



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to JUNIPER VILLAGE AT BENSELEM OPERATIONS LLC
LEGAL ENTITY

To operate JUNIPER VILLAGE AT BUCKS COUNTY SENIOR LIVING
NAME OF FACILITY OR AGENCY

Located at 3200 BENSELEM BOULEVARD, BENSELEM, PA 19020
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

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ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

To provide Personal Care Homes
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 60
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller. (MAXIMUM CAPACITY)
Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 21

Restrictions: _____

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from November 30, 2016 until November 30, 2017,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **142460**

Robert E. Robinson
ISSUING OFFICER

Jay Bank
DIRECTOR

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.



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NOV 30 2016

Ms. Linda C. Donato, Secretary
Juniper Village at Bensalem Operations, LLC
400 Broadacres Drive
Bloomfield, New Jersey 07003

RE: Juniper Village at Bucks County Senior Living
3200 Bensalem Boulevard
Bensalem, Pennsylvania 19020
License #: 142460

Dear Ms. Donato:

As a result of the Department of Human Services' licensing inspection on October 21, 2016 of the above facility, we have found that your facility is in substantial compliance with the regulations, set forth in 55 Pa.Code Ch. 2600 (related to Personal Care Homes), that can be adequately assessed at this time. The licensing inspector was unable to complete a full inspection because the home is new and not yet serving four or more residents.

In accordance with 55 Pa.Code § 2600.11(b) (relating to procedural requirements for licensure or approval of personal care homes) a re-inspection of your newly licensed facility will be conducted within 3 months of the effective date of this license. Complete compliance with all applicable regulations is required in order to maintain your license.

Your NEW license is enclosed.

Sincerely,

A handwritten signature in black ink, appearing to read "J. Rowe".

Jacqueline L. Rowe
Director

Enclosures
License
Licensing Inspection Summary

Violation Report: - 10/21/2016 - Colon, Lisselle
 PCH Name: JUNIPER VILLAGE AT BUCKS COUNTY SENIOR LIVING

1. REGULATION 55 Pa.Code §2600
 2600.123(a) - Exit doors must be equipped so that they can be easily opened by residents from the inside without the use of a key or other manual device that can be removed, misplaced or lost.

2a. DESCRIPTION OF VIOLATION
 The exit door located in the personal care living space area, that is also used for activities, is equipped with an alarm and a sensor. Upon exiting the door, the alarm did not sound, and the sensor was inoperable.

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.

The battery of alarm was replaced and functioning well on site on the day of inspection.

Maintenance staff will check the alarm daily to ensure it works properly.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Joyce Shreffler*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Joyce SHREFFLER ADM.* Date *10/28/16*

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

The above plan of correction is approved as of 11/4/16
 (Date)

Plan of correction implementation status as of 11/4/16
 (Date)

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

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