

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to JUNIPER VILLAGE AT FOREST HILLS, LLC

LEGAL ENTITY

To operate JUNIPER VILLAGE AT FOREST HILLS

NAME OF FACILITY OR AGENCY

Located at 107 FALL RUN ROAD, PITTSBURGH, PA 15221

(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 100
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 December 7, 2011 until December 7, 2012,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 433780

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

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

JAN 24 2012

Mr. Charles Hastings, Vice President
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 Mr. Hastings:

As a result of the Department of Public Welfare's licensing inspection on November 18, 2011, and the corrections you have made after our inspection, we have found the above personal care home to be in compliance with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes). Therefore, a regular license is being issued. Your license is enclosed.

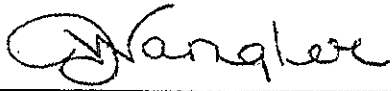

Sincerely,


A handwritten signature in black ink, appearing to read "Ronald Melusky".

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 OF FOREST HILLS, 107 FALL RUN ROAD PITTSBURGH, PA 15221		CURRENT LICENSE NUMBER 433780	
INSPECTION DATES (Include all dates of the inspection) 11/18/2011		REGIONAL REPRESENTATIVE Michael Marini, Larry Mazza, Suzie 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 12-29-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 1-4-12

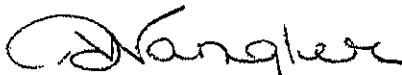

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
25c11 11) A list of personal care services to be provided to the resident based on the outcome of the resident's support plan, a list of the actual rates that the resident will be periodically charged for food, shelter and services and how, when and by whom payment is to be made.	Resident 1, 2, 3, 4, 5, 6, and 7's contracts did not include a list of charges for services. Western Region DEC 30 2011	2/29/2012	All contracts will include a list of charges for services within the agreement and signed by the resident or POA at time of admission. For 100% of completed contracts, ED or designee will complete a file audit specifically including contract review of charges.	 1-4-12


Adult Residential Licensing

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

Page 2 of 13

FROM:

NAME AND ADDRESS OF PERSONAL CARE HOME JUNIPER VILLAGE OF FOREST HILLS, 107 FALL RUN ROAD PITTSBURGH, PA 15221		CURRENT LICENSE NUMBER 433780	
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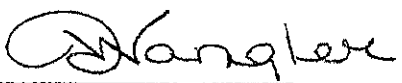
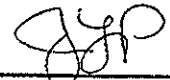
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41e A statement signed by the resident and, if applicable, the resident's designated person acknowledging receipt of a copy of the information specified in subsection (d), or documentation of efforts made to obtain signature, shall be kept in the resident's record.	Resident 1, 3, 6, and 8's records did not contain a statement signed by the resident acknowledging receipt of a copy of the resident rights and complaint procedures. <p style="text-align: center; font-size: 1.2em; font-weight: bold;">Western Region</p> <p style="text-align: center;">DEC 30 2011</p>	2/29/2012	All contracts will have a signed statement By the resident verifying receipt of the Resident's Rights and complaint procedures at the time of admission. For 100% of completed contracts, ED or designee will complete a file audit specifically including receipt verification of resident rights and complaint procedures.	


Adult Residential Licensing

12/30/2011 15:29

#698 P.004/016

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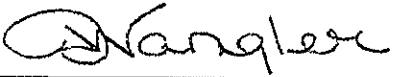
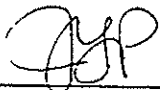
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82c Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.	<p>A bottle of nail polish remover, with a manufacturer's label that indicated, "If ingested ... consult a local poison control center.", was unlocked and accessible to residents in the upper right cabinet in the Wellsprings common area. Residents of the home were not assessed capable of recognizing and using poisons safely.</p> <p>A bottle of disinfectant, with a manufacturer's label that indicated, "If swallowed ... call a physician.", was unlocked and accessible to residents in the cabinet by exit 6. Residents of the home were not assessed capable of recognizing and using poisons safely.</p>	2/29/2012	<p>All chemicals will be kept in a locked cabinet. Items like nail polish and remover will have a sign out sheet in the Connections office. Daily monitoring will be completed by the wellness staff. We will also provide and all staff training to reeducate the importance of resident safety and policy compliance. Manager on Duty will conduct daily rounds Of a random sample of rooms to identify, secure and/or remove any poisonous materials.</p>	 1-4-12


Western Region

DEC 30 2011


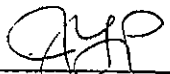
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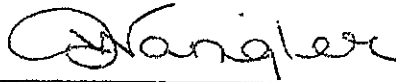
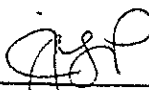
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85a Sanitary conditions shall be maintained.	<p>There was dried feces on the floor and toilet in the bathroom off room 33.</p> <p>There was an unlabeled, common towel in the shared bathroom between room 132 and room 134.</p> <p style="text-align: center; font-size: 1.2em; font-weight: bold;">Western Region</p> <p style="text-align: center;">DEC 30 2011</p>	11/18/2011	<p>Housekeeping and RCA's will provide daily rounds and monitor the sanitary conditions of the community every 2 hours as evidenced by the assignment sheets. All staff will resolve any unsanitary condition requiring immediately upon notification.</p>	 1-4-12

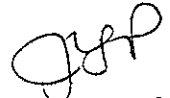
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101j7 Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on/off at bedside.	The bed by the wall in room 135 did not have a source of light that could be turned on or off from bedside. Western Region DEC 30 2011	11/18/2011	Corrected at time of survey. All Residents will have an operable light source within reach of the bedside. The home will provide a battery operated touch light within reach. Compliance will be monitored by the Maintenance and Housekeeping staff during daily rounds.	 1-4-12

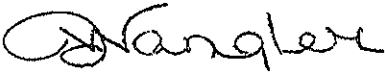
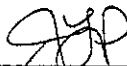
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102i A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.	There were unlabeled, used bars of soap in the laundry room and in the shared bathrooms in room 220 and room 225. Western Region DEC 30 2011	2/29/2012	All bars of soap in semi-private rooms will be placed in a labeled plastic soap container. Compliance will be monitored by Housekeeping and wellness staff for all shared rooms.	 1-4-12

Adult Residential Licensing

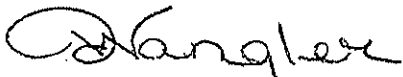
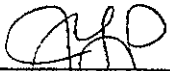
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103g Food shall be stored in closed or sealed containers.	A 20 lb box of Otis Spunkmeyer Cookies and a box of donuts in the freezer were opened and unsealed.	11/18/2011	Corrected at time of survey. All food will be properly stored and sealed. Compliance will be maintained by the Cook/Supervisor and verified on the daily "Chores" checklist.	 1-4-12
<p style="font-size: 24px; font-weight: bold;">Western Region</p> <p style="font-size: 18px;">DEC 30 2011</p>				

VIOLATION REPORT
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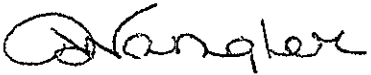

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183b Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.	<p>A tube of Calazime Skin Protectant was unlocked and accessible to residents in the bathroom of room 131.</p> <p>A tube of zinc oxide barrier cream was unlocked and accessible to residents in the cabinet by exit 6.</p>	11/18/2011	All skin barriers will be secured in a locked cupboard or in the Med Carts when not in use. Compliance will be maintained by RCA's and verified through the ADL book.	<p>1-4-12</p> 
<p>Western Region</p> <p>DEC 30 2011</p>				


Adult Residential Licensing

12/30/2011 15:30

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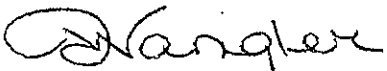

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187a A medication record shall be kept to include the following for each resident for whom medications are administered: (1) Resident's name. (2) Drug allergies. (3) Name of medication. (4) Strength. (5) Dosage form. (6) Dose. (7) Route of administration. (8) Frequency of administration. (9) Administration times. (10) Duration of therapy, if applicable. (11) Special	Resident 1's medication administration record did not include hydrocortisone cream. Repeated Violations: 03/11/2011 Western Region DEC 30 2011	11/18/2011	Effective immediately and ongoing an audit including the MAR and the Med Cart will be done in tandem. Compliance will be maintained by the DOW, the LPN and Med Tech Supervisor. Verification of this weekly audit will be monitored by the ED.	 1-4-12

Adult Residential Licensing

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

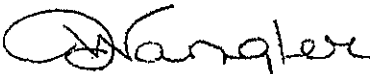
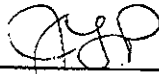
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precautions, if applicable. (12) Diagnosis or purpose for the medication, including pro re nata (PRN). (13) Date and time of medication administration. (14) Name and initials of the staff person administering the medication.	Western Region DEC 30 2011			

Adult Residential Licensing

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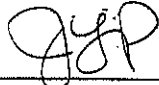
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187b The information in subsections 187a13 and 187a14 shall be recorded at the time the medication is administered.	Resident 8 received Refresh Tear Drops at 12:00 PM and Dilantin at 2:00 PM on 11/17/2011 as ordered but staff failed to document the administration of the medications at the time they were administered.	2/29/2012	All Med Tech's will be provided re-training on Med pass and documentation policies and procedures. Daily auditing of the MAR's will be completed by the Med Tech Supervisor and weekly by the DOW.	 1-4-12
Western Region DEC 30 2011				


Adult Residential Licensing

12/30/2011 15:31

#698 P. 013/016

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


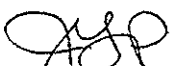
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187d The home shall follow the directions of the prescriber.	<p>Resident 1 had an order for hydrocortisone cream which was to be applied topically in the evening. The prescription was filled on 11/15/2011 but the home failed to administer the cream as ordered from 11/15/2011 to 11/17/2011.</p> <p>Resident 9 had an order to apply Derma-Smooth Oil to the scalp 4 times a week. The resident was given the treatment daily.</p> <p align="center">Western Region</p> <p align="center">DEC 30 2011</p>	2/29/2012	<p>All Med Tech's will be provided additional training to ensure proper procedures are followed by the prescriber. Additionally, the DOW, LPN and Med Tech supervisor will ensure during the monthly MAR review that the days <u>NOT</u> required for a specific medication will be effectively blocked out as an additional visual reminder.</p> <p>Compliance will be verified by the DOW and ED.</p>	 1-4-12

Adult Residential Licensing

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FORM:

NAME AND ADDRESS OF PERSONAL CARE HOME JUNIPER VILLAGE OF FOREST HILLS, 107 FALL RUN ROAD PITTSBURGH, PA 15221		CURRENT LICENSE NUMBER 433780	
INSPECTION DATES (Include all dates of the inspection) 11/18/2011		REGIONAL REPRESENTATIVE Michael Marini, Larry Mazza, Suzie 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 12-29-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 1-4-12

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
254a Records of active and discharged residents shall be maintained in a confidential manner, which prevents unauthorized access.	On 11/18/2011, a staff communication log was unlocked and accessible in a drawer in the 2nd floor medication area. Repeated Violations: 03/11/2011	11/18/2011	The 2F communication log has been Relocated into the Wellness office. All Records will be maintained in a confidential Manner. The Wellness office remains locked At all times when unattended. Manager on duty Will conduct daily rounds which will include Verification of security for confidential records. (offices/files locked/all resident information secure).	 1-4-12

Western Region

DEC 8 2011

Adult Residential Licensing

12/30/2011 15:31

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