

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to CORDIA COMMONS AT MEADVILLE L.L.C

To operate JUNIPER VILLAGE AT MEADVILLE

Located at 455 CHESTNUT STREET, MEADVILLE, PA 16335

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE
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To provide Personal Care Homes

The total number of persons which may be cared for at one time may not exceed 90
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 November 26, 2011 until November 26, 2012,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **410190**

Robert E. Robinson

ISSUING OFFICER

R. C. King

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.

PW 628 - 01/11



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
PO BOX 2675
HARRISBURG, PENNSYLVANIA 17105-2675

ADULT RESIDENTIAL LICENSING

JAN 0 5 2012

PHONE: (717) 783-3670
FAX: (717) 783-5662

Ms. Lynne S. Katzmann, President
Juniper Partners LLC
Cordia Commons at Meadville, LLC
400 Broadacres Drive
Bloomfield, New Jersey 07003

RE: Juniper Village at Meadville
455 Chestnut Street
Meadville, Pennsylvania 16335

Dear Ms. Katzmann:

As a result of the Department of Public Welfare's licensing inspection on November 9, 2011 and November 23, 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.

A regular license is being issued based on the enclosed Violation Report. Your license is enclosed.

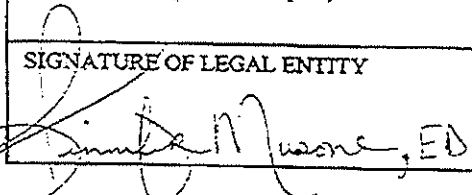
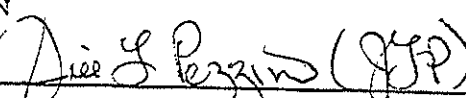
Sincerely,

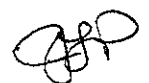
A handwritten signature in black ink, appearing to read "Ronald Melusky", with a long horizontal flourish extending to the right.

Ronald Melusky
Director

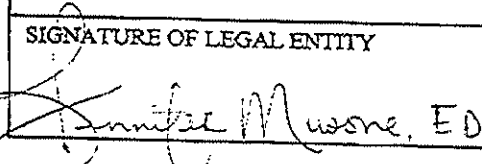

Enclosures
License
Violation Report

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

NAME AND ADDRESS OF PERSONAL CARE HOME JUNIPER VILLAGE AT MEADVILLE, 455 CHESTNUT STREET MEADVILLE, PA 16335		CURRENT LICENSE NUMBER 410190	
INSPECTION DATES (Include all dates of the inspection) 11/09/2011, 11/21/11		REGIONAL REPRESENTATIVE Jason Williams, Nancy Mandock, Dennis Ropon, Jason Williams	
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 12/12/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 12-13-11

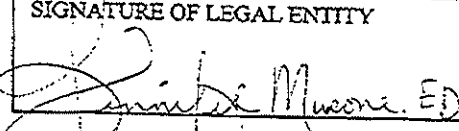
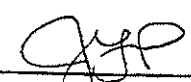
REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
53a The administrator shall have one of the following qualifications: (1) A license as a registered nurse from the Department of State. (2) An associate's degree or 60 credit hours from an accredited college or university. (3) A license as a licensed practical nurse from the Department of State and 1 year of work experience in a related field. (4) A license as a nursing home administrator from the Department of	Staff person A, the administrator, does not have any of the required qualifications to be an administrator. Western Region DEC 12 2011 Adult Residential Licensing	12/16/2011	Corrected at time of inspection. Official transcripts were requested for the HR File and additional paperwork was shown to licensing representative. Request was sent on 11/9/11 and transcripts were not sent as of 12/1/11. After numerous attempts of calling, administrator finally spoke with an actual person on 12/9/11 and requested information to be sent ASAP. Note that the administrator has a college degree and has completed all requirements of 100 hour DPW PCH course and education. Administrator HR file will be reviewed and audited quarterly per SPA process to ensure completeness	12-13-11 

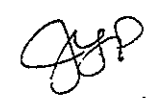
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State. (5) For a home serving 8 or fewer residents, a general education development diploma or high school diploma and 2 years direct care or administrative experience in the human services field.	Western Region DEC 16 2011 Adult Residential Licensing			

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100a The exterior of the building and the building grounds or yard shall be in good repair and free of hazards.	The rear courtyard of the home has a decorative pond which is 7 inches in depth. This pond has no barrier which would prevent residents of the home from falling in should they trip or fall. Several residents in the home use assistive devices or have Alzheimer's Disease diagnoses. This presents a drowning hazard to residents who have access to this pond.	12/5/2011	This memorial decorative pond, which has been enjoyed by residents and family members for years without any incident, citation or technical assistance was filled in on 12/5. Environmental Staff will monitor external grounds for items in need of repair or hazards such as decorative ponds and will report any findings preventative maintenance logs.	 12-13-11

Western Region

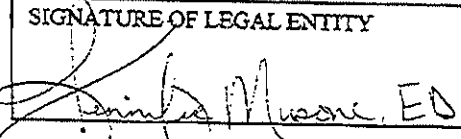
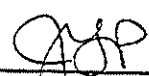
DEC 16 2011


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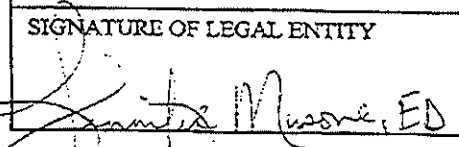

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141a A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.	<p>-Resident #1 was admitted on 8/18/11. A medical evaluation has not been completed for this resident.</p> <p>-Resident #2 was admitted on 8/16/11. A medical evaluation has not been completed for this resident.</p> <p align="center">Western Region</p> <p align="center">DEC 1 2011</p> <p align="center">Adult Residential Licensing</p>	12/12/2011	<p>The medical evaluation for Res. 1 & 2 was completed on 11/18.</p> <p>ED, DOW will conduct an initial audit of medical evaluations to ensure completion within required time frames. Any variances will be identified and medical evaluations will be completed where needed. Physicians will be contacted by DOW if evaluation has not been received</p> <p>ED, DOW or designee will maintain a tickler file of resident documentation completion dates for medical evaluations to be audited quarterly for compliance with required dates.</p>	<p>Stops have been taken to correct violation; full compliance is not verifiable</p> <p>12/13/11 Date Initials (DPW)</p>

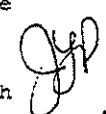
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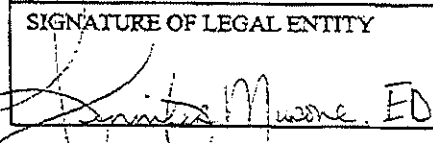
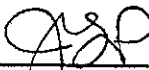
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183e Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.	The current vial of Lantus insulin 100/ml for Resident #3 was not marked with the date on which it was opened. <p style="text-align: center; font-size: 1.2em;">Western Region</p> <p style="text-align: center;">DEC 12 2011</p>	12/12/11	This medication was not expired and therefore was not being stored & or handled outside the manufacturer parameters. For compliance purposes the following plan of correction is provided: This was corrected at the time of survey. DOW, pharmacy support or Med Tech will complete a med cart audit to ensure all medications are stored, organized under proper conditions of sanitation, temperature, moisture and light according to manufacturer instructions and include a date in which it was opened. Cart audits will be conducted monthly going forward to ensure compliance.	 12-13-11

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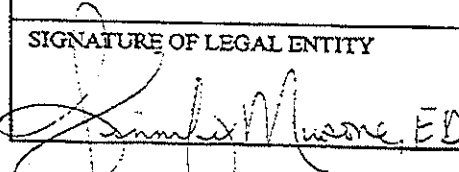
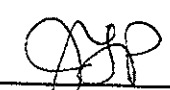
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187a A medication record shall be kept to include the following for each resident for whom medications are administered: (1) Resident's name. (2) Drug allergies. (3) Name of medication. (4) Strength. (5) Dosage form. (6) Dose. (7) Route of administration. (8) Frequency of administration. (9) Administration times. (10) Duration of therapy, if applicable. (11) Special	Resident #4 is prescribed Acetomenophen 325 mg, take 1 or 2 tablets by mouth every 4 hours as needed for pain. The label on the medicine bottle indicated Acetomenophen 325 mg, however, the MAR entry listed the medication as being 500 mg. Western Region 370 10 000 Adult Residential Licensing	12/12/11	Corrected and reconciled w/Pharmacy on 12/1. DOW, Med Tech, or pharm tech will complete audit of medication to MAR accuracy. Any variances will be identified and reported to pharmacy and corrected on both medication and MAR as applicable. DOW, Senior Med Tech will review MARS and med order monthly and reconcile to cart to ensure compliance to all med record requirements. Audit results will be reviewed in quarterly EPA QA meeting to identify trends or issues to be addressed.	12/13-11 

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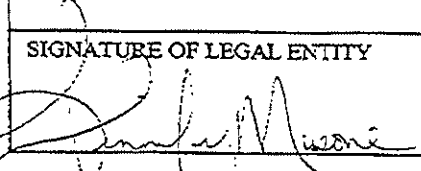
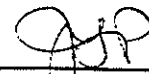
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precautions, if applicable. (12) Diagnosis or purpose for the medication, including pro re nata (PRN). (13) Date and time of medication administration. (14) Name and initials of the staff person administering the medication.	<h2 style="margin: 0;">Western Region</h2> <p style="margin: 10px 0 0 0;">DEC 14 2011</p> <p style="margin: 0;">Adult Residential Licensing</p>			

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187b The information in subsections 187a13 and 187a14 shall be recorded at the time the medication is administered.	There was no documentation in the MAR that the following medications had been administered to Resident 3 as prescribed on 11/15/11 at 10:00pm: -Sodium Chloride solution 5% -Sodium Chloride ointment 5% -Temazepam capsule 30 mg	12/12/11	Corrected the day of evaluation. A Med Administration Training was scheduled and will be held before Jan 1 for all med techs to review med administration process relating to proper documentation. Senior Med Tech will review MAR daily to identify any documentation errors and will report to DOW for investigation and follow-up. DOW will report findings in quarterly EPA QA Meeting to identify trends or issues to be addressed.	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>12/13/11</p> <p>Date</p> <p>Initials (DPW)</p>
	Western Region			

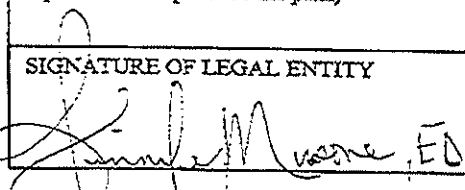
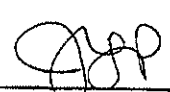
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225a A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.	<p>The initial assessment for Resident #6 was completed on 8/24/11 and did not contain the diagnoses of H-Thyroid or address the level of Alzheimers memory loss identified on the medical evaluation of 10/25/11.</p> <p>-The initial assessment for Resident #7 was completed on 8/24/11 and did not contain the diagnoses of prostate cancer, post hepatic neuralgia or Alzheimer's disease from the medical evaluation of 10/25/11. The assessment also did not address history of falls or safety issues.</p> <p>-The initial assessment for Resident #8 was completed on 10/24/11 and did not contain the diagnoses of malignant hypertension, Dementia, Diabetes Mellitus II, GERD, Osteoporosis, and Chronic Renal insufficiency from the medical evaluation of 10/20/11. The assessment also did not address history of falls or safety issues or the resident's low salt diet.</p> <p>-Resident #9 was admitted on 4/1/11 and did not have an initial assessment completed until 5/1/11.</p> <p>-Resident #5 had an initial assessment completed</p>	12/12/11	<p>DOW inputted all current diagnosis into initial assessments on 12/9/11 for the listed residents.</p> <p>ED, DOW will conduct an initial audit of initial assessments to ensure completion within required time frames. Any variances will be identified and initial assessments will be completed for 100% of new residents.</p> <p>ED, DOW or designee will maintain a tickler file of initial assessment completion dates for initial assessments to be audited quarterly for compliance with required dates</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>12/13/11 Date Initials (DPW)</p>

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	on 9/19/11 which did not contain the diagnoses of Anxiety, HTN, TIA #10, Osteoporosis, and Hx CVA from the medical evaluation of 9/15/11. The assessment also did not address the resident's no added salt diet. <p style="text-align: center; font-size: 1.2em;">Western Region</p> <p style="text-align: center;">Adult Residential Licensing</p>		All staff persons completing assessments will be educated regarding the completion and accuracy of the document including the documentation of special diets and history of falls or safety issues. Documentation will be kept. The administrator or designated staff person will review all current resident assessments to ensure completion and accuracy including special diets and history of falls and safety issues.	

JPP 12-13-11