



**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**MAILING DATE:**

OCT 11 2013

Ms. Janet Wangler, Executive Director  
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 Ms. Wangler:

As a result of the Department of Public Welfare's (Department) licensing inspection on July 18, 2013 and July 25, 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". The signature is written in a cursive, flowing style.

Jill Pezzino  
Regional Licensing Administrator

Enclosure(s)



AUG 28 2013

WEST REGION FIELD OFFICE Page 2 of 6  
Human Services Licensing

Violation Report: 43378 - 07/18/2013 - Marini, Michael  
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

Department staff observed a fire drill at Juniper Village of Forest Hills on 7-19-2013 at 12:00 AM. After 11 minutes 6 seconds, personal care home staff stopped the fire drill and reported all residents were evacuated to fire safe areas. Staff did not check room 126 and, as a result, failed to evacuate resident 1 and 2.

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 following plan of correction is provided for compliance purposes only:

This drill was conducted with an evacuation route from the Wellspring common area (drill fire origin) to designated fire safe areas. Room 126 is physically located within a designated fire safe area (lobby). Care staff and evacuated residents were lined up in front of this specific room awaiting the conclusion of the drill. Additional procedures outlined below have been put in place to assure that all residents are brought out of the rooms in which they are located even if the rooms are in a designated fire safe area.

Drill was conducted again successfully on 08/6/13 as part of corrective action. (see attached exhibit ) An additional procedure of using HIPAA compliant posted and updated residents lists was implemented in which participating staff members would (during a drill) use the lists to verify evacuation of the entire building to a public thoroughfare or to a designated fire-safe area. All staff were educated and trained in this procedure. ( - see attached exhibit -) Administrator or designee will verify the successful evacuation of the entire building for 100% of all conducted fire drills immediately following the completion of the drill as part of the staff education/debriefing.

Unannounced fire drills will continue to be conducted monthly. If the home is unable to meet the time for evacuation specified by a fire safety expert, the home will conduct 2 unannounced fire drills per month until compliance is achieved. During all fire drills, residents will evacuate their bedrooms to fire safe area or to a public thoroughfare. JWP 9-27-13

Repeat Violation: Yes Date(s) of Previous Violation(s): 03/21/2013

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 8.28.13

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

The above plan of correction is approved as of 9-27-13 (Date)

Plan of correction implementation status as of 9-27-13 (Date)

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

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

Violation Report: 43378 - 07/18/2013 - Marini, Michael PCH Name: JUNIPER VILLAGE AT FOREST HILLS	
<b>1. REGULATION 65 Pa.Code §2600</b> 2600.186(c) - Changes in medication may only be made in writing by the prescriber, or in the case of an emergency, an alternate prescriber, except for circumstances in which oral orders may be accepted by nurses in accordance with regulations of the Department of State. The resident's medication record shall be updated as soon as the home receives written notice of the change.	
<b>2a. DESCRIPTION OF VIOLATION</b> From 2-15-13 to 2-16-13 and again from 2-18-13 to 2-21-13, the home withheld resident 3's fish oil and on 2-21-13 the home also withheld resident 3's vitamin D, sucralfate, and spironolact. The home did not have a written order from an authorized prescriber for these changes.	
<b>3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)</b> 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 following plan of correction is provided for compliance purposes only:  Resident 3 is receiving medications as prescribed.  All medication technician staff will be trained on medication changes specific to regulation 2600.186 via review of procedure on 08/22/13. DOW or designee will conduct a full medication administration audit to ensure proper administration of all prescribed medication regimens. DOW or designee will conduct randomized medication audits in order to ensure proper administration of all prescribed medication regimens using "medication cart audit form." The results of the medication administration audits will be reviewed in monthly quality assurance meetings for additional corrective action as required.	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page) <i>Janet Wangler</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <b>JANET WANGLER, ED</b>	Date <b>8/16/13</b>
<b>DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!</b>	
The above plan of correction is approved as of <u>9-27-13</u> (Date)	Plan of correction implementation status as of <u>9-27-13</u> (Date)
The above plan of correction was approved by <u>JWP</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>JWP</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 43378 - 07/18/2013 - Marini, Michael  
PCH Name: JUNIPER VILLAGE AT FOREST HILLS

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.

2a. DESCRIPTION OF VIOLATION  
Resident 3 was in the hospital from 2-21-13 to 2-25-13. On 2-22-13, staff person A initialed the electronic medication administration record entrees for resident 1's fish oil, levothyroxine, and pantoprazole as if they were administered on that date but they were not administered.

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 clerical error was corrected 08/16/2013.  
The following plan of correction is provided for compliance purposes only:  
All medication technician staff will be trained on proper medication documentation specific to regulation 2600.186 via review of procedure. DOW or designee will conduct a full medication administration audit to ensure proper documentation of times of all prescribed medication regimens. DOW or designee will conduct randomized medication audits in order to ensure proper documentation of times for all prescribed medication regimens using "medication cart audit form." The results of the medication administration audits will be reviewed in monthly quality assurance meetings for additional corrective action as required.

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *JANET WAGLER, ED*      Date *8/16/13*

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

The above plan of correction is approved as of *9-27-13* (Date)

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

Plan of correction implementation status as of *9-27-13* (Date)

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

Violation Report: 43378 - 07/18/2013 - Marini, Michael  
 PCH Name: JUNIPER VILLAGE AT FOREST HILLS

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

2a. DESCRIPTION OF VIOLATION

On 12-13-2012 resident 3 was discharged from Shadyside Hospital with orders for changes to the resident's medications. Staff failed to make the following changes as ordered in a timely manner:

Aspirin 81mg once daily---Discontinued---Administered 12-14-12 to 12-17-12

Furosemide 20mg once daily---Discontinued---Administered 12-14-12 to 12-17-12

Metoclopramide 5 mg before meals and bedtime---Discontinued---Administered from 9 PM on 12-13-12 to 9 AM on 12-17-12

Vitamin A 10000 U once daily---Discontinued---Administered 12-14-12 to 12-16-12

Penicillin 500 mg every 6 hr. for 8 days---New---Started 6 AM on 12-18-12

Bisoprolol 5 mg 1 tablet daily---Reduced to 1/2 tablet daily---1 tablet administered from 12-14-12 to 12-17-12

Nitroglycerine 0.2 mg/hr---Increased to 0.4mg/hr---0.2mg used until 8 PM 12-17-12

On 2-15-13 resident 3 was ordered to discontinue Plavix in preparation for a procedure on 2-20-13 and to resume taking Plavix 3 days after the procedure. The home failed to resume administering Plavix as ordered.

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 following plan of correction is provided for compliance purposes only:  
 Resident 3 is receiving medications as prescribed. All medication technician staff will be trained on medication changes specific to regulation 2600.187 via review of procedure. (see attached exhibit )  
 DOW or designee will conduct a full medication administration audit to ensure proper adherence to directions of prescribed medication regimens. DOW or designee will conduct randomized medication audits in order to ensure proper adherence to directions of prescriber medication regimens using "medication cart audit form." The results of the medication administration audits will be reviewed in monthly quality assurance meetings for additional corrective action as required.

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 **8/16/13**

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

The above plan of correction is approved as of 9-27-13 (Date)

Plan of correction implementation status as of 9-27-13 (Date)

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

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

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JANET WANGLER, ED  
8/28/13

<p>Violation Report: 43378 - 07/18/2013 - Marini, Michael  PCH Name: JUNIPER VILLAGE AT FOREST HILLS</p> <p>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.</p>
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2a. DESCRIPTION OF VIOLATION

Resident 4 fell on 5-29-13. The resident's assessment dated 4-1-13 was not updated to include this fall.  
- amended per DPW - see attached exhibit -

Resident 5 began receiving services from Medi Home Health on 2-12-13. The resident's most recent assessment dated 9-18-12 was not updated to document the specific services Medi Home Health was expected to provide.  
- amended per DPW - see attached exhibit -

Resident 6 began receiving services from Gallagher Home Health in March 2013. The resident's most recent assessment dated 6-27-13 was not updated to document the specific services Gallagher Home Health was expected to provide.  
- amended per DPW - see attached exhibit -

Resident 7's progress notes indicated the resident started to receive physical therapy on 7-4-13 and occupational therapy on 7-5-13. The progress notes also indicated the resident fell on 2-8-13, 4-10-13, and 6-15-13. The home's most recent assessment dated 10-1-12 failed to address these services or falls.  
- amended per DPW - see attached exhibit -

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 following plan of correction is provided for compliance purposes only:

The 225(c) regulation is unclear as it does not define resident significant change in condition.

Resident 4 fall on 5/29/13 was a singular event with no injury or other required service and therefore not indicative of a situation in which the "resident significantly changing." Therefore this does not meet the required additional assessment per regulation 2600.225c (1), (2), (3). Resident 4's RASP was amended per DPW request and so noted on the RASP (see attached exhibit).

Resident 5 service plan explicitly documents Medi Home Health as a home health provider which would provide home health services to the identified resident. The regulation does not provide defined specificity of language beyond "the resident shall have additional assessments" and therefore is not applicable to the description of the violation as written. Resident 5's RASP was amended per DPW request and so noted on the RASP (see attached exhibit)

Resident 6 service plan explicitly documents Gallagher Home Health as a a home health provider which would provide home health services to the identified resident. The regulation does not provide defined specificity of language beyond "the resident shall have additional assessments" and therefore is not applicable to the description of the violation as written. Resident 6's RASP was amended per DPW request and so noted on the RASP (see attached exhibit)

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Resident 7's was amended per DPW request and so noted on the RASP (see attached exhibit)

The following plan of correction is provided for compliance purposes only:

The aforementioned residents were corrected as noted.

DOW or designee will review all remaining resident records to ensure identification of all ancillary services and proper notation within chart as required. DOW or designee will review all ancillary service providers service list/census weekly and crosswalk to addition or deletion of services using a tickler file. Additionally, DOW or designee will review all falls or other incidents weekly to ensure these are noted within resident assessment as required. Falls will also be reviewed in Quality Assurance Meeting monthly and ED, DOW or designee will then verify proper documentation within the assessment for each corresponding resident.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	02/15/2013	
Signature of Legal Entity Representative (Required on EVERY Page)			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)			Date
JANET WANGLER, ED			8/28/13
<b>DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!</b>			
The above plan of correction is approved as of	<u>9-27-13</u> (Date)	Plan of correction implementation status as of	<u>9-27-13</u> (Date)
The above plan of correction was approved by	<u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented	