



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JUL 09 2015

Ms. Diane Byrne, Vice President
Juniper Village at Lebanon, LLC
1125 Birch Road
Lebanon, Pennsylvania 17042

RE: Juniper Village at Lebanon I
License #: 330050

Dear Ms. Byrne:

As a result of the Department of Human Services' licensing inspection on February 17, 2015 and February 18, 2015, and the corrections you have made after our inspection, we have found the above facility to be in compliance with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes).

Your regular license for the period March 14, 2015 to March 14, 2016 was issued on December 3, 2014. Your regular license remains in good standing.

Sincerely,

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

Matthew J. Jones
Director *1/5/14*

Enclosure
Licensing Inspection Summary

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

PCH Name: JUNIPER VILLAGE AT LEBANON I		License Number: 33005
Address: 1325 BIRCH ROAD, LEBANON, PA 17042		County: Lebanon
Administrator: JOAN-MARIE NORMAN		Region: CENTRAL
Legal Entity Name: JUNIPER VILLAGE AT LEBANON I		
Legal Entity Address: 1125 BIRCH ROAD, LEBANON, PA 17042		
Certificate(s) of Occupancy C-2 LP 05/17/1996 LABOR & INDUSTRY		
Staffing Hours Resident Support: 73 Total Daily Staff: 129 Working Staff: 97		
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 02/17/2015: Palermo, Michael 02/18/2015: Palermo, Michael		
Off-Site Inspection Dates and Inspectors, if Applicable <div style="text-align: right; padding-right: 50px;"> <p>RECEIVED</p> <p>JUN 17 2015</p> <p>CENTRAL REGION FIELD OFFICE Human Services Licensing</p> </div>		
Other Details Partial or Full Triggers: Random Indicators:		
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 70 Number of Residents Served: 53 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: 2 Number of Hospice Residents in past year: 5	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 53 Have Mental Illness: 4 Have an Intellectual Disability: 0 Have a Mobility Need: 3 Have a Physical Disability: 0	

Violation Report: 33005 - 02/17/2015 - Palermo, Michael
 PCH Name: JUNIPER VILLAGE AT LEBANON I

1. REGULATION 55 Pa.Code §2600

2600.3(c) - The personal care home shall post the current license, a copy of the current licensing inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

2a. DESCRIPTION OF VIOLATION

On 2/17/15 the home's most current violation report, dated 1/19/14, was not posted in a conspicuous and public place in the home.

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.

Violation report dated 1-19-2014 was placed in the lobby of the building on 2-17-2015. Ongoing inspection of required postings will be made by the Executive Director and Business Office Assistant to ensure compliance with this regulation. Review regulation at Leadership Team meeting 5/7/2015.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Joan Marie Norman*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *JOAN-MARIE NORMAN Ex. Director* Date *5-8-2015*

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

The above plan of correction is approved as of <u>6-23-15</u> (Date)	Plan of correction implementation status as of <u>6-23-15</u> (Date)
The above plan of correction was approved by <u>JE</u> (Initials)	<input checked="" 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: 33005 - 02/17/2015 - Palermo, Michael
 PCH Name: JUNIPER VILLAGE AT LEBANON I

1. REGULATION 55 Pa.Code §2600
 2600.25(c)(4) - The contract shall specify the party responsible for payment.

2a. DESCRIPTION OF VIOLATION
 The contract for Resident #1 specifies the party responsible for payment, however, the contract was signed by another party.

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 contract was signed by the resident and a POA however their POA stated on the Agreement was not present to sign agreement. Agreement was signed by appropriate POA.

Executive Director or their designee will monitor all agreements for proper signatures. Audit to be completed of agreements to ensure compliance with regulations.

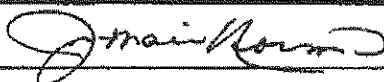
Training provided to Designee of Executive Director of the importance of proper signatures/matching those "Responsible Parties" and signatures.

Reviewed at Leadership meeting 5/7/2015.

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
 (Required on EVERY Page)

Joan Marie Norman

Date

5-8-2015

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The above plan of correction is approved as of 6-23-15
 (Date)

Plan of correction implementation status as of 6-23-15
 (Date)

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

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