



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

MAILING DATE:

APR 16 2015

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
410190

Dear Ms. Katzman:

As a result of the Department of Human Services' licensing inspection on January 15, 2015, 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.

Sincerely,

A handwritten signature in black ink, appearing to read "Janine Wenzig".

Janine Wenzig
Regional Licensing Administrator

Enclosure
Licensing 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: JUNIPER VILLAGE AT MEADVILLE		RECEIVED APR 10 2015 WEST REGION FIELD OFFICE Human Services Licensing
Legal Entity Address: 455 CHESTNUT STREET, MEADVILLE, PA 16335		
Certificate(s) of Occupancy C-2 LP 12/27/1974 L&I		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 77	Waking Staff: 58
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Incident		
On-Site Inspections Dates and Department Representatives On-Site		
01/15/2015: Williams, Jason; 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 Served: 65 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: 3 Number of Hospice Residents in past year: 7	Number of Residents who: Receive Supplemental Security Income: 1 Are 60 Years of Age or Older: 65 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 12 Have a Physical Disability: 1	

Violation Report: 41019 - 01/15/2015 - Williams, Jason
PCH Name: JUNIPER VILLAGE AT MEADVILLE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa. Code §2600

2600.141(a)(1) - A resident shall have a medical evaluation by a physician, physician's assistant, or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

2a. DESCRIPTION OF VIOLATION

The initial medical evaluation, dated 5/18/14, for Resident #1 was completed more than 60 days prior to the Resident's admission date on 8/5/14.

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.

All DMEs will be audited by the Executive Directive upon move in and documented on a tickler file. Residents not having been evaluated by a physician/PA/CRNP within 60 days prior to move in or within 30 days after admission will be scheduled for an appointment by Wellness Staff. A quarterly audit of the tickler file will be completed by the Executive Director as part of the Quality Assurance.

Immediately - The administrator will ensure that a medical evaluation, documented on the required form, is completed within 60 days prior or 30 days after residents admission.

[Signature]

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Monica Blood, executive director

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

Monica Blood, Executive Director

Date 4/10/15

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

The above plan of correction is approved as of

4/15/15
(Date)

Plan of correction implementation status as of

4/15/15
(Date)

The above plan of correction was approved by

[Signature]
(Initials)

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

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WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 41019 - 01/15/2015 - Williams, Jason
PCH Name: JUNIPER VILLAGE AT MEADVILLE

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

The December 2014 medication administration record for Resident #1 does not contain the diagnosis or purpose for the following medications:

- *Diltiazem 120mg
- *Metoprolol Tartrate 50mg
- *Lidocaine 5% patch
- *Potassium CL 10meq
- *Azithromycin 25 mg
- *Augmentin 375-125 mg
- *Q PAP extra strength 500mg
- *Lactulose 10gm/15 ml
- *Calcitonin-Salmon

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 was a clerical error by the Pharmacy provider and not the licensee. Diagnosis was provided for resident & for the aforementioned medications. 100% of all MARs/orders will be audited to ensure diagnosis/purpose of medications. All orders/MARs will be migrated to an electronic medical health record (Point Click Card) which creates an ongoing

See page
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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 <u>4/15/15</u> (Date)	Plan of correction implementation status as of _____ (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 41019-01/15/2015-Williams, Jason
PCH Name: Juniper Village At Meadville

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WEST REGION FIELD OFFICE
Human Services Licensing

Addendum to violation 2600.187(a)

audit due to orders/medications being restricted from entry without diagnosis/proper use indication. Audit sample will also be completed quarterly by Wellness Staff for compliance.

By 4/30/15 and at least monthly thereafter -

The administrator or designee will monitor the medication administration record (MAR), to ensure all required information is present, including the diagnosis or purpose for residents' medications.

By 5/15/15 - All staff who administer medications will be reeducated on required components of the MAR, including the diagnosis or purpose for each medication, and directed to monitor the MAR daily, when administering medications.

Jr 4/15/15

Monica Blood, Executive Director

Monica Blood, Executive Director

4/10/15

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Violation Report: 41019 - 01/15/2015 - Williams, Jason
PCH Name: JUNIPER VILLAGE AT MEADVILLE

WEST REGION FIELD OFFICE
Human Services Licensing

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 assessment, dated 11/3/14, for Resident #1 does not address the diagnosis of myocardial infarction as indicated on the medical evaluation dated 11/3/14. Also, this assessment also does not address the resident's need for bilateral hearing aids due to hearing impairment, or the need for 2 hour checks on the resident due to increased fall risk.

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 assessment has been updated to address the resident needs. 100% of all DMGs/RASPs have been audited for compliance with documentation of diagnosis and identified change of condition. RASPs will be updated per identified change of condition to ensure consistent identification of needs. An audit of RASPs samples will be completed quarterly by the Executive Director or designee as part of Quality Assurance process.

By 4/30/15 - all staff who complete and update assessments will be reeducated on completion of the document, and keeping it updated and current. *R*

4/15/15

Repeat Violation: No	Date(s) of Previous Violation(s):
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Signature of Legal Entity Representative
(Required on EVERY Page) *Monica Blood, Executive Director*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Monica Blood, Executive Director* Date *4/10/15*

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