/2011, 4/15/11		REGIONAL REPRESENTATIVE Lisa V. Flinner-Alman, Lisa V. Flinner-Alman, Susan Pollock	
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SIGNATURE OF LEGAL ENTITY 	DATE 6/6/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE 6-24-11


REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
186b Prescription medications shall be used only by the resident for whom the prescription was prescribed.	On 3/21/11, Resident #14 was administered Ativan 0.5mg prescribed for and belonging to Resident #7. On 4/7/11, Resident #15 was administered Roxicodone prescribed for and belonging to Resident #16.	4.15.11	Effective immediately and ongoing, only prescription medications shall be used for whom the prescription was written. Compliance will be maintained through ongoing medication audits reviewed weekly by the Med Tech Supervisor, a pharmacy tech or the Director of Wellness (DOW). A new Director of Wellness was hired in May 2011 who is also a Med Tech Trainer. The plan is to re-train all Medication Tech's By June 30, 2011. A review of all P&P's will be incorporated into the re-training.	Steps have been taken to correct violation; full compliance is not verifiable 7-14-11 Date Initials (DPW)
<p>Western Region</p> <p>JUN 7 2011</p> <p>Adult Residential Licensing</p> <p align="right"><i>See page 5A</i></p>				

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

NAME AND ADDRESS OF PERSONAL CARE HOME JUNIPER VILLAGE AT FOREST HILLS, 107 FALL RUN ROAD PITTSBURGH, PA 15221		CURRENT LICENSE NUMBER 433780	
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REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
186b Prescription medications shall be used only by the resident for whom the prescription was prescribed.	On 3/21/11, Resident #14 was administered Ativan 0.5mg prescribed for and belonging to Resident #7. On 4/7/11, Resident #15 was administered Roxidone prescribed for and belonging to Resident #16.	6.2.11 E 6.8.11	7/15/11 – All staff persons administering medications will be educated on regulation 2600.186b and proper medication administration practices including prescription medications shall only be used by the resident for whom the prescription was prescribed. Documentation of education will be kept. 7/15/11 – A designated staff person qualified to administer medications will monitor medication administration practices on each shift to ensure prescription medications are only administered to the resident for whom the prescription was prescribed. Documentation of monitoring will be kept.	

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

NAME AND ADDRESS OF PERSONAL CARE HOME JUNIPER VILLAGE AT FOREST HILLS, 107 FALL RUN ROAD PITTSBURGH, PA 15221		CURRENT LICENSE NUMBER 433780	
INSPECTION DATES (Include all dates of the inspection) 03/11/2011 , 4/15/11		REGIONAL REPRESENTATIVE Lisa V. Flinner-Alman, Lisa V. Flinner-Alman, Susan Pollock	
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REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
187a 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	The master key of staff names in the medication administration record was last updated 1/11. Staff did not initial the medication administration record to verify administration for multiple residents on multiple dates and times including the following: <ul style="list-style-type: none"> Resident #12 - prescribed Cyanocobalam INJ 1000mcg, every two weeks - 2/11, 2/25 and 4/7/11 Resident #13 - prescribed Lumigan SOL 0.03%, 1 drop both eyes - 1/15, 1/16, 1/17, 1/22, 1/23, 1/27, 1/28 and 1/30/11 at 8:00pm. Resident #17 - prescribed Zinc Oxide oin 20% - 2/18/11 at 8:00am. <p align="center">Western Region</p> <p align="center">JUN 7 2011</p>	4.15.11	Effective immediately and ongoing, all DPW certified Medication Aides shall follow the policy regarding documentation on the MAR's. Compliance will be maintained through ongoing MAR audits reviewed weekly by the Med Tech Supervisor, or the Director of Wellness (DOW). The DOW will also provide a Mandatory Med Tech "refresher" course scheduled by 6/30/11. A new Director of Wellness was hired in May 2011 who is also a Med Tech Trainer. The plan is to re-train all Medication Tech's By June 30, 2011. A review of all P&P's will be incorporated into the re-training.	Steps have been taken to correct violation; full compliance is not verifiable 7-14-11 Date Initials (DPW)


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

NAME AND ADDRESS OF PERSONAL CARE HOME JUNIPER VILLAGE AT FOREST HILLS, 107 FALL RUN ROAD PITTSBURGH, PA 15221		CURRENT LICENSE NUMBER 433780	
INSPECTION DATES (Include all dates of the inspection) 03/11/2011, 4/15/11		REGIONAL REPRESENTATIVE Lisa V. Flinner-Alman, Lisa V. Flinner-Alman, Susan Pollock	
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REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
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.		4.18.11	7/15/11 – The master key for staff persons administering medications including the names and initials of staff persons administering medications will updated at least monthly.	
		4.18.11	7/15/11 - The administrator or designated staff person qualified to administer medications check the master key for staff persons administering medications to ensure it is updated at least monthly.	
		6.2.11 6.8.11	7/15/11 – All staff persons administering medications will be educated on the home's policy and procedures for medication administration including the documentation of medication administration. Documentation of education will be kept.	
		6.2.11 6.8.11	7/15/11 – A designated staff person qualified to administer medications will review the MAR's daily on each shift to ensure the proper documentation of	

See page 7A

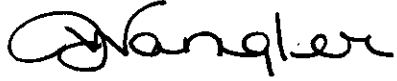
VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME JUNIPER VILLAGE AT FOREST HILLS, 107 FALL RUN ROAD PITTSBURGH, PA 15221		CURRENT LICENSE NUMBER 433780	
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REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
		4.18.11	medication administration. Documentation of the reviews will be kept. 7/15/11 – The administrator or director of wellness will review the MAR's weekly to ensure the proper documentation of medication administration. Documentation of the reviews will be kept.	

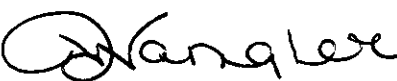
VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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NAME AND ADDRESS OF PERSONAL CARE HOME JUNIPER VILLAGE AT FOREST HILLS, 107 FALL RUN ROAD PITTSBURGH, PA 15221		CURRENT LICENSE NUMBER 433780	
INSPECTION DATES (Include all dates of the inspection) 03/11/2011 , 4/15/11		REGIONAL REPRESENTATIVE Lisa V. Flinger-Alman, Lisa V. Flinger-Alman, Susan Pollock	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
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REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
225a 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.	The medical evaluation, completed 3/15/11, indicates Resident #18 has mobility needs, however, the assessment, completed 4/2/10, indicates resident is mobile.	4-15-11	Effective immediately and ongoing, all residents being re-admitted to the community will be re-evaluated by the DOW, the ED or the designee within 15 days to determine the most current and appropriate level of care. Compliance will be maintained and monitored through a tickler list and reviewed by the ED monthly.	7-14-11
<div style="display: flex; justify-content: space-between;"> Western Region JUN 7 2011 </div> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> Adult Residential Licensing See page 8A </div>				

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

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REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
225a 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.	The medical evaluation, completed 3/15/11, indicates Resident #18 has mobility needs, however, the assessment, completed 4/2/10, indicates resident is mobile.	3.29.11 3.29.11	7/15/11 – The assessment for resident #18 will be updated to indicate the resident's current mobility status. 7/15/11 - The administrator or designated staff person will review all current and newly completed resident assessments to ensure all residents have been properly assessed for a current mobility status. If there is a discrepancy with the resident's current medical evaluation the home will consult with the resident's physician to make a proper mobility status determination and the resident's record including the medical evaluation, assessment and support plan will be updated appropriately.	

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

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254a Records of active and discharged residents shall be maintained in a confidential manner, which prevents unauthorized access.	On 4/15/11, the narcotic records for residents residing on 2 North and 2 South were unlocked and accessible in a drawer at the 2nd floor nurses's station.	4-15-11	Corrected during site visit. All records shall be kept secured in a confidential manner. Compliance will be maintained through daily rounds by the Med Tech or the Med Tech Supervisor.	7-14-11
<p style="font-size: 1.2em; font-weight: bold;">Western Region</p> <p style="font-size: 1.2em; font-weight: bold;">JUN 2011</p> <p style="font-size: 1.2em; font-weight: bold;">Adult Residential Licensing</p>			592 P119A	

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

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254a Records of active and discharged residents shall be maintained in a confidential manner, which prevents unauthorized access.	On 4/15/11, the narcotic records for residents residing on 2 North and 2 South were unlocked and accessible in a drawer at the 2nd floor nurses's station.	6.2.11 § 6.8.11	7/15/11 – All staff persons will be educated on regulation 2600.254a and the homes policy and procedures for records accessibility, security, storage, authorized use and release including maintaining resident records in a confidential manner which prevents unauthorized access. Documentation of education will be kept.	


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


NAME AND ADDRESS OF PERSONAL CARE HOME JUNIPER VILLAGE AT FOREST HILLS, 107 FALL RUN ROAD PITTSBURGH, PA 15221		CURRENT LICENSE NUMBER 433780	
INSPECTION DATES (Include all dates of the inspection) 06/03/2011		REGIONAL REPRESENTATIVE Susan Pollock, Carole Perry R.N.	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <p align="center">JANET WANGLER, EX-DIRECTOR</p>			
SIGNATURE OF LEGAL ENTITY 	DATE 6.28.11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 7-14-11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
227a A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.	<p>Resident #1's support plan dated 4/28/11 does not indicate the care needs and services required to ensure the health, safety and wellbeing of the resident related to the required 24 hour supervision and high fall risk identified in the resident's assessment dated 4/28/11.</p> <p>Resident #2's support plan dated 4/15/11 does not indicate the care needs and services required to ensure the health, safety and wellbeing of the resident related to the high fall risk need identified in the resident's assessment dated 4/15/11.</p> <p>Resident #3's support plan dated 4/21/11 does not indicate the care needs and services required to ensure the health, safety and wellbeing of the resident related to the required 24 hour</p>	<p>6.28.11</p> <p>8.1.11</p>	<p>Updated Support Plans were completed on Residents # 2 - #4 on 6/28/11. Resident #1 no longer resides within the community. We also initiated a review of all Support Plans for current residents residing in the community who have been identified as a "high risk for falls". (See attached audit). These reviews and updates will be completed by August 1, 2011. Compliance will be maintained by The Director of Wellness and reviewed by the Ex. Director annually or as the residents needs change.</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>7-14-11</p> <p>Date Initials (DPW)</p>

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

NAME AND ADDRESS OF PERSONAL CARE HOME JUNIPER VILLAGE AT FOREST HILLS, 107 FALL RUN ROAD PITTSBURGH, PA 15221		CURRENT LICENSE NUMBER 433780	
INSPECTION DATES (Include all dates of the inspection) 06/03/2011		REGIONAL REPRESENTATIVE Susan Pollock, Carole Perry R.N.	
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	<p>supervision and high fall risk identified in the residents assessment dated 4/21/11 and the residents fall assessment record dated 4/8/11.</p> <p>Resident #4's support plan dated 4/14/11 does not indicate the care needs and services required to ensure the health, safety and wellbeing of the resident related to the low-moderate fall risk need identified in the resident's fall risk assessment dated 4/6/11.</p>	6.28.11	<p>All residents will have written Service Plans to address the care needs and services required to ensure the health, safety and well being of each individual. Compliance will be maintained by the Director of Wellness and reviewed by the Ex. Director reviewed by the Ex. Director annually or as the residents needs change.</p> <p style="text-align: center; font-size: 1.2em;">See attached page 24 </p>	

~~page 3 of 3~~ Phe 2 1
Effective 6.28.11 

All admissions will be evaluated by the in-house Rehabilitation Team within 48 hours of admission.

If identified as a "High Fall Risk" included in the plan of care will be:

- *PT/OT services
- *2 hour safety checks
- *Wrist band identifying Fall Risk
- *DOW and Pharmacy Tech review of all medications
- *Clear communication and Education to family & responsible parties regarding our restraint free environment & possible consequences.

If a resident experiences any type of fall or decline it will be discussed at the morning Stand Up Meeting and the DOW will assess any need for additional services, it will also be reviewed at the monthly safety committee. It will also be reviewed in the quarterly quality assurance. Compliance will be maintained by the DOW and Ex. Director.

All direct care staff will notify DOW or Ex. Director when they observe a decline or irregularities in residents. If confirmed then the DOW will initiate an update in the support plan. Compliance will be maintained by the DOW.

