

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 January 28, 2013 until April 28, 2013,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 433781

Robert E. Robinson
ISSUING OFFICER

[Signature]
DIRECTOR

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



CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: JAN 29 2013

Mr. Charles W. Hastings, Jr., VP
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 (Department) licensing inspections on September 26, 2012, September 27, 2012, October 9, 2012, November 28, 2012, December 4, 2012 and December 10, 2012 of the above personal care home, the violations specified on the enclosed Violation Report were found.

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

All violations specified on the 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.

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

55 Pa.Code Chapter 2600 Section no.	Class of Violation	Census at Inspection X	Fine Per resident Per day	Calculated Fine = Per day	Mandated Correction Date (to avoid Fine)
132h	II	79	\$5	\$395	5 calendar days from mailing date of this letter
187a	II	79	\$5	\$395	5 calendar days from mailing date of this letter
225c	III	79	\$3	\$237	15 calendar days from mailing date of this letter

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

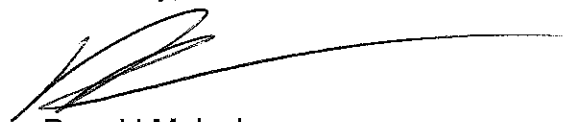
No fine is being assessed at this time; therefore, you may not appeal any fine at this time. If a violation is not corrected and full compliance with the regulation has not been achieved by the mandated correction date, a fine will be assessed and an invoice will be mailed. This invoice will contain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

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

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

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

Sincerely,



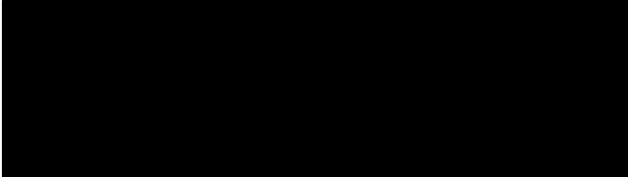
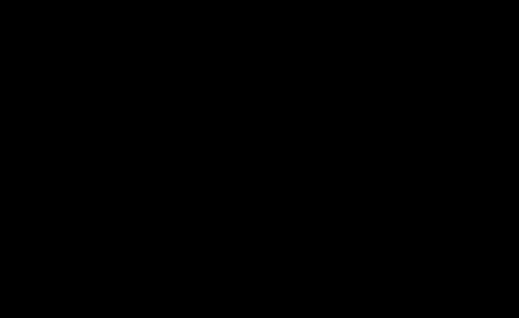
Ronald Melusky
Director

Enclosures
License
Violation Report

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

RECEIVED

NOV 13 2012

PCH Name: JUNIPER VILLAGE AT FOREST HILLS		License Number: 433780
Address: 107 FALL RUN ROAD, PITTSBURGH, PA 15221		County: Allegheny
Administrator: Janet Wangler		Region: WEST
Legal Entity Name: JUNIPER VILLAGE AT FOREST HILLS LLC	Western Field Office Adult Residential Licensing	
Legal Entity Address: 400 BROADACRES DRIVE, BLOOMFIELD, NJ 7003		
Certificate(s) of Occupancy C-2 LP 07/03/2001 L&I		
Staffing Hours Resident Support: 0 Total Daily Staff: 91 Working Staff: 68		
Type of Inspection: Full BHA Docket Number: Notice: Unannounced		
Reason(s) for Inspection(s) Renewal, Complaint, Incident		
On-Site Inspections Dates and Department Representatives On-Site 09/26/2012: Goedert, Caroline; Miller-Linhart, Alden; Pezzino, Jill 09/27/2012: Goedert, Caroline 10/09/2012: Goedert, Caroline		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details Partial or Full Triggers: Random Indicators:		
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 100 Number of Residents Served: 79 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: 	Number of Residents who: 	

Violation Report: 43378 - 09/26/2012 - Goedert, Caroline
PCH Name: JUNIPER VILLAGE AT FOREST HILLS

NOV 13 2012

1. REGULATION 55 Pa.Code §2600

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

2a. DESCRIPTION OF VIOLATION

Resident #1 was found to have fallen in his/her room at 4:00 AM on 09/16/12. The resident was lying on floor with his/her head in between the bed and night stand with a bump on the head which suggested a possible head injury. Resident #1 was returned to bed with staff person F and staff person G's assistance. Staff person D applied ice to the bump on the resident's head. At 6:30 AM, staff person D informed staff person I about the fall and that s/he will need to follow up regarding the incident. Staff person H stated that the resident had significant bruising at 07:45 AM. Staff person H notified staff person I of the bruising to which staff person I stated that they were aware and that the resident had fallen at 04:00 AM. Resident #1 was assessed by staff person A, LPN at 10:50 AM. Resident #1 was not sent for medical treatment until 11:30 AM to Forbes Regional Hospital for examination and a facial CT scan. The documentation from the hospital indicated treatment was for a fall/head injury and indicated that "a large subcutaneous hematoma over lies the right frontal bone and extends over the right orbit and cheek." On 9/27/12, resident #1 was observed to have bruising over most of the face including around the eyes and on the sides of the face as a result of the fall. Resident #1 was also observed to have a large hematoma on the forehead. The home did not submit an incident report as required within 24 hours to the regional office following the resident's serious bodily injury or trauma that required treatment at the hospital.

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 community will report incidents to DPW within 24 hours as designated by the Department. The community has developed a Tracking Log to ensure compliance that will be reviewed daily at the Stand Up meeting. Oversight will be managed by the Director of Wellness and the Executive Director. The staff have been in-serviced on the mandatory Reportable Incident requirements and will notify the DOW or ED immediately by phone in the event any resident has suffered serious bodily injury that required treatment at the hospital. Additionally staff member (I) has been terminated from employment and staff members D, F and G were re-in-serviced on our Fall Management policy and procedure.

2-20-13

A designated staff person will monitor incident reporting at least monthly. This monitoring will include a review of relevant internal documentation and interviewing staff and residents.

JWP 11-14-12

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Janet Wangler

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

JANET WANGLER, EX DIR

Date 11.8.12

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

The above plan of correction is approved as of 11-14-12
(Date)

Plan of correction implementation status as of 11-14-12
(Date)

The above plan of correction was approved by JWP
(Initials)

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

Violation Report: 43378 - 09/26/2012 - Goedert, Caroline
FCH Name: JUNIPER VILLAGE AT FOREST HILLS

NOV 13 2012

1. REGULATION 55 Pa.Code §2600
2600.20(b)(3) - The home shall obtain a written receipt from the resident for cash disbursements at the time of disbursement.

2a. DESCRIPTION OF VIOLATION
On 09/19/12, a cash disbursement of twenty dollars was made to resident #2. The home did not obtain the resident signature for the receipt of the disbursement.
On 08/02/12 and 08/06/12, cash disbursements of ten and seventeen dollars were made to resident #3. The home did not obtain the resident signature for the receipt of the disbursement.
On 09/19/12 and 09/21/12, cash disbursements of twenty dollars and sixteen dollars were made to resident #4. The home did not obtain the resident signature for the receipt of the disbursement.

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 community will obtain a written receipt from the resident for cash Disbursements at the time of the disbursement. The Business Office Manager has reviewed and In-Serviced her staff on the company's policy that aligns with the regulatory guidelines. Oversight will be managed by the BOM by weekly quality assurance review and quarterly reconciliation of accounts.

2-20-13 - the administrator or designee (not the BOM) will monitor cash disbursements at least monthly to include interviewing at least 3 residents and reviewing documentation. 11-14-12 JJP

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Janet Wangler*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) JANET WANGLER, ED Date 11.8.12

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(Date)

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

Plan of correction implementation status as of 11-14-12
(Date)

- Fully Implemented
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- Not Implemented

Violation Report: 43378 - 09/26/2012 - Goedert, Caroline
PCH Name: JUNIPER VILLAGE AT FOREST HILLS

NOV 13 2012

1. REGULATION 55 Pa.Code §2600

2600.42(b) - A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

2a. DESCRIPTION OF VIOLATION

Resident #1 was found to have fallen in his/her room at 4:00 AM on 09/16/12. The resident was lying on floor with his/her head in between the bed and night stand with a bump on the head which suggested a possible head injury. Resident #1 was returned to bed with staff person F and staff person G's assistance. Staff person D applied ice to the bump on the resident's head. At 6:30 AM, staff person D informed staff person I about the fall and that s/he will need to follow up regarding the incident. Staff person H stated that the resident had significant bruising at 07:45 AM. Staff person H notified staff person I of the bruising to which staff person I stated that they were aware and that the resident had fallen at 04:00 AM. Resident #1 was assessed by staff person A, LPN at 10:50 AM. Resident #1 was not sent for medical treatment until 11:30 AM to Forbes Regional Hospital for examination and a facial CT scan. The documentation from the hospital indicated treatment was for a fall/head injury and indicated that "a large subcutaneous hematoma overlies the right frontal bone and extends over the right orbit and cheek." On 9/27/12, resident #1 was observed to have bruising over most of the face including around the eyes and on the sides of the face as a result of the fall. Resident #1 was also observed to have a large hematoma on the forehead.

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 community will not neglect the needs of the resident.
The community has re-trained and reviewed the policy regarding Fall Management with all of the Wellness staff along with the complete Resident Services Pathway which includes:
Reportable Events, Incident Reports, Emergency Care, Emergency Notification System, Summoning Help, Reporting Change in Resident's Condition, and Resident Records. Oversight will be managed by the Director of Wellness or her designee and Executive Director by thoroughly reviewing each incident to rule out abuse or neglect during the daily Stand Up meeting.

2-20-13 On going training will be provided at regular staff meetings to address recognizing decline in resident health status and immediately securing medical care as needed. JWP 11-14-12

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Janet Wangler

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

JANET WANGLER, EX DIR

Date

11.8.12

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11-14-12
(Date)

Plan of correction implementation status as of

11-14-12
(Date)

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- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by

JWP
(Initials)

Violation Report: 43378 - 09/26/2012 - Goedert, Caroline
POH Name: JUNIPER VILLAGE AT FOREST HILLS

1. REGULATION 55 Pa.Code §2600

NOV 13 2012

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

Western Field Office
Adult Protective Services

2a. DESCRIPTION OF VIOLATION

The home has a video surveillance camera in the hallway of resident rooms and a portion of the resident dining room on the wellspring unit that records 10 days of footage at a time.

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 community disagrees with this violation as the video camera does not invade the Resident's Right to Privacy, however, we will discontinue the use of the camera in this location effective immediately.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Janet Wangler

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

JANET WANGLER, EX DIR

Date 11.8.12

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11-14-12
(Date)

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11-14-12
(Date)

The above plan of correction was approved by

ASP
(Initials)

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

Violation Report: 43378 - 09/26/2012 - Goedert, Caroline
 PCH Name: JUNIPER VILLAGE AT FOREST HILLS

1. REGULATION 55 Pa.Code §2600

2600.63(a) - At least one staff person for every 50 residents who is trained in first aid and CPR techniques and CPR shall be present in the home at all times. NOV 11 2012

2a. DESCRIPTION OF VIOLATION

From 11:30 PM on 09/16/12 through 6:30 AM on 09/17/12 there were not two staff persons present in the home who were certified in First Aid and CPR as required. The home's census on those days was greater than fifty 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 community will have at least one person for every 50 residents who is trained in First Aid and CPR. Enclosed please find the copy of the CPR card for the staff scheduled on 9/16/12 and 9/17/12 which we did not have on file during your visit. We have also had Priority One complete a CPR and First Aid class held on 10/9/12 to ensure compliance with this regulation. Compliance and ongoing verification of compliance will be by the Director of Wellness. All certifications will be reviewed monthly at the Quality Assurance meeting.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) JANET WANGLER, EX DIR	Date 11.8.12
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

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The above plan of correction was approved by <u></u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 43378 - 09/26/2012 - Goedert, Caroline
PCH Name: JUNIPER VILLAGE AT FOREST HILLS
NOV 13 2012

1. REGULATION 55 Pa.Code §2600
2600.121(a) - Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

2a. DESCRIPTION OF VIOLATION
On 09/26/12, at 10:00 AM, the patio gate from the Wellspring wing was dragging on the ground and only opened one third of the way, therefore blocking the egress route from 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.

The community will have unobstructed passageways and egress routes. This violation was corrected at the time of survey. This back gate and all other exit doors to the community will be monitored during daily rounds made by the Environmental Services Director or a member of his staff.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Janet Wangler*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) **JANET WANGLER, EX DIR** Date **11.8.12**

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The above plan of correction is approved as of 11-14-12 (Date)

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

Plan of correction implementation status as of 11-14-12 (Date)

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

Violation Report: 43378 - 09/26/2012 - Goedert, Caroline
PCH Name: JUNIPER VILLAGE AT FOREST HILLS

1. REGULATION 55 Pa.Code §2600
2600.125(a) - Combustible and flammable materials may not be located near heat sources or hot water heaters.

2a. DESCRIPTION OF VIOLATION
A cardboard box was located within three feet of the hot water tank located in the mechanical room.

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 community will ensure no combustible material will be located near heat sources or hot water heaters. This violation was corrected at the time of survey. Compliance will be managed by the Environmental Services Director during daily rounds.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Wangler*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) **JANET WANGLER, EX DIR** Date **11.8.12**

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(Date)

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(Initials)

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(Date)

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Violation Report: 43378 - 09/26/2012 - Goedert, Caroline
 PCN Name: JUNIPER VILLAGE AT FOREST HILLS

1. REGULATION 55 Pa.Code §2600
 2600.132(f) - Alternate exit routes shall be used during fire drills.

NOV 13 2012

2a. DESCRIPTION OF VIOLATION

Exits #6 and #7 were used during the fire drills on 10/28/11, 12/5/11, 12/6/11, 12/22/11, 1/10/12, 1/26/12, 4/5/12, 4/30/12, 5/25/12, 6/20/12, 7/19/12, 7/25/12, and 8/7/12.

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.

The community will utilize Alternate Exit Routes during fire drills. The Director of Environmental Services will oversee the monthly Fire Drills to select and identify various areas within the community to ensure alternate exit strategies are used by the staff during the evacuations. All Drills will be reviewed monthly during the QA/Safety meeting to ensure compliance.

2-20-13 - All staff and residents will be educated on fire drill evacuation procedures including the purpose of using alternate exits. Documentation will be kept. JWP 1-14-12

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Janet Wangler

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

JANET WANGLER, EX DIR

Date

11-8-12

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 (Date)

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 (Initials)

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- Not Implemented

Violation Report: 43378 - 09/26/2012 - Goedert, Caroline
 PCH Name: JUNIPER VILLAGE AT FOREST HILLS

NOV 1 2012

1. REGULATION 55 Pa.Code §2600
 2600.132(h) - Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

2a. DESCRIPTION OF VIOLATION

Staff and resident interviews indicated that during fire drills, not all of the residents come out of their rooms and participate in the drills.

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 community shall evacuate to the fire-safe area during each fire drill. We contend that we have been compliant with this regulation. All staff and residents are required to participate in the monthly drills. Effective immediately and ongoing, all staff will sign a Tracking Form after each drill. Additionally, we will ask a resident Ambassador to verify compliance by also signing the document. Oversight of compliance will be shared by the Environmental Services Director and the Executive Director. All drills will be reviewed monthly during the QA/Safety meeting to ensure compliance. The residents will be educated on the new form during the next Resident Council Meeting and the staff will be trained on the new document at the next all staff meeting scheduled on 11/20/12.

The internal tracking form for fire drills will include specific fire safe areas used and will account for all residents whereabouts during drills. JWP 11-14-12
 2-20-13 All staff and residents will be educated on fire drill evacuation procedures including the importance of exiting bedrooms in the event the fire alarm sounds.
 2-20-13 The home will schedule 2 fire drills per month for the next 6 months, ensuring all residents exit their bedroom when the fire alarm sounds to a fire safe area or prepare to evacuate the home 11-14-12 JWP

Repeat Violation: Yes Date(s) of Previous Violation(s): 11/01/2011

Signature of Legal Entity Representative (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) JANET WANGLER, EX DIR Date 11-8-12

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

The above plan of correction is approved as of 11-14-12 (Date)
 The above plan of correction was approved by [Signature] (Initials)

Plan of correction implementation status as of 11-14-12 (Date)

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

Violation Report: 43378 - 09/26/2012 - Goedert, Caroline
 PCH Name: JUNIPER VILLAGE AT FOREST HILLS

NOV 12 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 #5, dated 03/01/12, does not include the resident's diagnoses or medications.
 The medical evaluation for resident #6, dated 05/15/12, does not include the resident's 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.

The community will ensure all Medical Evaluations will be completed to include all the required information. Resident #5 and #6 evaluations were corrected at the time of survey. Ongoing compliance will be managed by the Director of Wellness and/or a designated member of her staff. Quarterly audit of files will be conducted by the DOW and Executive Director to ensure compliance. Any Medical Evaluation found to be incomplete will be sent back to the Primary Care Physician for completion.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) JANET WANGLER, EX DIR	Date 11-8-12
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The above plan of correction was approved by <u><i>JWP</i></u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 43378 - 09/26/2012 - Goedert, Caroline
 PCH Name: JUNIPER VILLAGE AT FOREST HILLS

NOV 1 2012

1. REGULATION 55 Pa.Code §2600

2600.142(a) - The home shall assist the resident to secure medical care if a resident's health status declines. The home shall document the resident's need for the medical care, including updating the resident's assessment and support plan.

2a. DESCRIPTION OF VIOLATION

Resident #1 was found to have fallen in his/her room at 4:00 AM on 09/16/12. The resident was lying on floor with his/her head in between the bed and night stand with a bump on the head which suggested a possible head injury. Resident #1 was returned to bed with staff person F and staff person G's assistance. Staff person D applied ice to the bump on the resident's head. At 6:30 AM, staff person D informed staff person I about the fall and that s/he will need to follow up regarding the incident. Staff person H stated that they were aware and that the resident had fallen at 04:00 AM. Resident #1 was assessed by staff person A, LPN at 10:50 AM. Resident #1 was not sent for medical treatment until 11:30 AM to Forbes Regional Hospital for examination and a facial CT scan. The documentation from the hospital indicated treatment was for a fall/head injury and indicated that "a large subcutaneous hematoma over lies the right frontal bone and extends over the right orbit and cheek." On 9/27/12, resident #1 was observed to have bruising over most of the face including around the eyes and on the sides of the face as a result of the fall. Resident #1 was also observed to have a large hematoma on the forehead.

3-2013 Ongoing training will be provided at regular staff meetings to address recognizing decline in resident health status and immediately securing medical care as needed.

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 community shall assist the resident to secure medical care if the resident's Health status declines. The community shall document the resident's need for medical care, including updating the resident's assessment and support plan. The community has reviewed the Resident Services Pathway with all members of the Wellness staff which includes: Emergency Care, Emergency Notification System, Summoning Help, Reporting Change in Resident's Condition, Incident Reports, Resident Records and Reportable Events. Oversight will be managed by the Director of Wellness and Executive Director. All incidents involving the resident's change in medical condition will be discussed daily during a Stand Up meeting. All necessary care required to support the resident will be discussed with the residents Primary Care Physician and the family. The community will secure any additional staffing through Home Health, Rehabilitative Services or Hospice Care and any and all equipment or medications necessary to support the resident will be provided. Every resident with a significant change in condition will have their documentation updated by the DOW or a designated staff member. All resident's with a significant change in condition will be discussed and reviewed weekly with the Regional Director of Nursing on the "At Risk" call with the DOW and Executive Director. Ongoing sampling of files will be audited quarterly and reviewed at the QA/Safety meeting.

11-14-12 JWP

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Janet Wangler

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

JANET WANGLER, EX DIR

Date 11-8-12

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

The above plan of correction is approved as of

11-14-12
 (Date)

Plan of correction implementation status as of

11-14-12
 (Date)

The above plan of correction was approved by

JWP
 (Initials)

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

Violation Report: 43378 - 09/26/2012 - Goedert, Caroline
 PCH Name: JUNIPER VILLAGE AT FOREST HILLS

NOV 1 2012

1. REGULATION 55 Pa.Code §2600

2600.187(c) - If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

2. DESCRIPTION OF VIOLATION

On 09/08/12, resident #1 refused to take scheduled doses of Nitroglycerin 0.2mg/hr patch, Escitalopram 10mg, Atorvastatin 10mg, and Diovan 80mg. The home did not report the refusals to the resident's doctor as required.

On 09/19/12, resident #6 refused to take a scheduled dose of Valproic Acid Syrup 250/5 ml. The home did not report the refusal to the resident's doctor as required.

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 community will ensure any resident's refusal to take a prescribed medication will result in notification to the Primary Care Physician within 24 hours. Effective immediately and ongoing the Medication Technician will fax a Medication Refusal form to the resident's PCP the given to the Director of Wellness. The faxed receipt will then be placed in the resident's medical record by the DOW or a designated person in the Wellness Department. Compliance will be by the DOW through a sampling cart audit conducted on the electronic MAR system.

2-20-13 The administrator will develop a contingency plan in the event faxes to the physician do not go through and will educate staff on this plan. 11-14-12 JWP

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) JANET WANGLER, EX DIR	Date 11.8.12
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>11-14-12</u> (Date)	Plan of correction implementation status as of <u>11-14-12</u> (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 43378 - 09/26/2012 - Goedert, Caroline
 PCH Name: JUNIPER VILLAGE AT FOREST HILLS

NOV 13 2012

1. REGULATION 55 Pa.Code §2600

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

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

2a. DESCRIPTION OF VIOLATION

Resident #6's Resident Assessment Support Plan (RASP) dated 05/20/12 was incomplete for the resident's social and recreational needs. The section was left blank.

Resident #7's RASP dated 07/18/12 stated that the resident can safely avoid poisonous materials. However, resident #7's medical evaluation dated 08/25/12 stated that the resident could not safely avoid poisonous materials.

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 community shall thoroughly complete assessments. The RASP for Resident #6 and #7 were corrected at the time of survey. All documentation regarding the resident shall be accurate and completed in a timely manner. The RASP shall reflect the residents current condition and will be updated should the condition of the resident significantly change prior to the annual assessment. Compliance will be managed by the Director of Wellness and or a designated Wellness staff member. The Executive Director will provide oversight through a QA tool and chart audit completed monthly and reviewed during the QA/Safety Meeting. A complete audit of all the charts has begun and completion is expected by 12/1/12.

A complete audit will include reviewing of the RASP to ensure all mandatory sections are completed. 11-14-12 JWP

Repeat Violation: Yes	Date(s) of Previous Violation(s):	11/01/2011
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Signature of Legal Entity Representative (Required on EVERY Page) *[Signature: J. Wangler]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) JANET WANGLER, EX DIR	Date 11-8-12
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE

The above plan of correction is approved as of 11-14-12 (Date)

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

Plan of correction implementation status as of 11-14-12 (Date)

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

Violation Report: 43378 - 09/26/2012 - Goedert, Caroline

PCH Name: JUNIPER VILLAGE AT FOREST HILLS

NOV 13 2012

1. REGULATION 55 Pa.Code §2600

2600.251(b) - The entries in a resident's record shall be permanent, legible, dated and signed by the staff person making the entry.

Admission and Discharge

2a. DESCRIPTION OF VIOLATION

The entries in resident #1's record were rewritten with entries changed and omitted following the resident's fall in the home at 4:00am on 09/16/12.

The original progress notes section was written as follows:

On 08/16/12, staff person B, LPN wrote, "Res. is alert and oriented with periods of confusion. Continent of bowel, incontinent of bladder. Requires assistance with dressing and showers. Appetite is good and speech is mostly clear, can be muffled. Ambulates via wheelchair."

On 08/16/12 at 02:45 PM, staff person C, LPN wrote, "Resident found sitting on floor in room in front of wheelchair, denies pain or injury, range of motion to extremities without pain, blood pressure 144/78 pulse 86."

On 09/16/12, staff person D wrote, "Resident was observed lying on the floor beside ___ bed. It appeared that ___ hit the right side of ___ head on ___ night stand. The incident happened at 04:00 AM. There were no other apparent injuries. Night medication technician will have am medication technician follow-up with Dr. and family. Phone call in ___"

On 09/16/12, staff person E, LPN wrote, "Resident back from ER at 07:50 PM. CT Scan was negative. Resident is currently resting in bed. Call light is within reach. Please continue to monitor. Please refer to discharge papers for any complications located in main Nurse's office."

The progress notes section on 10/09/12 was rewritten as follows:

On 08/16/12, staff person B, LPN wrote, "Resident is alert and oriented with periods of confusion. Continent of bowel, incontinent of bladder. Requires assistance with dressing and showers. Appetite is good and speech is mostly clear, can be muffled. Ambulates via wheelchair."

On 08/16/12 at 02:45 PM, staff person B, LPN wrote, "Resident found sitting on floor in room in front of wheelchair. No complaints of pain. No apparent injuries. Blood pressure 144/78, pulse 86."

On 09/16/12 at 08:30 AM, staff person A, LPN, wrote, "Resident was found on floor in B.R. after an unwitnessed fall. No complaints of pain. No apparent injuries. Blood pressure was 138/72. Pulse was 80. Resident was assisted back to wheelchair. Will monitor."

On 09/16/12 at 10:30 AM, staff person A, LPN wrote, "Resident now has large bruise on right side of face from top of head. No complaints of pain. Resident to go to emergency room for assessment. MD and family notified."

On 09/16/12, staff person B, LPN wrote, "Resident returned to facility. No new orders."

On 09/28/12, staff person A, LPN wrote, "MD in to follow-up with resident. MD states to nurse resident is healing well. No new orders at this time."

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.

2-20-13 At regular staff meetings, training will be provided in integrity and ethics to include resident record and medication administration documentation such that see attached sheet. accurate documentation is maintained. 11-14-12 JWP

See page 15A

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

Signature of Legal Entity Representative (Required on EVERY Page) [Signature: J Wangler]

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) JANET WANGLER, EX DIR Date 11.8.12

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

The above plan of correction is approved as of 11-14-12 (Date)

Plan of correction implementation status as of 11-14-12 (Date)

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

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

page 15A
RECEIVED

NOV 12 2012


Western Piedmont
Adult Protective Services

Response to Regulation 2600.251 (b):

The community shall ensure the entries in the resident's records shall be permanent, legible, dated and signed by the staff person making the entry.

Upon receiving the initial allegation from Adult Protective Services the community took immediate action in severing employment with these staff members and have reported their actions to the PA Board of Nursing. We have hired a new Director of Wellness and an Assistant to review all resident documentation and assessments. We have met with all the Medication Aides and specifically re-trained and reviewed the Resident Records Policy and Procedure. We have met with each Wellness staff member individually to discuss any question or concern they may have regarding the health, safety or well being of the residents. We will ensure compliance through weekly meetings and QA audits into resident records. All documentation will be reviewed at the monthly QA/Safety Meeting. Compliance will be managed by the Executive Director and the Regional Director of Operations during a monthly visit.


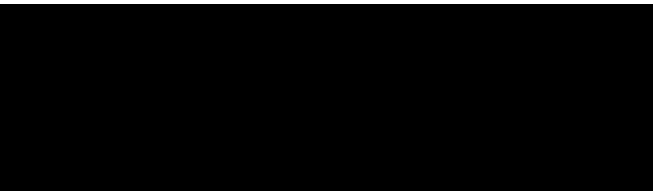
Please refer to the enclosed letter to Adult Protective Services in regards to this isolated incident.


JANET WANGLER, ED

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

RECEIVED

DEC 5 2012

PCH Name: JUNIPER VILLAGE AT FOREST HILLS		License Number: 433780
Address: 107 FALL RUN ROAD, PITTSBURGH, PA 15221		County: Allegheny
Administrator: Janet Wangler		Region: WEST
Legal Entity Name: JUNIPER VILLAGE AT FOREST HILLS LLC		Western Field Office Adult Residential Licensing
Legal Entity Address: 400 BROADACRES DRIVE, BLOOMFIELD, NJ 7003		
Certificate(s) of Occupancy C-2 LP 07/03/2001 LABOR AND INDUSTRY		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 91	Waking Staff: 68
Type of Inspection: Partial	BHA Docket Number:	Notice: Announced
Reason(s) for Inspection(s) Interim		
On-Site Inspections Dates and Department Representatives On-Site 11/28/2012: Goedert, Caroline; Kimberland, Jon; Pezzino, Jill; Cutter, Jan		
Off-Site Inspection Dates and Inspectors, if Applicable 11/29/2012: Goedert, Caroline; Pezzino, Jill		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 100 Number of Residents Served: 79 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable:	Number of Residents who: 	
		

RECEIVED

Violation Report: 43378 - 11/28/2012 - Goedert, Caroline
PCH Name: JUNIPER VILLAGE AT FOREST HILLS

1. REGULATION 55 Pa.Code §2600
2600.131(c) - A fire extinguisher with a minimum 2A-10BC rating shall be located in each kitchen. The kitchen extinguisher meets the requirements for one floor as required in § 2600.131(a).

DEC 5 2012

Western Field Office
Pennsylvania Department of Environmental Protection
Environmental Licensing

2a. DESCRIPTION OF VIOLATION
A fire extinguisher with a minimum 2A-10BC rating was not in the 'Connections' activity room kitchen.

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 community will place a Fire Extinguisher in the Connections/
Activity room kitchen. The Environmental Services Manger will
inspect and monitor the all the communities extinguishers during
monthly service rounds to verify compliance. Ongoing verification
is also reviewed during the monthly Quality Assurance meeting.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) JANET WANGLER Date 12.5.12

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

The above plan of correction is approved as of 1-11-13
(Date)

Plan of correction implementation status as of 1-11-13
(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: 43378 - 11/28/2012 - Goedert, Caroline
 PCH Name: JUNIPER VILLAGE AT FOREST HILLS

RECEIVED

1. REGULATION 55 Pa.Code §2600

2600.132(d) - Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.

DEC 5 2012
 Western Field Office
 Adult Residential Licensing

2a. DESCRIPTION OF VIOLATION

The fire safety expert established a maximum safe evacuation time for the home of 8 minutes. The fire safety expert also established fire safe areas within the structure.

On 11/28/12 at 2:00 PM, a fire drill was conducted in the home and the following was observed:

At 11 minutes 10 seconds, the resident in room #114 had not evacuated to a designated meeting place away from the building or a designated fire safe area.

At 11 minutes 10 seconds, two residents in room #218 had not evacuated to a designated meeting place away from the building or a designated fire safe area.

A sleeping hours fire drill was held on 5/25/2012 at 5 AM. The evacuation time noted on the fire drill log was 7 minutes 17 seconds. Residents did not evacuate in all areas. Residents only evacuated in the area affected by the simulated fire.

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

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

Residents shall be able to evacuate the entire building to a fire-safe area designated in writing within the past year by fire safety expert within the period of time specified in writing within the past year by a fire safety expert.

To attempt to comply with this regulation, the community has increased the staffing hours during the 11pm to 7am shift as requested by DPW .

On Thursday, December 20, 2012, we will hold our first "simulated" drill and continue with subsequent drills daily or until we can complete the drill in less than eight (8) minutes as determined by the Fire Safety Expert, [redacted] who will be present during the "simulated drill".

The administrator will ensure the required minimum staff is in place to safely evacuate in the event of an emergency. If staff call off, the vacancy will be filled to ensure there is minimum staff coverage. 1-11-13 JWP

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

Signature of Legal Entity Representative (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) **JANET WANGLER** Date **12.5.12**

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

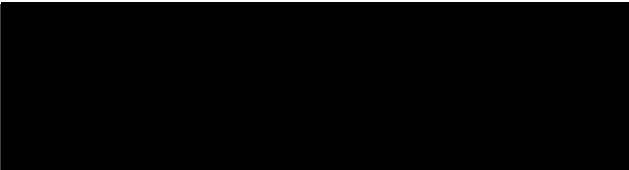

The above plan of correction is approved as of 1-11-13 (Date)

Plan of correction implementation status as of 1-11-13 (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
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

PCH Name: JUNIPER VILLAGE AT FOREST HILLS		License Number: 433780
Address: 107 FALL RUN ROAD, PITTSBURGH, PA 15221		County: Allegheny
Administrator: JANET WANGLER		Region: WEST
Legal Entity Name: JUNIPER VILLAGE AT FOREST HILLS LLC		
Legal Entity Address: 400 BROADACRES DRIVE, BLOOMFIELD, NJ 7003		
Certificate(s) of Occupancy C-2 LP 07/03/2001 L&I		<p style="text-align: center;">RECEIVED</p> <p style="text-align: center;">JAN 04 2013</p> <p style="text-align: center;">WEST REGION FIELD OFFICE Human Services Licensing</p>
Staffing Hours		
Resident Support: 0	Total Daily Staff: 105	Waking Staff: 79
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Interim, Complaint		
On-Site Inspections Dates and Department Representatives On-Site 12/04/2012: Mandock, Nancy; Perry, Carole 12/10/2012: Mandock, Nancy; Perry, Carole		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 100 Number of Residents Served: 80 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: 	Number of Residents who: 	

Janet Wangler
JANET WANGLER, ED 1/5/13

RECEIVED

JAN 04 2013

Page 2 of 6

Violation Report: 43378 - 12/04/2012 - Mandock, Nancy
PCH Name: JUNIPER VILLAGE AT FOREST HILLS

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

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

2a. DESCRIPTION OF VIOLATION

On 12/04/12, two excessive 1" accumulations of wet leaves, each measuring approximately 1'x3', were observed in walkway areas on the patio outside the Wellspring wing of 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 time of survey. The community shall ensure that ice, snow and obstructions are removed from walkways, ramps, steps, recreational areas and exterior fire escapes. The Environmental Svcs Manager will ensure compliance during daily rounds and address any obstruction immediately. The Executive Director will also make random rounds of all outside areas to ensure compliance.

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

Signature of Legal Entity Representative (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) JANET WANGLER, ED Date 1/5/13

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

The above plan of correction is approved as of 1-16-13 (Date)

Plan of correction implementation status as of 1-16-13 (Date)

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

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

RECEIVED 43378-12/04/2012

JAN 04 2013

Violation Report: 43378 - 12/04/2012 - Mandock, Nancy PCH Name: JUNIPER VILLAGE AT FOREST HILLS		WEST REGION FIELD OFFICE Human Services Branching	
1. REGULATION 55 Pa.Code §2600 2600.144(c) - A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include 2600.144(c)1-3.			
2a. DESCRIPTION OF VIOLATION On 12/04/12, four cigarette butts were observed on the patio outside of the Wellspring wing of the home. This area is not a designated smoking area for the home.			
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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.</i>			
<p>Corrected at time of survey. The community shall ensure compliance with smoking in designated areas only. Our investigation found these butts were left by a family member, however, we have reviewed with the staff our Smoking policy and procedure and will re-direct family members as necessary. Information regarding our Smoking policy will also be reviewed with families in the monthly Family Update scheduled to be mailed out on 1/20/13.</p>			
Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page) <i>Wangler</i>			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) JANET WANGLER, ED		Date 1/5/13	
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!			
The above plan of correction is approved as of <u>1-16-13</u> (Date)		Plan of correction implementation status as of <u>1-16-13</u> (Date)	
The above plan of correction was approved by <u>JWP</u> (Initials)		<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented	

RECEIVED

Violation Report: 43378 - 12/04/2012 - Mandock, Nancy

JAN 04 2013

PCH Name: JUNIPER VILLAGE AT FOREST HILLS

WEST REGION FIELD OFFICE

1. REGULATION 55 Pa.Code §2600

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

2a. DESCRIPTION OF VIOLATION

The home's policy for missing or unaccounted controlled substances includes reporting thefts of schedule or controlled substances to appropriate, municipal, county, state, and federal authorities. The home reported that on 10/31/12, during the narcotic count from the 11:00PM to 7:00AM shift, it was determined that 27 Vicodin pills and also the narcotic sheet for the pills were missing/unaccounted for. The home's internal investigation did not account for the missing medication, and the home has not implemented its policy and contacted the appropriate, municipal, county, state, and federal authorities.

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 community shall develop and implement procedures for safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons. The Executive Director will review Juniper's P&P specific to reporting to outside agencies to ensure all policies are followed and the appropriate agencies are notified as required by 1/7/12. Compliance will be managed and reviewed by the Regional Director of Operations and again at the Safety/Quality Assurance Committee Meeting held monthly.

In the event that medication is found missing and there is suspicion of theft or other criminal activity, the Administrator or a designated staff person will contact the police immediately. 1-11-13 JWP

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page)

Janet Wangler

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

JANET WANGLER, ED

Date 1/5/13

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

The above plan of correction is approved as of 1-16-13 (Date)

Plan of correction implementation status as of 1-16-13 (Date)

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

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

JAN 04 2013

Violation Report: 43378 - 12/04/2012 - Mandock, Nancy
PCH Name: JUNIPER VILLAGE AT FOREST HILLS

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

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

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

2a. DESCRIPTION OF VIOLATION

Per staff person A, the administrator, he/she passed medications on 10/21/12 for residents of the home located on the home's second floor-north wing and documented those medication administrations on the resident's E-MARs using staff person B's initials.

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. *Only qualified staff will administer medications and initial the e-mar.*

Staff will only enter their password as to accurately show who gave the medications 1-11-13 gpp

The community shall keep accurate Medication Records for each resident for whom medications are administered. The Director of Wellness will ensure the Electronic Medication Administration computer access codes are current and available for all staff who pass medications. The DOW will maintain a list of all employees who have access codes. The DOW will witness each employee successfully log into the system each month. This log of active users will be reviewed at the monthly Safety/OA Meeting. Should access be denied to the user the provider (Forest Hills Pharmacy) will be available 24 hours a day to re-establish on line access. In the event of an electrical failure the EMAR computers can be connected to the outlets on each floor which are powered by the community's generator. The generator is routinely checked on a weekly basis by the Environmental Svcs Manager.

2-15-13 A designated staff person will monitor the medication administration and e-mar at least weekly to ensure only qualified staff administer medication. 1-11-13 gpp

Repeat Violation: Yes	Date(s) of Previous Violation(s):	11/18/2011
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Signature of Legal Entity Representative (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) **JANET WANGLER, ED** Date **1/5/13**

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

The above plan of correction is approved as of <u>1-16-13</u> (Date)	Plan of correction implementation status as of <u>1-16-13</u> (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input checked="" type="checkbox"/> Not Implemented

JAN 10 2013

Page 6 of 6

Violation Report: 43378 - 12/04/2012 - Mandock, Nancy
PCH Name: JUNIPER VILLAGE AT FOREST HILLS

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.190(a) - A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral, topical, eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

2a. DESCRIPTION OF VIOLATION

According to staff person A, on 10/21/12, staff person A, who has not successfully completed the Department-approved medications administration course, administered medications to residents of 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.

2-15-13 Staff person A will complete required medication administration training and send proper documentation to the Department's Western Regional Office. 1-11-13 JAW

This citation is incorrect. The staff person A, had consistently maintained the Department-approved medication administration certification since 2008, however, her certification had just recently expired. Staff person A, was recertified again on 10/25/12. The current Director of Wellness is certified as a Medication Administration Trainer. Since October 2012, we have certified (5) five additional staff members as Medication Technicians. We will continue to train and certify staff to ensure compliance is ongoing. Additionally, we have updated our staffing policy to include mandated overtime in the event there is a need for coverage. The DOW will ensure that staff person A as well as all Med Techs maintain current Med Tech certifications.

2-15-13 A designated staff person will monitor the medication administration and email at least weekly to ensure only qualified staff administer medication. 1-11-13 JAW

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

Signature of Legal Entity Representative (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) JANET WANGLER, ED Date 1/5/13

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

The above plan of correction is approved as of 1-16-13 (Date)

Plan of correction implementation status as of 1-16-13 (Date)

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

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