

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to CORDIA COMMONS AT MEADVILLE LLC
LEGAL ENTITY

To operate JUNIPER VILLAGE AT MEADVILLE
NAME OF FACILITY OR AGENCY

Located at 455 CHESTNUT STREET, MEADVILLE, PA 16335
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

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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 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, 2012 until November 26, 2013,
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



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

DEC 10 2012

Mr. Charles W. Hastings, Jr., VP 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 Mr. Hastings:

As a result of the Department of Public Welfare's (Department) licensing inspection on September 19, 2012 and September 20, 2012 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 Human Services 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 stroke extending to the right.

Ronald Melusky
Director

Enclosures
License
Violation Report

RECEIVED

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

PCH Name: JUNIPER VILLAGE AT MEADVILLE		OCT 26 2012	License Number: 410190
Address: 455 CHESTNUT STREET, MEADVILLE, PA 16335		County: Crawford	
Administrator: Jennifer Musone		Western Field Office Adult Residential Licensing	Region: WEST
Legal Entity Name: CORDIA COMMONS AT MEADVILLE LLC			
Legal Entity Address: 400 BROADACRES DRIVE, BLOOMFIELD, NJ 7003			
Certificate(s) of Occupancy C-2 LP 12/27/1994 PA Dept of L&I			
Staffing Hours Resident Support: 0 Total Daily Staff: 90 Working Staff: 68			
Type of Inspection: Full BHA Docket Number: Notice: Unannounced			
Reason(s) for inspection(s) Renewal			
On-Site Inspections Dates and Department Representatives On-Site 09/18/2012: Orms, Melinda 09/20/2012: Orms, Melinda, Michelle Giddon			
Off-Site Inspection Dates and Inspectors, if Applicable			
Other Details Partial or Full Triggers: N/A Random Indicators: N/A			
Resident Demographic Data as of Inspection Dates			
Licensed Capacity: 80 Number of Residents Served: 73 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable:		Number of Residents who: 	

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OCT 26 2012

Page 2 of 17

Violation Report: 41019 - 09/19/2012 - Orms, Melinda
PCH Name: JUNIPER VILLAGE AT MEADVILLE

1. REGULATION 55 Pa.Code §2600
2600.9(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.

Western Field Office
Adult Residential Licensing

2a. DESCRIPTION OF VIOLATION
On 09/19/12 the home's copy of 55 PA Code Chapter 2600 was not posted in a conspicuous and public place in the home.

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.

Corrected at the time of inspection. Licensing book was located in the Healthy Resource Aging Library at the time of inspection and not located at the front desk with other survey binder. The library is in a public place within the community that is utilized by residents.
2600 Regulation Binder book is located at the front desk with the Annual Survey Binder.
Executive Director will check in daily rounds to ensure that 2600 Regulations are available in a public place. Concierge/Receptionist will also assist with checking to make sure this book is available at the front desk area. Other copies of the 2600 Regulations are available in the ED Office and Wellness Office.

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page) *Jennifer Musone, ES*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Jennifer Musone* Date *10/24/12*

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

The above plan of correction is approved as of 11/20/12
(Date)

Plan of correction implementation status as of 11/20/12
(Date)

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

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

Violation Report: 41019 - 09/19/2012 - Orme, Melinda
PCH Name: JUNIPER VILLAGE AT MEADVILLE

OCT. 26 2012

1. REGULATION 55 Pa.Code §2800

2600.18 - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.
Adult Residential Licensing

2a. DESCRIPTION OF VIOLATION

Act 56 of 2007 requires that "no person, organization, or program shall use the term 'assisted living' in any name or written material" unless the person, organization, or program is an assisted living residence licensed in accordance with 55 Pa. Code Chapter 2800 (relating to assisted living residences). The home is currently using the term on the home's van as follows: "Juniper Village Assisted Living in a Country Setting".

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.

10/24/12

At the time of inspection, ED had a pre-arranged appointment with Sandy's Sign Works to get the words "Assisted Living" off the van. Licensing Representative did not indicate this as an issue during inspection due to set appointment.

New words on the van are "Juniper Village Senior Living in a Country Setting".

Thru 12/31/12 - The administrator will ensure that the term "assisted living" is removed from van and any other publicly visible areas.

J
11/20/12

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

11/20/12
(Date)

Plan of correction implementation status as of

11/20/12
(Date)

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

The above plan of correction was approved by

J
(Initials)

J

Violation Report: 41018 - 09/19/2012 - Orms, Melinda
PCH Name: JUNIPER VILLAGE AT MEADVILLE

OCT 26 2012

1. REGULATION 55 Pa.Code §2900

2800.25(a)(1) - Prior to admission, or within 24 hours after admission, a written resident-home contract (contract) between the resident and the home shall be in place.

Western Field Office
Adult Residential Licensing

2a. DESCRIPTION OF VIOLATION

Resident #1, admitted 6/5/12, did not have a resident-home contract completed.

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 had a signed contract when [redacted] first moved into Juniper. Resident went to a rehab and then went returned to Juniper on 6/5/12. Since a contract had been signed previously within three months, an addendum was attached to a previous contract. To maintain regulatory compliance, contracts will be signed within 24 hours.

POC: ED or Designee will complete all admission contracts within 24 hours.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Jennifer Musone, EP

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

Jennifer Musone

Date 10/24/12

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE

The above plan of correction is approved as of

10/24/12
(Date)

Plan of correction implementation status as of

11/21/12
(Date)

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

The above plan of correction was approved by

[Signature]
(Initials)

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OCT 26 2012

Page 5 of 17

Violation Report: 41019 - 08/19/2012 - Orms, Melinda
PCH Name: JUNIPER VILLAGE AT MEADVILLE

Western Field Office
Adult Residential Licensing

1. REGULATION 55 Pa.Code §2600

2600.82(c) - 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.

2a. DESCRIPTION OF VIOLATION

Two tubes of Aloe Vesta Skin Protectant with manufacturers' labels indicating, "If swallowed, get medical help or contact Poison Control immediately" were next to the bed of resident #2. Resident #2 has been assessed as not capable of recognizing and using poisons safely.

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.

9/19/12

One tube of Aloe Vesta Skin Protectant was removed by the ED and DOW. Resident was given skin protectant by Hospice Provider. When the resident was questioned by DOW and ED about the medication, it was clearly stated by resident that it was used for her buttocks area. Aloe Protectant does state poisonous if swallowed. Aloe Protectant is now stored in medication cart. Resident's Physician was notified that these medications were at the bedside and will be updating [redacted] medical evaluation as necessary.

10/24/12

By 11/20/12

Plan of Correction - DOW and Med Techs will audit those resident rooms that have been assessed as not capable of recognizing and using poisons safely for any over the counter medications, etc. The residents will be educated on why these items are not appropriate in their rooms. DOW will reassess residents quarterly and will have Medical Doctor update medical evaluations as necessary. Family members will also be re-educated by Executive Director on OTC medications and DPW Regulations. Audits to be completed by 11/30/12.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Jennifer Musone, ES

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

Jennifer Musone

Date 10/24/12

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

The above plan of correction is approved as of 11/20/12
(Date)

Plan of correction implementation status as of 11/20/12
(Date)

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

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

Violation Report: 41019 - 09/19/2012 - Orme, Melinda
 PCH Name: JUNIPER VILLAGE AT MEADVILLE

26 2012

1. REGULATION 55 Pa.Code §2680-2600.88(a) - Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Western Field Office
 Adult Residential Licensing

2a. DESCRIPTION OF VIOLATION

The carpeting located in the designated fire safe area outside of the west basement corridor exit had multiple rips and tears and poses a tripping hazard for residents.

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 area that is being addressed is an emergency exit that is only utilized for emergency purposes. Residents only use this area when accompanied by a staff member. On 9/19/2012, the day of the inspection, the Environmental Services Director immediately pulled all torn carpet from the west basement corridor. ED & Environmental Services Director will continue to monitor flooring for imperfections. Safety Committee and MOD's will also be responsible for reporting areas of concern and come up with immediate POC to maintain compliance with regulation 2600.8(a).

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Jennifer Musone, ED

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

Jennifer Musone

Date

10/24/12

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

The above plan of correction is approved as of

11/20/12
 (Date)

Plan of correction implementation status as of

11/20/12
 (Date)

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

The above plan of correction was approved by

JM
 (Initials)

Violation Report: 41019 - 09/19/2012 - Orme, Melinda
PCH Name: JUNIPER VILLAGE AT MEADVILLE

OCT 26 2012

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

2a. DESCRIPTION OF VIOLATION

The medical evaluation for resident #3, completed on 12/8/11, does not address physician orders for medication, treatment/therapies, diet, activities, social services or body positioning.

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.

New DPW Medical Evaluation was submitted to physician for completion of all required sections for Resident # 3. Wellness Director to audit all old and new medical evaluations to make sure all sections have been completed. Any incomplete medical evaluations will be returned to the physician to complete.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Jennifer Musone, ED.

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

Jennifer Musone

Date 10/24/12

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

The above plan of correction is approved as of 11/20/12
(Date)

Plan of correction implementation status as of 11/20/12
(Date)

The above plan of correction was approved by *JM*
(Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress *J*
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 41019 - 09/19/2012 - Orme, Melinda
PCH Name: JUNIPER VILLAGE AT MEADVILLE

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.

Western Field Office
Adult Residential Licensing

2a. DESCRIPTION OF VIOLATION

The menu for the current week was posted; however the menu for the upcoming week was not posted.

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.

Dietary Manager was posting the second week menu as the licensing representative was touring Dining Room. Dietary Manager had already copied the upcoming week menu and distributed to all residents in their mail boxes. Menus were also present at the front desk area. Licensing Representative indicated this was not going to be a violation because the Dietary Manager was posting before she even mentioned.

Dietary Manager will have weekly menus posted on "Juniper Cafe" board a week in advance. In addition she will continue to keep copies at the front desk, place in resident mail boxes, and meet with those residents who have special diets or special preferences.

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *Jennifer Musme, ED*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Date *10/24/12*
Jennifer Musme

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

The above plan of correction is approved as of 11/20/12
(Date)

Plan of correction implementation status as of 11/20/12
(Date)

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

- Fully Implemented *str*
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

OCT 26 2012

Violation Report: 41019 - 09/19/2012 - Orme, Melinda
PCH Name: JUNIPER VILLAGE AT MEADVILLE

1. REGULATION 55 Pa.Code §2600

Western Field Office

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

2a. DESCRIPTION OF VIOLATION

WITHDRAWN

Resident #2 has Extra Strength Tylenol, Equate Acid Reducer, Petadolex, Saline Nasal Spray, Equate Nasal moisturizer, Equate Allergy Medication, DG Health Lubricant Eye Drops, Blinke Eye Drops, and Australian Arthritis pain cream in nightstand which were unlocked and accessible.

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.

We respectfully disagree with this violation.

The following were the only items found after Director of Wellness and ED assessed room of resident #2: Equate Acid Reducer, Petadolex, Saline Nasal Spray, Nasal Moisturizer, & Blinke Eye Drops. All these items were removed and locked in medication cart. Physician has since discontinued some of these medications. As for the antacid, effective 5/25/12, resident can self administer per doctor's orders. Please see attached documentation. Resident #2 does lock door upon leaving room. Resident was in the room at the time of the visit from the state inspector and does pay privately for room.

All residents who self-administer any medication independently will be audited by Med Techs & DOW to make sure they are locking medications in a locked box or they are locking door when exiting room. DOW will assess residents quarterly to ensure safety and regulation compliance. Audit to be completed by 11/30/12.

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page) *Jennifer Musone, ED*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Jennifer Musone* Date *10/24/12*

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

OCT 26 2012

Violation Report: 41019 - 09/19/2012 - Orme, Melinda
PCH Name: JUNIPER VILLAGE AT MEADVILLE
Western Field Office
Adult Residential Licensing

1. REGULATION 56 Pa.Code §2800
2800.185(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 medication administration record for resident #2 indicates, "Haloperidol .5 mg tab, 1 tab 2 times daily as needed for agitation". The medication was not available in the home.

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.

10/24/12:
We are currently trying to get this order discontinued as resident has not taken this medication. This medication came in a Hospice Care package used as necessary.
Plan of Correction: Cart Audits to be completed monthly by Med Techs to ensure all medications are available. Juniper Village at Meadville just recently switched to a local pharmacy for customer satisfaction and emergency purposes. Cart audits also will be scheduled with new pharmacy on a quarterly basis.

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page) *Jennifer Musone, ES*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Jennifer Musone* Date *10/24/12*

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The above plan of correction is approved as of *11/20/12*
(Date)

Plan of correction implementation status as of *11/20/12*
(Date)

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

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

OCT 26 2012

Violation Report: 41018 - 09/10/2012 - Orma, Malinda
PCH Name: JUNIPER VILLAGE AT MEADVILLE

Western Field Office
Adult Residential Licensing

1. REGULATION 55 Pa.Code §2600

2600.188(c) - Changes in medication may only be made in writing by the prescriber, or in the case of an emergency, an alternate prescriber, except for circumstances in which oral orders may be accepted by nurses in accordance with regulations of the Department of State. The resident's medication record shall be updated as soon as the home receives written notice of the change.

2a. DESCRIPTION OF VIOLATION

There is a discrepancy in the dosage of resident #2's Fentanyl patch. The medication administration record for resident #2 indicates Fentanyl 50 mcg 1 patch every 72 hours; however the pharmacy label indicates Fentanyl 25 mcg, apply 1 patch every 72 hours.

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.

9/19/12

This was corrected at the time of inspection. This was a new order that was issued by Hospice and physically brought into facility by Hospice Nurse shortly after discovery. We had just received the medication late that morning and could not change the MAR until the order was present. Medication had to be locked due to being a narcotic. Patch was changed on 9/18/12 with prior order. New patch was not due to be applied until 9/21/12 using new order. This should have not been a discrepancy due to the fact the order was not to begin until 9/21/12. Supporting documentation attached.

Plan of Correction: Educated Hospice provider to no longer send medication until order is updated on MAR.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Jennifer Musone, ED

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

Jennifer Musone, ED

Date 10/24/12

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

The above plan of correction is approved as of

11/20/12
(Date)

Plan of correction implementation status as of

11/20/12
(Date)

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

The above plan of correction was approved by

(Initials)

11/26/2012

Violation Report: 41019 - 09/19/2012 - Orme, Melinda
PCH Name: JUNIPER VILLAGE AT MEADVILLE

Western Field Office
Adult Residential Licensing

1. REGULATION 56 Pa.Code §2500.

2600.197(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.

2a. DESCRIPTION OF VIOLATION

The medication administration record for resident #1 does not include a diagnosis or purpose for the medications Tamsulosin, 0.4 mg cap, Prednisone 20 mg tablet, and Miralax Powder.

The medication administration record for resident #2 does not include a diagnosis or purpose for the medication Celexa 20 mg.

~~The medication cart contained Promethazine 12.5 mg tabs, take 1 tab every 6 hours as needed for nausea or vomiting prescribed for resident #2. This medication was not indicated on the resident's medication administration record.~~

*withdrawn
JW
11/26/12*

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.

It has been observed that new MARS are running together making it appear that diagnosis are not being listed with medications. Since the inspection, an audit has been completed of all MARS and the appropriate diagnosis were listed as needed. Pharmacy was notified on 9/20/12 of the missing diagnosis and stated they would audit the MARS prior to sending medications for the month. Med Techs will continue to do monthly audits of MARS to ensure the diagnosis is listed with the proper medication. As for Resident # 2, the MAR clearly states Promethazine. Please see the September MAR that is attached.

Repeat Violation: Yes Date(s) of Previous Violation(s): 11/09/2011

Signature of Legal Entity Representative (Required on EVERY Page) *Jennifer Musone, ED*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Jennifer Musone* Date *10/24/12*

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

The above plan of correction is approved as of *11/20/12* (Date)

Plan of correction implementation status as of *11/20/12* (Date)

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

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

10/26/12

Violation Report: 41019 - 09/19/2012 - Orme, Melinda
PCH Name: JUNIPER VILLAGE AT MEADVILLE

1. REGULATION 55 Pa.Code §2600
2600.187(d) - The home shall follow the directions of the prescriber.

Western Field Office
Adult Residential Licensing

2a. DESCRIPTION OF VIOLATION

The 1/9/12 medical evaluation for resident #2 indicates the resident cannot self administer medications. The resident had Extra Strength Tylenol; Equate Acid Reducer; Petadolex; Saline Nasal Spray; Equate Nasal moisturizer; Equate Allergy Medication; DG Health Lubricant Eye Drops; Blinke Eye Drops; and Australian Arthritis pain cream at bedside and self-administered some of these medications:

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.

9/19/12: Director of Wellness and ED removed the OTC prescriptions from resident's room. The above Acid Reducer can be administered by resident per the prescriber. A fax has been sent to Physician to see if certain OTC's can be kept at the bedside such as: Eye Drops, Saline Nasal Spray, & Nasal Moisturizer. Medical Evaluation will be updated as necessary.

10/24/12: Plan of Correction: All residents Medical Evaluations will be reviewed by the DOW at the time of when they are received. Any conflicting information will be reviewed with DOW and MD at that time. Again, quarterly assessments will be completed on all residents who self administer their own medications. Medical evaluations will be updated as needed.

ED or designee will complete audits on Med Eval. to assure updates are accurate & up to date.

Immediately - Any resident who is not assessed as able to self-administer medications will not self-administer any medications, including OTC medications unless a written physician order is obtained.

J. Orme

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *Jennifer Musone, ED*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Jennifer Musone* Date *10/24/12*

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

The above plan of correction is approved as of 10/26/12 (Date)

Plan of correction implementation status as of 11/20/12 (Date)

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

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

26 2012

Violation Report: 41019 - 09/19/2012 - Orme, Malinda
PCH Name: JUNIPER VILLAGE AT MEADVILLE

Western Field Office
Adult Residential Licensing

1. REGULATION 55 Pa.Code §2800-

2800.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

2a. DESCRIPTION OF VIOLATION

The 5/9/12 pre-admission screen for resident #1, admitted 8/5/12, does not address sensory needs, any medical, psychological, or behavioral diagnosis; whether the resident can safely use and avoid poisonous materials, or whether the resident's needs can be met by the home.

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.

10/24/12:

Plan of Correction: DOW to check preadmission assessments for completion within the first 24 hours of admission to ensure proper services are in place for the resident and that the resident is appropriate for environment. DOW will follow Resident Move In Checklist to assure all paperwork is completed. DOW is to begin utilizing new electronic medical record software PCC which will notify user of any uncompleted sections.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Jennifer Musone, ES

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

Jennifer Musone

Date 10/24/12

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

The above plan of correction is approved as of

11/20/12
(Date)

Plan of correction implementation status as of

11/20/12
(Date)

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

The above plan of correction was approved by

JM
(Initials)

Violation Report: 41019 - 09/19/2012 - Orme, Melinda
PCH Name: JUNIPER VILLAGE AT MEADVILLE

26 2012

1. REGULATION 55.Pa.Code §2600... Western Field Office
2600.225(c) - The resident shall have additional assessments as follows: Adult Residential Licensing
(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

The assessment for resident #2, dated 4/16/12, does not include the diagnoses of dysphagia, urinary retention, hypothyroid, or lack of coordination which are indicated on the resident's 4/16/12 medical evaluation.

The assessment for resident #4, dated 10/12/11, does not address physical therapy or speech therapy which are indicated on the resident's 11/18/11 medical evaluation.

~~Resident #4 wears an eye patch, periodically alternating it from one eye to the other, to prevent vertigo and nausea, which is not addressed on the 11/18/11 assessment.~~ WINTORIN

The assessment for resident #5, dated 6/26/12, does not address a diagnosis of mood disorder NOS which is indicated on the 3/22/12 medical evaluation.

Resident #6 had a significant change in condition, including difficulty ambulating, failure to thrive and not eating or drinking. The resident began hospice services on 7/24/12. A new assessment was not completed for this significant change in condition.

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.

Plan of Correction:

Resident # 2 - Assessment did include the above diagnosis's but due to pull down bar did not show up. POC: DOW wrote in all diagnosis's in pen so they were legible on the assessment. DOW will make sure when printing out assessments that all diagnosis's are visible or are attached.

Resident #4 - Inspector did not bring this concern at the time of inspection. Medical evaluation is dated 11/18/11 but not assessment. Attached is the assessment which does indicate the alternating eye patch. Resident #4 - Medical Evaluation - "None" was checked for PT/ST but then doctor also stated these initials on medical evaluation for an as needed basis. Recommendations to be made as needed per doctor and service plan. Resident was getting services prior to 10/12/11 and was discharged 10/28/11. Discharge letter attached. DOW will address new orders we receive on Medical Evaluation and forward to Physician and Therapy.

Resident # 5 - Diagnosis was listed on Medical Evaluation and Support Plan but left off assessment. Licensing Rep indicated this would not be an issue since it was addressed in other places. DOW put diagnosis of mood disorder on assessment. Completed.

Resident # 6 - Updated on current Support Plan at the time of Hospice admission. New RASP for status change was completed on 8/22/12. Plan of correction: All significant changes will be updated and completed within 5 calendar days.

By 12/31/12: All staff who complete assessments will be reeducated on completing the document thoroughly. 11/20/12

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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The above plan of correction is approved as of 11/20/12 (Date)

Plan of correction implementation status as of 11/20/12 (Date)

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

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

See Page 15a

Attach with Pg. 15

RECEIVED

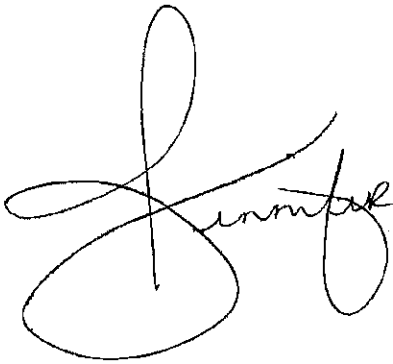
10 26 2012

Plan of correction: All significant changes will be updated and completed within 5 calendar days.

Western Field Office
Adult Residential Licensing

Quarterly sample audits of resident files will be completed by ED or designee to ensure consistency of orders, diagnosis and service assessments.

Support plans and Medical evaluations.

 Jennifer Musone, ED

10/24/12

 11/24/12

Violation Report: 41019 - 09/19/2012 - Orma, Melinda
 PCH Name: JUNIPER VILLAGE AT MEADVILLE

1. REGULATION 55 Pa.Code §2600 Western Field Office
 2600.227(a) - 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.

2a. DESCRIPTION OF VIOLATION

The support plan for resident #1, dated 6/13/12, does not address resident's history of falls indicated on the 6/13/12 assessment.

Resident #6, admitted 1/22/11, did not have an initial support plan completed until 8/25/11.

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 POC - Falls addressed in assessment and not support plan. DOW has updated support plan to reflect fall risk. Falls audit to be completed and falls to be added to support plans if not already. Audit completed 11/30/12.

Resident #6 - Prior DOW did not complete initial support plan. Current DOW utilizes a tickler file to assure assessments are completed timely.

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page) *Jennifer Musone, ED*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Jennifer Musone Date 10/24/12

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

The above plan of correction is approved as of 6/20/12
 (Date)

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

Plan of correction implementation status as of 6/20/12
 (Date)

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

Violation Report: 41019 - 09/19/2012 - Orme, Melinda
PCH Name: JUNIPER VILLAGE AT MEADVILLE

OT 26 2012

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

The assessment for resident #1, dated 6/13/12, indicates the resident has a history of falls and needs a CPAP machine for sleep apnea. The support plan, dated 6/13/12, does not address how these needs will be met.

The medical evaluation for resident #4, dated 11/18/11, indicates the resident needs physical therapy and speech therapy. The support plan, dated 10/12/11, does not indicate how the home will assist the resident in obtaining these services. Resident #4 also wears an eye patch to aid with symptoms of vertigo and nausea. The symptoms of vertigo, nausea and use of eye patches is not addressed as a service need on the resident's support plan.

Resident #6 had a significant change in health and began hospice services on 7/24/12. A new support plan was not developed to address how the home will meet the resident's needs for the significant change.

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 - Updated on current Support Plan at the time of Hospice admission. New RASP for status change was completed on 8/22/12. Plan of correction: All significant changes will be updated and completed within 5 calendar days.

Resident #4 - Inspector did not bring this concern at the time of inspection. Medical evaluation is dated 11/18/11 but not assessment. Attached is the assessment which does indicate the alternating eye patch. Resident #4 - Medical Evaluation - "None" was checked for PT/ST but then doctor also stated these initials on medical evaluation for an as needed basis. Recommendations to be made as needed per doctor and service plan. Resident was getting services prior to 10/12/11 and was discharged 10/26/11. Discharge letter attached. DOW will address new orders we receive on Medical Evaluation and forward to Physician and Therapy.

Resident # 1 - Sleep Apnea machine discharged per residents request. Doctor discharged CPAP machine. History of Falls addressed in assessment by ensuring clean and uncluttered walkways. See attached documentation. Plan of Correction: Risk Management Agreement to be completed if resident refuses medical services that poses a detriment to his health. Upon readmission on 6/5/12, no new orders issued for a CPAP machine.

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *Jennifer Musone, FD*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Jennifer Musone* Date *10/24/12*

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

The above plan of correction is approved as of 11/20/12 (Date)

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

Plan of correction implementation status as of 11/20/12 (Date)

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