



pennsylvania
DEPARTMENT OF HUMAN SERVICES

DEC 09 2014

Ms. Lynn S. Katzmann, President
Cordia Commons at Meadville, LLC
400 Broadacres Drive
Bloomfield, New Jersey 07003

RE: Juniper Village at Meadville
455 Chestnut Street
Meadville, Pennsylvania 16335
License #: 410190


Dear Ms. Katzman:

As a result of the Department of Human Services' licensing inspection on September 23, 2014 and September 24, 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 November 26, 2014 to November 26, 2015 was issued on August 6, 2014. Your regular license remains in good standing.

Sincerely,


Matthew J. Jones
Director
SH

Enclosure
License Inspection Summary

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

PCH Name: JUNIPER VILLAGE AT MEADVILLE		License Number: 41019
Address: 455 CHESTNUT STREET, MEADVILLE, PA 16335		County: Crawford
Administrator: Jennifer Musone		Region: WEST
Legal Entity Name: CORDIA COMMONS AT MEADVILLE LLC		
Legal Entity Address: 400 BROADACRES DRIVE, BLOOMFIELD, NJ 7003		RECEIVED
Certificate(s) of Occupancy C-2 LP 12/27/1974 Labor and Industry		OCT 27 2014 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 75	Waking Staff: 56
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal, Complaint		
On-Site Inspections Dates and Department Representatives On-Site 09/23/2014: Garrigan, Laurie; Mandock, Nancy 09/24/2014: Garrigan, Laurie; Mandock, Nancy		
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: 90	Number of Residents who:	
Number of Residents Served: 60	Receive Supplemental Security Income: 1	
Secured Dementia Care Unit in Home: No	Are 60 Years of Age or Older: 60	
Area:	Have Mental Illness: 1	
Secured Dementia Unit Capacity, if Applicable:	Have an Intellectual Disability: 0	
Number of Residents Served in Secured Dementia Care Unit, if applicable:	Have a Mobility Need: 15	
Number of Current Hospice Residents: 3	Have a Physical Disability: 1	
Number of Hospice Residents in past year: 11		

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OCT 21 2014

Violation Report: 41019 - 09/23/2014 - Garrigan, Laurie
PCH Name: JUNIPER VILLAGE AT MEADVILLE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.25(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

2a. DESCRIPTION OF VIOLATION

Resident #3's contract, dated 5/19/14, was not signed by the resident.
Resident #4's contract, dated 5/11/11, was not signed by the resident.
Resident #5's contract, dated 5/24/14, was not signed by 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.

All contracts were signed by by the administrator or resident's designated person.
Resident's did agree that the designee could sign. No addendum was attached to Resident #3, #4, #5 to indicate why their signature's were not on the contract. Resident #3 RASP clearly stated the inability for her to sign. This was brought to the inspector's attention at the time of survey. The regulation does not state there needs to be a signed agreement on the contract that states the resident is unable to sign or that the resident is required to sign.

POC:

1. All contracts will include the signature of the administrator, designated person, and a resident mark
2. Any resident unable to sign contract, ED will attach addendum stating why resident is unable to sign and that the resident has agreed to let the designee sign for them.
3. Business Office Manager and ED to audit all contracts by Nov. 15th, 2014 to ensure that all unsigned contracts have addendum added on the date discovered of why resident did not sign. If able resident will put mark where necessary and date with the current date.

Resident #13 passed away on 10/1/14
Resident #4's contract was signed on 10/2/14.
Resident #5's contract was signed on 10/18/14.

AK 11/19/14

Within 30 days of receipt of plan of correction: The administrator shall develop and implement a system to ensure all resident contracts are signed by the administrator, resident and payer within 24 hours of admission as specified in 2600.25a

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Jennifer Musone, ED

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

Jennifer Musone

Date 10/24/14

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

The above plan of correction is approved as of

11/19/14
(Date)

Plan of correction implementation status as of

11/19/14
(Date)

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

The above plan of correction was approved by

[Signature]
(Initials)

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OCT 24 2014

Violation Report: 41019 - 09/23/2014 - Garrigan, Laurie
PCH Name: JUNIPER VILLAGE AT MEADVILLE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

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

2a. DESCRIPTION OF VIOLATION

There was no door present in the shared bathroom of bedroom #111. (Observed 9/24/14)

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

Bedroom #111 is a semi-private room shared by two residents. Due to safety and ambulation issues of one resident, the door was removed to create more space for the resident to ambulate safely around the door. A curtain was in place at the time of inspection for privacy purposes. Both residents were in agreement with the curtain being placed in absence of the door.

POC:

All semi-private rooms will have a secured door placed on each bathroom by November 15th. Only full doors or closures will be used for any future privacy issues.

A door was placed in the bathroom of bedroom #111.

Immediately: The administrator or designated person shall inspect the home, at least weekly, to ensure that privacy is provided to residents during bathing, dressing, changing and medical procedures, to include operable doors on all resident bedrooms and bathrooms.

11/19/14

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Jennifer Musone, ED

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

Jennifer Musone, Executive Director

Date 10/24/14

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The above plan of correction is approved as of

11/19/14
(Date)

Plan of correction implementation status as of

11/19/14
(Date)

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

The above plan of correction was approved by

[Signature]
(Initials)

Violation Report: 41019 - 09/23/2014 - Garrigan, Laurie
PCH Name: JUNIPER VILLAGE AT MEADVILLE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa. Code §2600

2600.100(a) - The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION

There are 4 metal poles protruding from the ground approximately 1" along the patio by the rear parking lot. The edges of the poles are sharp and rusted, posing a safety and trip hazard to residents. (Observed 9/24/14)

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.

Metal poles protruding from ground from a previous chain link fence that was not in a walkway area. This was corrected at the time of inspection and within two hours from observation.

POC:

Metal poles were dug out from ground and filled with top soil on 9/13/2013 when noted. Inspector reviewed with Environmental Service Director and made note of correction. Please see attached photos.

Environmental Service Director, Executive Director, and Safety Committee will complete daily and monthly rounds in order to identify potential areas in need of repair. All items will be documented in Maintenance Requests forms as needed and completed in a timely manner (immediately for safety issues). Maintenance logs will be reviewed as part of monthly Quality Assurance Meeting in order to ensure follow-up of any identified issues.

Documentation of daily and monthly rounds of the exterior of the building shall be kept.

for 11/19/14

Repeat Violation: Yes Date(s) of Previous Violation(s): 09/12/2013

Signature of Legal Entity Representative
(Required on EVERY Page) *Jennifer Musone, ED*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Jennifer Musone, ED Date 10/24/14

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

The above plan of correction is approved as of 11/19/14
(Date)

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

Plan of correction implementation status as of 11/19/14
(Date)

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

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OCT 17 2014

Page 5 of 9

Violation Report: 41019 - 09/23/2014 - Garrigan, Laurie
PCH Name: JUNIPER VILLAGE AT MEADVILLE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa. Code §2600

2600.123(b) - Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

2a. DESCRIPTION OF VIOLATION

The emergency procedures for the municipality were not posted in a conspicuous and public place in the home. (Observed 9/23/14)

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

Municipality plan was not placed with current Emergency Preparedness Binder. ED had municipality plan removed from binder due to 2010 date. 2010 date was accurate plan and placed back with Emergency Preparedness Binder at front desk.

POC: Corrected at the time of inspection.

All municipality plans will be kept with facility emergency plan at front desk and reviewed with associates Executive Director and Safety Committee will review plan with local emergency management services annually and add updates to plan as needed.

All Associates will receive training on the Municipality Plan no later than November 5th, 2014.

Immediately: The administrative or designated staff shall check the home, at least weekly, to ensure a copy of the municipal's emergency preparedness plan is posted in a conspicuous and public place in the home.

11/19/14

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Jennifer Musone, EA

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

Jennifer Musone, Executive Director

Date 10/24/2014

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

The above plan of correction is approved as of

11/19/14
(Date)

Plan of correction implementation status as of

11/19/14
(Date)

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

The above plan of correction was approved by

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(Initials)

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OCT 23 2014

Violation Report: 41019 - 09/23/2014 - Garrigan, Laurie
PCH Name: JUNIPER VILLAGE AT MEADVILLE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 65 Pa.Code §2600
2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION

Resident #1's medical evaluation, dated 7/22/14, does not include the ability to self-administer medications. This section of the medical evaluation is blank.

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.

Medical evaluation was not checked under the medication section for Resident #1. The back side of the DME however did state that the resident could not self administer medications as well as this was stated in the RASP and on other assessments.

POC:

All medical evaluations will be audited by DOW and Wellness staff for completion. Any incomplete evaluations will be sent back to PCP immediately and completed accurately. All medical evaluations will be audited by November 15, 2014 to verify all sections have been completed and match residents support plan.

Immediately: The administrator shall develop and implement a system to ensure each resident's medical evaluation is completed in its entirety, to include an assessment on the ability to self-administer medications and a complete medication list for

11/19/14

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Jennifer Musone, ED

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

Jennifer Musone, Executive Director

Date 10/24/14

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(Date)

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11/19/14
(Date)

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Partially Implemented - Adequate Progress

Partially Implemented - Inadequate Progress

Not Implemented

The above plan of correction was approved by

JM
(Initials)

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001 24 2014

Violation Report: 41019 - 09/23/2014 - Garrigan, Laurie
PCH Name: JUNIPER VILLAGE AT MEADVILLE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa. Code §2800

2800.184(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.

2a. DESCRIPTION OF VIOLATION

Resident #1 is prescribed, "Nystatin-100,000 units-Apply to groin folds once at bedtime;" however, the pharmacy label indicates, "Nystatin-100,000 units-Apply to groin folds twice daily."

Resident #7 is prescribed, "Lactulose-10gm/15ml solution-Take 15 ml by mouth daily;" however, the prescription label indicates, "Lactulose 10gm/15ml solution-Take 15 ml by mouth twice daily as needed."

Resident #7 is prescribed, "Lorazepam-0.5mg tablet-Take 1/2 tablet (0.25mg) as needed for sleep or anxiety;" however, the pharmacy label indicates, "Lorazepam-0.5mg tablet-Take 1/2 tablet (0.25 mg) by mouth daily at 9:00 pm."

Resident #7 is prescribed, "Proctozone-2.5% cream-Apply topically to rectum daily as needed for irritation;" however, the pharmacy label indicates, "Proctozone-2.5% cream-Apply topically to rectum twice daily."

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. Due to multiple pharmacies used by residents, Med Techs or DOW will verify scripts and labels with PCP once new medication has been received.
2. Full cart audit to be completed by November 15th and will continue monthly to verify any inaccuracies.

Within 30 days of receipt of the plan of correction, All staff persons who administer medications shall be reeducated that the original container for prescription medications shall be labeled with a pharmacy label as specified in 2800.184a, Documentation of the education shall be kept.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Jennifer Musone, ES

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

Jennifer Musone, Executive Director

Date *10/24/14*

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

The above plan of correction is approved as of

11/19/14
(Date)

Plan of correction implementation status as of

11/19/14
(Date)

The above plan of correction was approved by

JM
(Initials)

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

Violation Report: 41019 - 09/23/2014 - Garrigan, Laurie
PCH Name: JUNIPER VILLAGE AT MEADVILLE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.190(b) - A staff person is permitted to administer insulin injections following successful completion of a Department-approved medications administration course that includes the passing of a written performance-based competency test within the past 2 years, as well as successful completion of a Department-approved diabetes patient education program within the past 12 months.

2a. DESCRIPTION OF VIOLATION

Staff person A, who is not a licensed medical professional, has not successfully completed a Department-approved diabetes patient education program within the past 12 months. Staff person A administered insulin to resident #2 at 4:00 PM on the following dates: 9/13/14, 9/14/14, 9/15/14, 9/17/14, 9/18/14, 9/19/14, 9/22/14, 9/23/14, and 9/24/14.

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.

POC:

All Medication Technicians were re-trained on Diabetic Training on October 9th, 2014 by an RN who is certified through the National Board of Diabetic Trainers. Moving forward, ED and DOW will obtain a copy of the certification to verify credentials and not assume that the trainer meets the requirements before scheduling. A copy of the certification will be kept in the survey binder as well as Medication Technician binder.

Please see attached certification and training certificates.

Immediately: The administrator or designated staff person will develop and implement a system to ensure all medication technicians who administer insulin injections shall successfully complete a Department-approved diabetes patient education program within the past 12 months. For 11/19/14

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

Signature of Legal Entity Representative (Required on EVERY Page) *Jennifer Musone, ED*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Jennifer Musone, Executive Director* Date *10/24/14*

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

The above plan of correction is approved as of 11/19/14 (Date)

Plan of correction implementation status as of 11/19/14 (Date)

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

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