



MAY 16 2014

Ms. Joan-Marie Norman, Executive Director
Juniper Village at Lebanon, LLC
1125 Birch Road
Lebanon, Pennsylvania 17042

RE: Juniper Village at Lebanon II
101 Hearthstone Lane
Lebanon, Pennsylvania 17042
License #: 330060

Dear Ms. Norman:

As a result of the Department of Public Welfare's licensing inspection on February 20, 2014, of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Your regular license for the period March 14, 2014 to March 14, 2015 was issued on December 4, 2013. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink, appearing to read "Matthew J. Jones", with a long horizontal flourish extending to the right.

Matthew J. Jones
Director

Enclosure
License Inspection Summary

Violation Report: 33006 - 02/20/2014 - Minnich, Ron
 PCH Name: JUNIPER VILLAGE AT LEBANON II

1. REGULATION 55 Pa.Code §2600

2600.84 - Heat sources, such as steam and hot heating pipes, water pipes, fixed space heaters, hot water heaters and radiators exceeding 120°F that are accessible to the resident must be equipped with protective guards or insulation to prevent the resident from coming in contact with the heat source.

2a. DESCRIPTION OF VIOLATION

On 2/20/14, the temperature of the glass surface of the fireplace was 150 degrees Farenheit. There was a small fence/guard sitting on the floor, however it does not prevent residents from coming in contact with the glass surface.

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.

- 1- Fireplace will not be used until Propr screens are in place to prevent accidental contact with the heat source.
2. Screens were ordered For the Fireplaces and will be installed upon arrival.
3. Environmental team will monitor compliance and report monthly to Safety Committee Any concerns -

~~Attachment 1~~

~~ORDER For Propr Screens From Manufacturer of
 Fire place. VLV~~

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

The above plan of correction is approved as of 4.10.14
 (Date)

Plan of correction implementation status as of 4.10.14
 (Date)

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

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

Violation Report: 33006 - 02/20/2014 - Minnich, Ron
 PCH Name: JUNIPER VILLAGE AT LEBANON II

1. REGULATION 55 Pa.Code §2600

2600.227(c) - The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

2a. DESCRIPTION OF VIOLATION

The most recent support plan for resident #1 was completed on 9/11/13, the previous support plan was completed on 8/19/12.

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.

- Support plan dates were not properly placed on the Electronic "Point Click Care" documentation. Dates completed appropriately.
- "TICKLER" system in place to ensure plans are completed within proper timeframes per regulations.
- Education provided to staff on regulation and the proper use of time frames.
- Electronic assessment updated to require proper dates entered in order to proceed with support plan documentation.
- Audit charts to ensure compliance. Executive Director and Director of Wellness to continue audit monthly.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative
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Date

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[Signature]
 (Initials)