



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

MAILING DATE: JUN 28 2017

Ms. Linda C. Donato
Secretary of Juniper Partners, LLC (Member)
Juniper Village at Bensalem Operations, LLC
400 Broadacres Drive
Bloomfield, New Jersey 19020

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 1/20/17 which we conducted on-site inspections] 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,

Roslyn Brewer
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

Violation Report: 14246 - 01/20/2017 - Kazimer, Lauren
 PCH Name: JUNIPER VILLAGE AT BUCKS COUNTY SENIOR LIVING

1. REGULATION 55 Pa.Code §2600
 2600.42(c) - A resident shall be treated with dignity and respect.

2a. DESCRIPTION OF VIOLATION
 During incident investigation on 01-20-17 it was found resident # 1 was called a disparaging name and frightened by staff member A during an altercation on 01-06-17

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.

- CNA WAS IMMEDIATELY SUSPENDED AND THEN TERMINATED (██████/17)
 - ADDITIONAL ABUSE TRAINING WAS COMPLETED ON FEBRUARY 18, 2016.
 - TRAINING IS ONGOING WITH RELIAS AND NEW HIRE AND ANNUALLY.
- SEE ATTACHMENT

Repeat Violation: No	Date(s) of Previous Violation(s):	
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Signature of Legal Entity Representative (Required on EVERY Page) *[Handwritten Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Joyce Shreffler PCH. ADM.</i>	Date <i>3/21/17</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of *3/22/17*
 (Date)

Plan of correction implementation status as of *3/22/17*
 (Date)

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

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