



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

MAY 30 2013

Mr. William D. Lenahan
Buchanan Ingersoll & Rooney PC
409 North Second Street, Suite 500
Harrisburg, Pennsylvania 17101

RE: Juniper Village at Forest Hills
107 Fall Run Road
Pittsburgh, Pennsylvania 15221

Dear Mr. Lenahan:

This is to acknowledge receipt of your request to appeal the Department's decision to issue a PROVISIONAL license for Juniper Village at Forest Hills. Your request has been forwarded to the Department of Public Welfare, Bureau of Hearings and Appeals. You will be contacted regarding the date and time of the hearing.

Sincerely,

A handwritten signature in black ink, appearing to read "Ronald Melusky", written over a long horizontal line.

Ronald Melusky
Director

cc: Gene Cuccarese, Office of General Counsel

William D. Lenahan
717 237 4805
william.lenahan@bipc.com

409 North Second Street
Suite 500
Harrisburg, PA 17101-2023
T 717 237 4800
F 717 233 0852
www.buchananingersoll.com

May 28, 2013

VIA HAND DELIVERY

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

RECEIVED

MAY 28 2013

Human Services Licensing

Tracy L. Henry, Esquire
Director, Bureau of Hearings and Appeals
Department of Public Welfare
2330 Vartan Way, 2nd Floor
Harrisburg, Pennsylvania 17105-2675

Re: Juniper Village at Forest Hills, LLC
Appeal of Second Provisional License for
Juniper Village at Forest Hills
107 Fall Run Road
Pittsburgh, PA 15221

Dear Mr. Herzing and Ms. Henry:

Please consider this letter to be a timely appeal of the Department of Public Welfare's ("Department") decision to issue a second provisional license to our client, Juniper Village at Forest Hills, LLC, for its facility Juniper Village at Forest Hills ("Forest Hills"), for the period May 16, 2013 through November 16, 2013. The Department formally issued such provisional license to Forest Hills by letter dated May 17, 2013, from the Director of the Bureau of Human Services Licensing, Ronald Melusky (the "May 17, 2013 Letter"). The Department's decision was based on its findings that "violations specified for your previous provisional license have not been corrected and we found new violations not found during our previous inspection." The Department's notice states its findings were as a result of licensing inspections conducted on February 15, 2013, February 27, 2013, February 28, 2013, March 21, 2013 and May 7, 2013. Copies of the Department's notice are attached to this appeal notice at **Tab A**.

Jacob Herzing, Enforcement Manager
Tracy L. Henry, Esquire
May 28, 2013
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Forest Hills disagrees with the Department's decision to issue a second provisional license for the following reasons.

- (1) Forest Hills has not been provided a violation report for the inspection conducted on May 7, 2013, and therefore has not received any notification of any violation that may be cited in such a report. Accordingly, Forest Hills reserves the right to supplement this appeal if it is provided with a violation report and there are any violations noted.
- (2) The Department has cited Forest Hills for violations of fire codes that are not within the Department's jurisdiction to enforce. The state Department of Labor and Industry, the state Department of Health, or the local building authority under the Pennsylvania Construction Code Act (35 P.S. §§ 7210.101 – 7210.1103) is given this authority. The Department's regulations relating to fire safety do not include provisions for the enforcement of state or local fire and building codes. Under the Department's regulations, the Department is to request fire safety inspections by the appropriate agency, if possible fire safety violations are observed. 55 Pa. Code § 2600.14. The Department did not request such inspections and did not accept the validity of fire drills observed and cleared by such authorities. In the second violation report issued by the Department following the March 21, 2013 inspection, the Department asserted that Forest Hills was in violation of the "National Fire Protection Association Standards." As stated above, the Department does not have the authority to enforce this code. The Department also did not provide any citation to a specific provision of this voluminous code, placing Forest Hills in the position again of not being notified of the basis for the Department's assertion.
- (3) As set forth in Forest Hills' April 8, 2013 appeal of fines assessed by the Department relating to the evacuation of residents to a designated meeting place during a fire drill, the Department interfered with the conduct of those fire drills that representatives of the Department witnessed. The Department also incorrectly calculated evacuation times, basing them on full evacuation time rather than the time for residents in the fire zone to reach a fire safety area designated in writing by a fire safety expert. The Department failed to recognize the successful fire drills that Forest Hills conducted in the presence of the Forest Hills local fire authority responsible for the enforcement of the state's fire codes.
- (4) The Department has cited Forest Hills for violations that were subsequently cleared. By way of example, a citation to 55 Pa. Code § 2600.225(c) appeared on the violation report for the February 15, 2013 inspection. Following that survey, a full licensure inspection was conducted on February 27 and 28, 2013. The

Jacob Herzing, Enforcement Manager
Tracy L. Henry, Esquire
May 28, 2013
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citation to 225(c) was cleared and did not appear in the March 21, 2013 violation report. The Department ended the assessment of the fine on March 1, 2013, following the February 27 and 28, 2013 inspection; however, the citation to a violation of 55 Pa. Code § 2600.225(c) is listed as a basis for the issuance of a second provisional license in the May 17, 2013 Letter.

- (5) The Department provides no justification, basis, or authority for its directives inserted on Forest Hills' plans of correction, of which Forest Hills had no knowledge until the receipt of the May 17, 2013 Letter.
- (6) Forest Hills challenges specific inspection violations and the use of those violations in the issuance of this provisional license. Some of the violations were immediately corrected at the time of the survey and yet in its notes contained on the violation reports received by Forest Hills via the May 17, 2013 Letter, the Department has marked these violations as only partially implemented with no explanation or subsequent citation.

Please consider this correspondence to be a timely appeal by Forest Hills to appeal the decision of a subordinate officer, Ronald Melusky, as provided at 1 Pa. Code § 35.20, filed within ten (10) days of your May 17, 2013 Letter. Accordingly, it is our understanding that you will forward this correspondence to the appropriate offices for filing for review by the agency head, as well as for filing with the Department's Bureau of Hearings and Appeals.

For these reasons, Forest Hills believes that the Department should: (1) rescind the May 17, 2013 Letter issuing Forest Hills a second provisional license, and (2) issue a regular license to Forest Hills within thirty (30) calendar days.

By this letter, I also enter my appearance and the appearance of my colleague, Christine Dutton, as representing Forest Hills in this appeal pursuant to 1 Pa. Code § 31.22.

Respectfully submitted,



William D. Lenahan

WDL/lws
Enclosure

cc: Tracy L. Henry, Esquire (w/enc.)
Lynne S. Katzman, President (w/enc.)
Christine S. Dutton, Esquire (w/enc.)

**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF HEARINGS AND APPEALS**


**RE: JUNIPER VILLAGE AT FOREST HILLS
APPEAL OF SECOND PROVISIONAL LICENSE**

**107 FALL RUN ROAD
PITTSBURGH, PA 15221**

NOTICE OF ENTRY OF APPEARANCE

Please enter our appearance on behalf of Juniper Village at Forest Hills, L.L.C, owner of Juniper Village at Forest Hills, in the above-referenced appeal. We are authorized to accept service on behalf of Appellant in this matter.

On the basis of this Notice, we request a copy of each document hereafter issued by the Bureau of Hearings and Appeals of the Department of Public Welfare in this matter.



WILLIAM D. LENAHAN, ESQUIRE
CHRISTINE S. DUTTON, ESQUIRE
BUCHANAN INGERSOLL & ROONEY PC
409 North Second St., Suite 500
Harrisburg, PA 17101
(717) 237-4805

Dated: May 28, 2013

**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF HEARINGS AND APPEALS**

**RE: JUNIPER VILLAGE AT FOREST HILLS
APPEAL OF SECOND PROVISIONAL LICENSE**

**107 FALL RUN ROAD
PITTSBURGH, PA 15221**

CERTIFICATE OF SERVICE

I hereby certify that on May 28, 2013, I served a copy of the Notice of Appeal to the addressees listed below by depositing copies of the same in the United States mail, first class, postage prepaid:

Tracy L. Henry, Esquire
Director
Bureau of Hearings and Appeals
Department of Public Welfare
P. O. Box 2675
Harrisburg, PA 17105-2675

Office of Chief Counsel
Department of Public Welfare
P. O. Box 2675
Harrisburg, PA 17105-2675



**WILLIAM D. LENAHAN, ESQUIRE
CHRISTINE S. DUTTON, ESQUIRE
BUCHANAN INGERSOLL & ROONEY PC
409 North Second St., Suite 500
Harrisburg, PA 17101
(717) 237-4805**

Dated: May 28, 2013



CERTIFIED MAIL – RETURN RECEIPT REQUESTED

MAILING DATE: MAY 17 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 February 15, 2013, February 27, 2013, February 28, 2013, March 21, 2013 and May 7, 2013, of the above personal care home, we found that violations specified for your previous PROVISIONAL license have not been corrected and we found new violations not found during our previous inspection.

A SECOND PROVISIONAL license is being issued based on substantial compliance 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)
132d	II	64	\$5	\$320	5 calendar days from mailing date of this letter
225c	III	64	\$3	\$192	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 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

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to JUNIPER VILLAGE AT FOREST HILLS LLC
To operate JUNIPER VILLAGE AT FOREST HILLS
Located at 107 FALL RUN ROAD, PITTSBURGH, PA 15221

ADDRESS OF SATELLITE SITE _____
ADDRESS OF SATELLITE SITE _____
ADDRESS OF SATELLITE SITE _____

LEGAL ENTITY: _____
NAME OF FACILITY OR AGENCY: _____
COMPLETE ADDRESS OF FACILITY OR AGENCY: _____
ADDRESS OF SATELLITE SITE _____
ADDRESS OF SATELLITE SITE _____
ADDRESS OF SATELLITE SITE _____

PROVISIONAL

To provide _____
The total number of _____ may _____
or the maximum capacity permitted by the Certificate of Compliance is _____

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 until November 16, 2013

and shall remain in effect from May 16, 2013 until November 16, 2013,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **433782**
Robert E. Robinson DIRECTOR

ISSUING OFFICER: _____
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.

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

PCH Name: JUNIPER VILLAGE AT FOREST HILLS		License Number: 433781
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 Labor and Industry		
Staffing Hours Resident Support: 0 Total Daily Staff: 88 Working Staff: 68		
Type of Inspection: Partial BHA Docket Number: Notice: Announced		
Reason(s) for Inspection(s) Fine		
On-Site Inspections Dates and Department Representatives On-Site 02/15/2013: Goedert, Caroline; Pollock, Susan; Phillips, Joseph; Pezzino, Jill		
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: 89 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 10 Number of Hospice Residents in past year: 25	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 68 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 18 Have a Physical Disability: 1	

Violation Report: 4337B - 02/16/2013 - Goedert, Caroline
 PCH Name: JUNIPER VILLAGE AT FOREST HILLS

1. REGULATION 55 Pa.Code §2600
 2600.42(p) - A resident shall be free from restraints.

2a. DESCRIPTION OF VIOLATION

On 02/16/2013, resident #1 was observed to be seated in a wheelchair with a fastened lap belt. The resident threw himself/herself forward from the strapped wheelchair causing the wheelchair to fall forward on top of him/her. There is no documentation on resident #1's DME dated 8/1/12 for the use of a lap belt.

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.

This citation is not correct. This resident had full access to easily remove the wheelchair belt which was being employed exclusively to provide least restrictive support of functional body position and balance while using the resident-preferred wheelchair.

- EXHIBIT A - PRESCRIPTION FROM DR. [REDACTED] 2/27/13-
- EXHIBIT B - PHYSICAL THERAPIST PROGRESS NOTE

Additionally, ED or Designee will complete a random sample audit of residents to ensure compliance with resident rights process.

- EXHIBIT C - RESIDENT RIGHTS AUDIT

Staff will be educated regarding resident rights via ongoing educational program on resident rights by the ombudsman.

Resident #1 no longer resides in the facility.
 ms 5/9/13

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) JANET WANGLER, ED	Date 3.1.13
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>5/9/13</u> (Date)	Plan of correction implementation status as of <u>5/9/13</u> (Date)
The above plan of correction was approved by <u>MS</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>ms</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 43378 - 02/15/2013 - Goedert, Caroline
 PCH Name: JUNIPER VILLAGE AT FOREST HILLS

1. REGULATION 65 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.

2a. DESCRIPTION OF VIOLATION

On 11/28/12, the fire safety expert documented that 8 minutes was the maximum safe evacuation time for residents to evacuate to the outside of the building or to a fire safe area. On 2/16/13, the Department observed a fire drill that simulated the home's sleeping hours staffing pattern which consisted of 4 direct care staff. At 9 minutes and 12 seconds, not all of the residents were evacuated to the outside of the building or to a fire safe area. Residents located in room #27 and room #33 remained in their rooms during the entire drill and never evacuated outside or to a fire safe area. In addition, the fire doors located on the lower level which creates fire safe areas on that level were propped open with door stops and not closed by staff persons throughout the entire drill.

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.

All other residents except #27 and #33 (refused) were evacuated within maximum safe evacuation time. Residents #27 & #33 were provided education regarding safety protocols and requirements along with house rules regarding participations in drills. DPW provides no recommendation/guidance regarding resident rights regarding participation or refusal to participate in emergency drills and there is no documentation in the Chapter 2600 Regulation nor the RCG on addressing this matter except that a resident may not be deprived of his/her rights (2600.43). These residents, may be counseled or discharged from the home after repeated violations (2600.43) however this would then be contra-indicated in reference to 2600.43.

On 2/28 ED met with residents and educated regarding importance of fire drill participation and compliance with safety practices.

Immediately - 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 the designated meeting place away from the building. ms 5/9/13

- EXHIBIT D LETTER OF ED 2/28

Additional Fire Drills will be conducted to ensure compliance within specified time frames

Staff will be educated regarding closing of fire doors both in written policy review and during any Fires Drills and/or evacuations. *By 6/28/13 - All staff will receive thorough training in fire evacuation procedures. Documentation will be kept ms 5/9/13*

As a secondary measure, Juniper Village is obtaining quotes to replace doors in hallways with fire doors hard-wired to the system at an additional and non-budgeted expense of \$18,000 to provide automatic closure in the event of an alarm.

Immediately - All residents will be evacuated to the designated meeting place away from the building for each fire drill until fire doors & the fire safe areas have been properly installed and approved by code enforce ment. ms 5/9/13

Repeat Violation: Yes	Date(s) of Previous Violation(s):	11/28/2012
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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) <i>JANET WANGLER, ED</i>	Date <i>3.1.13</i>
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The above plan of correction is approved as of 5/9/13
 (Date)

Plan of correction implementation status as of 5/9/13
 (Date)

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

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

Violation Report: 43378 - 02/15/2013 - Goedert, Caroline
 PCH Name: JUNIPER VILLAGE AT FOREST HILLS

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

On 11/28/12, the fire safety expert documented that 8 minutes was the maximum safe evacuation time for residents to evacuate to the outside of the building or to a fire safe area. On 2/15/13, the Department observed a fire drill that simulated the home's sleeping hours staffing pattern which consisted of 4 direct care staff. At 9 minutes and 12 seconds, not all of the residents were evacuated to the outside of the building or to a fire safe area. Residents located in room #27 and room #33 remained in their rooms during the entire drill and never evacuated outside or to a fire safe area. In addition, the fire doors located on the lower level which creates fire safe areas on that level were propped open with door stops and not closed by staff persons throughout the entire drill.

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.

All other residents except #27 and #33 (refused) were evacuated within maximum safe evacuation time. Residents #27 & #33 were provided education regarding safety protocols and requirements along with house rules regarding participations in drills. DPW provides no recommendation/guidance regarding resident rights regarding participation or refusal to participate in emergency drills and there is no documentation in the Chapter 2600 Regulation nor the RCG on addressing this matter except that a resident may not be deprived of his/her rights (2600.43). These residents may be counseled or discharged from the home after repeated violations (2600.43) however this would then be contra-indicated in reference to 2600.43.

On 2/28 ED met with residents and educated regarding importance of fire drill participation and compliance with safety practices. ** Immediately - The home will schedule 2 fire drills per month for the next 6 months, ensuring all residents exit their bedrooms, when the fire alarm sounds, to the designated meeting place away from the building. ms 5/9/13*

- EXHIBIT D LETTER OF ED 2/28

Residents will be educated in next scheduled resident council meeting (March) regarding fire safe area requirements by Fire Safety Expert

Additional Fire Drills will be conducted to ensure compliance regarding evacuation to fire safe areas

Staff will be educated regarding fire safe areas
Immediately - All residents will be evacuated to the designated meeting place away from the building for each fire drill until fire doors in the fire safe areas have been properly installed and approved by code enforcement. 5/9/13 ms

Repeat Violation: Yes	Date(s) of Previous Violation(s):	09/28/2012
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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, ED* Date *3.1.13*

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The above plan of correction was approved by <u>ms</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, <i>ms</i>

Violation Report: 43378 - 02/15/2013 - Goedert, Caroline
 PCH Name: JUNIPER VILLAGE AT FOREST HILLS

1. REGULATION 55 Pa.Code §2600

2600.202 - The following procedures are prohibited:

- (1) Seclusion, defined as involuntary confinement of a resident in a room from which the resident is physically prevented from leaving, is prohibited.
- (2) Aversive conditioning, defined as the application of startling, painful or noxious stimuli, is prohibited.
- (3) Pressure point techniques, defined as the application of pain for the purpose of achieving compliance, is prohibited.
- (4) A chemical restraint, defined as use of drugs or chemicals for the specific and exclusive purpose of controlling acute or episodic aggressive behavior, is prohibited.
- (5) A mechanical restraint, defined as a device that restricts the movement or function of a resident or portion of a resident's body, is prohibited.
- (6) A manual restraint, defined as a hands-on physical means that restricts, immobilizes or reduces a resident's ability to move his arms, legs, head or other body parts freely, is prohibited.

2a. DESCRIPTION OF VIOLATION

On 02/15/2013, resident #1 was observed to be seated in a wheelchair with a fastened lap belt. The resident threw himself/herself forward from the strapped wheelchair causing the wheelchair to fall forward on top of him/her. There is no documentation on resident #1's DME dated 8/1/12 for the use of a lap belt.

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.

This citation is not correct. This resident had full access to easily remove the wheelchair belt which was being employed exclusively to provide least restrictive support of functional body position and balance while using the wheelchair.

- EXHIBIT A - PRESCRIPTION FROM DR. [REDACTED] 2/27/13-
- EXHIBIT B - PHYSICAL THERAPIST PROGRESS NOTE

ED or Designee will ensure that any device being used for support or body position is documented on the DME through initial review for one month then monthly thereafter w/ Wellness Director creating a list of all residents and review review of assistive/body positioning equipment and reviewing in Partners in Caring Meeting Meetings with the PT Department as scheduled) to ensure prescription has been completed and noted on the DME prior to use.

-EXHIBIT E - RESIDENT LIST

ED or Designee will complete a training on 2600.202 to all staff.

Compliance will be assessed at Best Practice Minutes (Monthly).
Resident no longer resident in the facility. MS 5/9/13

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, ED* Date *3.1.13*

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

The above plan of correction is approved as of 5/9/13
 (Date)

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

Plan of correction implementation status as of 5/9/13
 (Date)

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

Violation Report: 43378 - 02/16/2013 - Goodert, Caroline
 PCH Name: JUNIPER VILLAGE AT FOREST HILLS

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

The most recent assessment for resident #1 was completed on 8/28/12 and did not address the resident's use of a lapbelt on his/her wheelchair.

The most recent assessment for resident #2 was completed on 11/1/12 and did not address the resident's services and needs related to home health care.

The most recent assessment for resident #3 was completed on ^{8/16/12 MS} ~~11/1/12~~ and did not address the resident's services and needs related to home health care including physical therapy and the treatment for mouth ulcers.

The most recent assessment for resident #4 was completed on 12/3/12 and did not address the resident's services and needs related to his/her fall history. The most recent fall assessment was completed by the home on 9/18/12. The resident's most recent falls out of bed occurred on 9/18/12 and 11/19/12.

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.

Resident 1, 2, 3, 4 charts were updated accordingly to document changes.

** All staff persons completing assessments will be educated on the accuracy and thorough completion of assessments including diet orders and service needs of the resident. Documentation of training will be kept. ms 5/9/13*

- EXHIBIT F
- EXHIBIT G
- EXHIBIT H
- EXHIBIT I

A complete 100% chart audit was completed. ED, DOW or Designee will complete weekly chart sample review audit specifically identifying change in condition occurrences and to ensure assessments are scheduled and completed using resident tickler file. Any change in condition will be scheduled or completed assessment.

-EXHIBIT J TICKLER FILE REVIEW & VERIFICATION

Regional Director of Wellness will complete education on 2600.225C to all staff completing assessments and documentation on residents.

-EXHIBIT K DOCUMENTATION OF EDUCATION

Repeat Violation: Yes	Date(s) of Previous Violation(s):	09/28/2012
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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, ED Date 3.1.13

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

The above plan of correction is approved as of 5/9/13
 (Date)

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

Plan of correction implementation status as of 5/9/13
 (Date)

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

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

PCH Name: JUNIPER VILLAGE AT FOREST HILLS		License Number: 433781
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 Labor & Industry		
Staffing Hours Resident Support: N/A Total Daily Staff: 89 Waking Staff: 67		
Type of Inspection: Full BHA Docket Number: N/A Notice: Unannounced		
Reason(s) for Inspection(s) Provisional, Complaint, Incident		
On-Site Inspections Dates and Department Representatives On-Site 02/27/2013: Mazza, Larry; Orme, Melinda 02/28/2013: Mazza, Larry; Orme, Melinda		
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: 100 Number of Residents Served: 69 Secured Dementia Care Unit In Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 8 Number of Hospice Residents in past year: 24		Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 68 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 20 Have a Physical Disability: 4

Violation Report: 43378 - 02/27/2013 - Mazza, Larry
 PCH Name: JUNIPER VILLAGE AT FOREST HILLS

1. REGULATION 55 Pa.Code §2600
 2600.65(d) - Direct care staff persons hired after April 24, 2006 may not provide unsupervised ADL services until completion of the following:

- (1) Training that includes a demonstration of job duties, followed by supervised practice.
- (2) Successful completion and passing the Department-approved direct care training course and passing of the competency test.
- (3) Initial direct care staff person training to include the following:
 - (i) Safe management techniques.
 - (ii) ADLs and IADLs.
 - (iii) Personal hygiene.
 - (iv) Care of residents with dementia, mental illness, cognitive impairments, mental retardation and other mental disabilities.
 - (v) The normal aging-cognitive, psychological and functional abilities of individuals who are older.
 - (vi) Implementation of the initial assessment, annual assessment and support plan.
 - (vii) Nutrition, food handling and sanitation.
 - (viii) Recreation, socialization, community resources, social services and activities in the community.
 - (ix) Gerontology.
 - (x) Staff person supervision, if applicable.
 - (xi) Care and needs of residents with special emphasis on the residents being served in the home.
 - (xii) Safety management and hazard prevention.
 - (xiii) Universal precautions.
 - (xiv) The requirements of this chapter.
 - (xv) Infection control.
 - (xvi) Care for individuals with mobility needs, such as prevention of decubitus ulcers (bed sores), incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

2a. DESCRIPTION OF VIOLATION

Staff person A, a volunteer who began working in the home on 1/25/13 and started to provide unsupervised ADL services on 1/25/13, has not successfully completed the Department-approved direct care training course and passing of the competency test.

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 volunteers will have the proper training before providing unsupervised ADL care to the residents. Compliance will be maintained by the Director of Wellness and or her designee to ensure all required training for volunteers be completed before working unsupervised.

Staff person A, volunteer, completed the Department-approved direct care training and passing of the competency test on 5/9/13.

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, ED** Date **4.15.13**

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

The above plan of correction is approved as of 5/9/13 (Date)

Plan of correction implementation status as of 5/9/13 (Date)

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

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

Violation Report: 43378 - 02/27/2013 - Mazza, Larry
 PCH Name: JUNIPER VILLAGE AT FOREST HILLS

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
 On 2/27/13, a bottle of Clorox clean-up with bleach, with a manufacturer's label indicating, "Contact poison control, if ingested," was unlocked and accessible under the sink in the 1st floor ice cream parlor. Also, there was a bottle of liquid Glycerine, with a manufacturer's label indicating, "if swallowed, get medical attention," unlocked and accessible in a cupboard in the 1st floor activity room. Not all residents of the home, including resident #1, have been assessed 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.

Immediately corrected at the time of survey. The community will ensure Poisonous materials will be kept locked and inaccessible to residents. Compliance will be managed through verbal and written reminders to direct care staff and families along with daily monitoring and rounds by the Manager on Duty.

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) **JANET WANGLER, ED** Date **4/8/13**

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

The above plan of correction is approved as of <u>5/9/13</u> (Date)	Plan of correction implementation status as of <u>5/9/13</u> (Date)
The above plan of correction was approved by <u>MS</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>MS</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

RECEIVED

Violation Report: 43378 - 02/27/2013 - Mazza, Larry
PCH Name: JUNIPER VILLAGE AT FOREST HILLS

1. REGULATION 56 Pa.Code §2600
2600.85(a) - Sanitary conditions shall be maintained.

8 2013

2a. DESCRIPTION OF VIOLATION

On 2/27/13, there was a thick, sticky, multicolored substance, covering the entire bottom surface of both lower bins, in the refrigerator located in the Wellspring unit. Also, there was an unlabeled cup full of dried food in one of the bins.

Western Field Office

Adult 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.

Immediately corrected at the time of survey. The community will ensure sanitary conditions shall be maintained. Compliance will be managed through a specific assignment sheet for the Housekeeping Department along with daily monitoring and rounds by the direct care staff and Manager on Duty. All items kept in the refrigerator will be labeled and dated or disposed of during daily rounds.

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 4/5/13

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

The above plan of correction is approved as of 5/9/13 (Date)

Plan of correction implementation status as of 5/9/13 (Date)

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

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

Violation Report: 43378 - 02/27/2013 - Mazza, Larry
 PCH Name: JUNIPER VILLAGE AT FOREST HILLS

8/20/13

1. REGULATION 55 Pa.Code §2600
 2600.101(j)(1) - Each resident shall have the following in the bedroom: A bed with a solid foundation and fire retardant mattress that is in good repair, clean and supports the resident.

Western Field Office
 Adult Protective Services

2a. DESCRIPTION OF VIOLATION

On 2/27/13, the box spring on the bed in bedroom #27 had numerous brown stains and crumbs located on the front, left corner and covered 1/2 the width of the front side of the box spring.

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.

Immediately corrected at the time of survey. The community will ensure a bed and box spring is in good repair. Compliance will be managed through a specific assignment sheet for the Housekeeping Department along with daily monitoring and rounds by the direct care staff and Manager on Duty. Random room inspections will be held monthly by the Housekeeping Director and results will be 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) *J. Wangler*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) **JANET WANGLER, ED** Date **4/5/13**

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The above plan of correction is approved as of 5/9/13 (Date)

Plan of correction implementation status as of 5/9/13 (Date)

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

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

Violation Report: 43378 - 02/27/2013 - Mazza, Larry
 PCH Name: JUNIPER VILLAGE AT FOREST HILLS

1. REGULATION 55 Pa.Code §2600
 2600.101(j)(3) - Each resident shall have the following in the bedroom: Pillows, bed linens and blankets that are clean and in good repair.

2a. DESCRIPTION OF VIOLATION
 On 2/27/13, the sheets on the bed in bedroom #27 had numerous brown streaks and stains covering an area of approximately 2' in diameter.

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.

Immediately corrected at the time of survey. The community will ensure linens are in good repair. Compliance will be managed through a specific assignment sheet for the Housekeeping Department along with daily monitoring and rounds by the direct care staff and Manager on Duty. Random room inspections will be held monthly by the Housekeeping Director and results will be reviewed during the monthly 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) *J. Wangler*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) JANET WANGLER, ED	Date 4/5/13
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

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Violation Report: 43378 - 02/27/2013 - Mazza, Larry
PGH Name: JUNIPER VILLAGE AT FOREST HILLS

8 2013

1. REGULATION 55 Pa.Code §2600
2600.101(j)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.
Western Field Office
Adult Residential Licensing

2a. DESCRIPTION OF VIOLATION
On 2/27/13, the bed on the left side of bedroom #130 did not have an operable lamp or other source of lighting that can be turned on/off from bedside.

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.

Immediately corrected at the time of survey. The community will ensure all residents have an operable lamp or light source at bedside. Compliance will be managed through daily monitoring and rounds by the direct care staff and Manager on Duty. Random room inspections will be held monthly by the Housekeeping Director and results will be reviewed during the monthly Quality Assurance meeting.

By 6/9/13 - All staff persons will be educated regarding the importance of bedside lighting for residents' safety and the monitoring of bedside lights. Documentation will be kept. ms 5/9/13

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 4/5/13

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

Plan of correction implementation status as of 5/9/13 (Date)

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

RECEIVED

Violation Report: 43378 - 02/27/2013 - Mazza, Larry
PCH Name: JUNIPER VILLAGE AT FOREST HILLS

8 2013

1. REGULATION 55 Pa.Code §2600
2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F.
Thermometers are required in refrigerators and freezers.

Western Field Office
Adult Resource Center, Lehigh Valley

2a. DESCRIPTION OF VIOLATION
On 2/27/13, there was no thermometer in the snack bar freezer.

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.

Immediately corrected at the time of survey. The community will ensure all freezers will have a thermometer. Compliance will be managed through daily monitoring and rounds by the Dietary staff and Manager on Duty.

By 4/9/13 - All staff persons involved in food storage and preparation will be educated on proper food storage temperatures. Documentation of training will be kept. ms 4/9/13

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 4/5/13

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The above plan of correction is approved as of <u>4/9/13</u> (Date)	Plan of correction implementation status as of <u>4/9/13</u> (Date)
The above plan of correction was approved by <u>ms</u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress MS <input type="checkbox"/> Not Implemented

Violation Report: 43378 - 02/27/2013 - Mazza, Larry
 PCH Name: JUNIPER VILLAGE AT FOREST HILLS

1. REGULATION 55 Pa.Code §2600
 2600.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:
 (1) The resident's name.
 (2) The name of the medication.
 (3) The date the prescription was issued.
 (4) The prescribed dosage and instructions for administration.
 (5) The name and title of the prescriber.

RECEIVED
 8 2013
 Western Field Office
 Adult Protective Services

2a. DESCRIPTION OF VIOLATION
 Resident #2 is ordered Acetamin, 325mg-Take 1 tablet at bedtime as needed. However, the pharmacy label for this medication indicates Acetamin, 325mg-Take 2 tablets at bedtime as needed. (Observed 2/28/13)

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.

The community will ensure the original container for prescription medications shall be labeled with a pharmacy label that includes proper identification. The Medication Technician's will be re-educated to read the label and compare the label with the MAR before dispensing the medication by April 5, 2013.

the pharmacy label has been changed to reflect the current order. ms 5/9/13

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 **4/5/13**

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Violation Report: 43378 - 02/27/2013 - Mazza, Larry
 PCH Name: JUNIPER VILLAGE AT FOREST HILLS

8-2013

1. REGULATION 55 Pa.Code §2600
 2600.187(b) - The Information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.
 Western Field Office
 Adult Residential Licensing

2a. DESCRIPTION OF VIOLATION
 Resident #3 is ordered Skin prep-Apply topically to the tip of the right great toe 2 times daily. The February 2013 electronic medication administration record (E-MAR) for this resident includes initials of staff members of the home providing this treatment to resident #3. However, staff from a hospice agency provides the treatment and not staff members 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.

The community will ensure information shall be recorded at the time the medication is administered. The Medication Technician's will be re-educated to ensure if an outside agency is providing a treatment the treatment record will be printed and placed in the resident's medical record. The Director of Wellness or designee will review and ensure treatments are being done by the outside agency as ordered. The electronic MAR will designate which agency is providing the care and will be updated as needed.

Resident #3 CTB.
 ms 5/9/13

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, ED Date 4/5/13

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

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

Violation Report: 43378 - 03/21/2013 - Goederl, Caroline
 PCH Name: JUNIPER VILLAGE AT FOREST HILLS

RECEIVED

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.

APR 30 2013

2a. DESCRIPTION OF VIOLATION
 On 3/21/13 at about 6:38 a.m. the home conducted a fire drill and residents evacuated to fire safe areas designated by the fire safety expert. The designated fire safe areas include the hallways beyond the fire doors on the first, second, and basement floors. However, the fire doors in the fire safe areas do not meet the National Fire Protection Association Standards of 1/8" separation between the fire doors. The fire safety expert who designated the fire safe areas instructed the home to correct or replace the fire doors at the time of the fire inspection.

WEST REGION FIELD OFFICE
 Human Services Licensing

- There is a 1/4" gap between the fire safe doors on the second floor by resident room #229.
- There is a 1/2" gap between the fire safe doors on the second floor by resident room #201 and the door closing mechanism did not function properly.
- There is a 1/4" gap between the fire safe doors on the first floor by resident room #113 and the door closing mechanism did not function properly.
- There is a 1/4" gap between the fire safe doors on the first floor by resident room #127.

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. *Immediately the home will schedule 2 fire drills per month for the next 6 months ensuring all residents exit their bedrooms, when the fire alarm sounds, to the designated meeting place away from the building. ms 5/9/13*
 On March 21, 2013 a fire drill was conducted. On April 3, 2013 DPW issued a citation report that did not include this citation. At the time of the drill on March 21, 2013 DPW was made aware that new doors had been ordered for doors outside room #229, #201 and #113. Copy of the invoice was give to and accepted by DPW. The door by #127 since it is already tagged as a 90 minute fire door is being repaired to eliminate the 1/4" gap. DPW was also advised that all the fires doors were being tied into the fire alarm system with magnetic door releases. A copy of this invoice was also given to DPW and accepted by DPW.
 Juniper Village disputes that the fire safety expert ever instructed the home to replace or repair these doors during any of his visits to the home.
 New doors have been delivered as of April 29, 2013. New doors and repair to the one door will be completed by May 3, 2013. Doors will be inspected on a routine basis by the Environmental Services Director to ensure that doors have no more than 1/8" separation.
Immediately - all residents will be evacuated to the designated meeting place away from the building for each fire drill until fire doors in the fire safe areas have been properly installed and approved by code enforcement. ms 5/9/13

Repeat Violation: Yes Date(s) of Previous Violation(s): 09/26/2012

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!

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The above plan of correction was approved by <u>MS</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 MS

Violation Report: 43378 - 03/21/2013 - Goedert, Caroline
 PCH Name: JUNIPER VILLAGE AT FOREST HILLS

1. REGULATION 55 Pa.Code §2600

2600.29a(b)(4) - A home that elects to serve one or more residents who receive hospice care and services in accordance with § 2600.29 is not required to evacuate a resident who is actively dying, during a fire drill, if all of the following are met: During a fire drill, the one designated person at the home who has knowledge in advance of the fire drill is to immediately upon setting off the fire alarm to begin the fire drill, go to the room of the resident who meets the conditions of § 2600.29a(b)(1)-(3), and notify the affected resident and any staff person who attempts to evacuate the resident, that this is a fire drill and the resident is not to be evacuated.

2a. DESCRIPTION OF VIOLATION

The Department observed a fire drill on 3/21/13 at 8:30 AM. A staff person in the home did not inform resident #1 that the alarm indicated a fire drill rather than an actual fire. Resident #1 meets the conditions for not participating in fire 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.

2600.29a(b)(4):

In the event of a Fire Drill, where the home is providing care to a resident who is actively dying, the home will designate the staff responsible for the drill to verbally notify the affected resident and appropriate staff that it is a Drill and it is not necessary to evacuate the resident.

There will only be two staff with knowledge of the Fire Drill schedule. The Director of Environmental Services, the Director of Wellness and the Executive Director will be one of only three staff that will have prior knowledge of the Drill schedule.

All staff will be provided training in the proper procedure for caring for residents who meet the criteria for this Regulation.

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, ED	Date: 4.11.13
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>5/9/13</u> (Date)	Plan of correction implementation status as of <u>5/9/13</u> (Date)
The above plan of correction was approved by <u>MS</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 MS

Violation Report: 43378 - 03/21/2013 - Goedert, Caroline
 PCH Name: JUNIPER VILLAGE AT FOREST HILLS

1. REGULATION 55 Pa.Code §2600

2600.29a(b)(5)(i) - If the provisions of § 2600.29a(b)(4) are initiated, the informed staff person is to immediately practice a fire drill evacuation in accordance with the following: Access a mode of transport such as a bed on wheels, a chair on wheels or a drag mat in the resident's bedroom or nearby area, which is not currently occupied by the resident.

2a. DESCRIPTION OF VIOLATION

The Department observed a fire drill on 3/21/13 at 6:30 AM. The staff person who was responsible for evacuating resident #1 did not access and use a mode of transportation that would be safe for the movement of the resident when simulating the evacuation of the resident.

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.

2600.29a(b)(5)(i):

In the event of a Fire Drill, where the home is required to simulate an evacuation in place of moving an actively dying resident the home will utilize a mode of transportation such as a bed on wheels, a chair on wheels, or a drag mat.

All staff will be provided training in the proper procedure for caring for residents who meet the criteria for this Regulation.

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) **JANET WANGLER** Date **4.11.13**

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

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Violation Report: 43378 - 03/21/2013 - Goedert, Caroline
 PCH Name: JUNIPER VILLAGE AT FOREST HILLS

1. REGULATION 55 Pa.Code §2600
 2600.29a(b)(5)(ii) - If the provisions of § 2600.29a(b)(4) are initiated, the informed staff person is to immediately practice a fire drill evacuation in accordance with the following: Reasonably simulate the level of effort required to move the resident and proceed to practice evacuation to the nearest unblocked exit or fire safe area. The simulation will include the number of staff persons that is required during an evacuation to safely move the resident.

2a. DESCRIPTION OF VIOLATION
 The Department observed a fire drill on 3/21/13 at 6:30 AM. No staff person in the home simulated evacuating resident #1 during the drill.

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.

2600.29a(b)(5)(ii):

In the event of a Fire Drill, where the home is required to simulate an evacuation in place of moving an actively dying resident the home will utilize a mode of transportation such as a bed on wheels, a chair on wheels, or a drag mat.

All staff will be provided training in the proper procedure for caring for residents who meet the criteria for this Regulation.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>JANET WANGLER</i>	Date <i>4.11.13</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>5/9/13</u> (Date)	Plan of correction implementation status as of <u>5/9/13</u> (Date)
The above plan of correction was approved by <u>MS</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 <i>MS</i>

Violation Report: 43378 - 03/21/2013 - Goedert, Caroline
 PCH Name: JUNIPER VILLAGE AT FOREST HILLS

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.

2a. DESCRIPTION OF VIOLATION
 On 11/28/12, the fire safety expert documented that 8 minutes was the maximum safe evacuation time for residents to evacuate to the outside of the building or to a fire safe area. The Department observed a fire drill on 3/21/13 at 6:30 AM. At 9 minutes, not all of the residents were evacuated to the outside of the building or to a fire safe area. Residents located in rooms #203, #205, #208, #209, #212, and #213 remained in their rooms during the entire drill and never evacuated outside or to a fire safe area.

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.

2600.132(d)

This violation is currently under appeal filed with the Bureau of Hearings and Appeals on 4/8/13.

The home's position is that during this "simulated drill" the Department (DPW) incorrectly insisted that staff who were functioning as mentors to four (4) trainees could not participate in the fire drill; rather, only the trainees could participate. The trainees clearly demonstrated that they were knowledgeable and had been trained in fire safety and evacuation procedures, but since three (3) of them had not yet practiced a fire drill, they were not able to complete the drill in the allotted time with respect to a few residents in an area outside of the fire zone.

The home successfully completed a Night Time Drill on April 2, 2013 at 6:30am. This documentation was mailed to DPW for verification and to clear this violation.

Immediately - All residents will be evacuated to the designated meeting place away from the building for each fire drill until fire doors in the fire safe areas have been properly installed and approved by code enforcement.

Immediately - 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 the designated meeting place away from the building.

By 6/9/13 - All staff will receive thorough training in fire evacuation procedures. Documentation will be kept. MS 5/9/13

Repeat Violation: Yes	Date(s) of Previous Violation(s):	11/28/2012
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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, ED* Date *4.11.13*

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The above plan of correction was approved by <u>MS</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 <i>MS</i>

Violation Report: 43378 - 03/21/2013 - Goederl, Caroline
 PCH Name: JUNIPER VILLAGE AT FOREST HILLS

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
 On 11/28/12, the fire safety expert documented that 8 minutes was the maximum safe evacuation time for residents to evacuate to the outside of the building or to a fire safe area. The Department observed a fire drill on 3/21/13 at 6:30 AM. At 9 minutes, not all of the residents were evacuated to the outside of the building or to a fire safe area. Residents located in rooms #203, #205, #208, #209, #212, and #213 remained in their rooms during the entire drill and never evacuated outside or to a fire safe area.

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.

2600.132 (h):

This violation is currently under appeal filed with the Bureau of Hearings and Appeals on 4/8/13.

The home's position is that during this "simulated drill" the Department (DPW) incorrectly insisted that staff who were functioning as mentors to four (4) trainees could not participate in the fire drill; rather, only the trainees could participate. The trainees clearly demonstrated that they were knowledgeable and had been trained in fire safety and evacuation procedures, but since three (3) of them had not yet practiced a fire drill, they were not able to complete the drill in the allotted time with respect to a few residents in an area outside of the fire zone.

The home successfully completed a Night Time Drill on April 2, 2013 at 6:30am. This documentation was mailed to DPW for verification and to clear this violation.

Immediately - All residents will be evacuated to the designated meeting place away from the building for each fire drill until fire doors in the fire safe areas have been properly installed and approved by code enforcement. Immediately 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 the designated meeting place away from the building. MS 5/9/13

Repeat Violation: Yes	Date(s) of Previous Violation(s):	09/26/2012
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Signature of Legal Entity Representative (Required on EVERY Page) *[Handwritten Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) **JANET WANGLER, ED** Date **4.11.13**

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Plan of correction implementation status as of 5/9/13 (Date)

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

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