



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

NOV 07 2014

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
License #: 433780

Dear Ms. Wangler:

As a result of the Department of Public Welfare's licensing inspection on September 22, 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 September 19, 2014 to September 19, 2015, was issued on June 10, 2014. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink that reads "Matthew Jones".

Matthew J. Jones
Director *sd*

Enclosure
License Inspection Summary

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

PCH Name: JUNIPER VILLAGE AT FOREST HILLS		License Number: 43378
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		RECEIVED
Certificate(s) of Occupancy C2LP 07/03/2001 L&I		OCT 27 2014 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 92	Waking Staff: 69
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 09/22/2014: Marini, Michael; Georgoulis, Karen 09/24/2014: Marini, Michael		
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 who:	
Number of Residents Served: 80	Receive Supplemental Security Income: 0	
Secured Dementia Care Unit in Home: No	Are 60 Years of Age or Older: 80	
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: 12	
Number of Current Hospice Residents: 8	Have a Physical Disability: 0	
Number of Hospice Residents in past year: 80		

Violation Report: 43378 - 09/22/2014 - Marini, Michael
PCH Name: JUNIPER VILLAGE AT FOREST HILLS

OCT 27 2014

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

2a. DESCRIPTION OF VIOLATION

2013Q4

On 9-22-14, the violation report dated 8-27-14 was posted with the corresponding resident privacy coding document. The residents' last names were redacted but the residents were still identifiable by first name alone.

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.

2600.17 Page 2 of 6

The last page of the Violation report dated 8/27/13 with the "Redacted" last names of the residents and staff was immediately relocated at the time of survey to the Survey Binder kept in the Executive Director's office.

In the future, all confidential documentation relating to survey results will be kept secured by the Executive Director or Designee.

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 10.24.14

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

The above plan of correction is approved as of 10.28.14 (Date)

Plan of correction implementation status as of 10.28.14 (Date)

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

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

Violation Report: 43378 - 09/22/2014 - Marini, Michael
PCH Name: JUNIPER VILLAGE AT FOREST HILLS

OCT 27 2014

1. REGULATION 55 Pa.Code §2600
2600.85(a) - Sanitary conditions shall be maintained.

WEST REGION FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

According to staff person A, the administrator, staff person B uses a single glucometer to test blood sugar levels for several different residents.

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.

2600.85 (a) Page 3 of 6

The Director of Wellness, (DOW), counseled Staff person B, and provided re-education and training to all Medication Technicians regarding the Regulation. The DOW or Designee will initiate quarterly glucometer audits to ensure ongoing compliance.

Please see attached supportive documentation.

Immediately: Individual glucometers will be provided and used for each resident requiring a glucometer to test their blood sugar levels. JAW 10/28/14

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Janet Wangler

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

JANET WANGLER, ED

Date 10.24.14

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(Date)

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10.28.14
(Date)

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JAW
(Initials)

OCT 27 2014

WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 43378 - 09/22/2014 - Marini, Michael
PCH Name: JUNIPER VILLAGE AT FOREST HILLS

1. REGULATION 55 Pa.Code §2600
2600.95 - Furniture and equipment must be in good repair, clean and free of hazards.

2a. DESCRIPTION OF VIOLATION
There was a 1.5 inch tear in the lint trap of the 3rd dryer from the door in the laundry 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.

2600.95 Page 4 of 6

Corrected at the time of survey. The Director of Environmental Services, (DES), or Designee will add an additional trigger on the Lint Log when staff documents the cleaning of the lint traps daily. To ensure continued compliance the DES will inspect the condition of the Lint Traps on a bi-monthly basis.

Please see attached supportive documentation.

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

10.24.14

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(Date)

above plan of correction was approved by

[Signature]
(Initials)

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RECEIVED

OCT 27 2014

Violation Report: 43378 - 09/22/2014 - Manni, Michael
PCH Name: JUNIPER VILLAGE AT FOREST HILLS

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION

An opened and undated container of resident #1's Nystantin Powder was in the medication cart.

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.

2600.185 (a) Page 5 of 6

Corrected at the time of survey. The Director of Wellness, (DOW), or Designee provided re-education and training to all Medication Technicians regarding dating medications. To ensure ongoing compliance the DOW or Designee will audit the medication carts on a bi-monthly basis in cooperation from Forest Hills Pharmacy.

Please see attached supportive documentation.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Janet Wangler

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

JANET WANGLER, ED

Date 10.24.14

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(Initials)

Violation Report: 43378 - 09/22/2014 - Marini, Michael
PCH Name: JUNIPER VILLAGE AT FOREST HILLS

OCT 27 2014

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

2a. DESCRIPTION OF VIOLATION

Resident #2's September medication administration record indicated the resident had an order for Buspirone 5 mg 1 tablet twice a day. The label on resident #2's Buspirone indicated the resident actually took 10 mg 1/2 tablet twice a day.

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.

2600.187 (a) Page 6 of 6

Corrected at the time of survey. The Director of Wellness, (DOW), or Designee will receive all Mail Order Medications and immediately reconcile that the labels and orders continue to coincide with the physicians orders before being released to the medication cart. Continued compliance will be monitored through the bi-monthly cart audit conducted by the Medication Technician Supervisors in cooperation from Forest Hills Pharmacy.

Please see attached supportive documentation.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Janet Wangler

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

JANET WANGLER, ED

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(Initials)

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