



**pennsylvania**  
DEPARTMENT OF PUBLIC WELFARE

Mailing Date: FEB 25 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 inspection on December 31, 2012; January 4, 2013 and January 7, 2013, 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.

Sincerely,

A handwritten signature in black ink that reads "Jill Pezzino".

Jill Pezzino  
Regional Licensing Administrator

Enclosure(s)



Violation Report: 43378 - 01/25/2013 - Goedert, Caroline  
PCH Name: JUNIPER VILLAGE AT FOREST HILLS

FEB 5 2013

1. REGULATION 55 Pa.Code §2600

2600.15(a) - The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adults Protective Services Act (35 P.S. Sections 10225.701 - 10225.707) and 6 Pa. Code Sections 15.21 - 15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Western Field Office

2a. DESCRIPTION OF VIOLATION

On 12/29/12, an allegation of abuse was reported by the police to staff person A, the Administrator of the home. The allegation was that there was something suspicious about resident #1's supposed fall in the home at 6:00 AM on 12/29/12. The home did not call to report the allegation to the local Area Agency on Aging or PA Department of Aging until 1/7/13.

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.

Upon first being made aware of an un-witnessed fall on 12/29/12, staff person A, the Administrator of the facility faxed the reportable incident to DPW on 12/29/12 at 2:37 pm per DPW regulation. Upon notification from the Allegheny County Police Department that an allegation of "Unusual Circumstance" had been reported, Staff person A, the Administrator, then reported this alleged Act 13 Incident by Facsimile to Area Agency on Aging at 11:13pm. The Administrator also updated the original Reportable Incident form submitted to the DPW in light of the information received from the Police Department. The Administrator conducted an internal investigation in accordance with facility policy.

The Administrator or Director of Wellness will immediately make an oral report of suspected abuse, followed by a written report within 48 hours, in accordance with OAPSA. All Wellness Staff Members were trained on OAPSA by a Corporate Leadership Team Member on 1/8/13. All Leadership Team Members will be trained on reporting requirements on 2/4/13. All employees will be trained on reporting suspected abuse that includes the OAPSA self study Unit 1 training on 2/5/13. Staff person A, the Administrator, will complete the OAPSA self study Units 1-4 training on 2/5/13.

Any report of suspected abuse will be reviewed by the Administrator and Director of Wellness to ensure full compliance using a checklist for each report, which will document the following:

- time, date of first report of incident and by whom
- time, date, person contacted by telephone call to Adult Protective Services
- time, date of fax to Adult Protective Services
- time, date, person contacted by telephone call to local police department
- time, date, method of report to DPW

This cover-sheet will be reviewed within 24 hours of the first report of incident for compliance by the Administrator or designee.

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 2/4/13

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

|  |   |
|--|---|
| The above plan of correction is approved as of <u>2-6-13</u><br>(Date) | Plan of correction implementation status as of <u>2-6-13</u><br>(Date)  |
| The above plan of correction was approved by <u>JWP</u><br>(Initials)  | <input type="checkbox"/> Fully Implemented<br><input checked="" type="checkbox"/> Partially Implemented - Adequate Progress<br><input type="checkbox"/> Partially Implemented - Inadequate Progress<br><input type="checkbox"/> Not Implemented |