



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JUL 17 2017

Mr. Donald Brenaman,
Vice President of Risk Management & Business
Juniper Village at Lebanon, LLC
1125 Birch Road
Lebanon, Pennsylvania 17042

RE: Juniper Village at Lebanon I
License #: 330050

Dear Mr. Brenaman:

As a result of the Department of Human Services' annual licensing inspections on February 22, 2017 and February 23, 2017 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.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Inspection.

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

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

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

Violation Report: 33005 - 02/22/2017 - Hoover, Douglas

PCH Name: JUNIPER VILLAGE AT LEBANON I

1. REGULATION 55 Pa.Code §2600

2600.132(c) - A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

2a. DESCRIPTION OF VIOLATION

The fire drill record for the 2/22/16 fire drill at 3:15 pm did not include the number of residents in the home or the number of residents evacuated.

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 number of residents in the home at the time of a fire drill and/or the number of residents evacuated will be documented on the Fire Drill Record. Environmental Director will be responsible to complete the fire drill record/form with the Executive Director reviewing the form for accuracy.

Education provided to staff on Regulation 2600.132(c) and the importance of including the number of residents in the home and the number of residents evacuated during the drill or exit.

on 5/10/2017 (Date)

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

Date 5-9-2017

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

The above plan of correction is approved as of 5-23-17
(Date)

Plan of correction implementation status as of 5-23-17
(Date)

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

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

Violation Report: 33005 - 02/22/2017 - Hoover, Douglas

PCH Name: JUNIPER VILLAGE AT LEBANON I

1. REGULATION 55 Pa.Code §2600

2600.132(e) - A fire drill shall be held during sleeping hours once every 6 months.

2a. DESCRIPTION OF VIOLATION

Fire drills held during sleeping hours were conducted on 5/20/16 at 11:15 pm and 12/17/16 at 11:20 pm, more than six months apart.

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.

Fire drills will be held at least every six months on the 11-7 (Sleeping Hour) shift. The Environmental Director will schedule the drill at appropriate times and dates. Safety committee, meeting monthly, will review all drills for appropriate dates / times and compliance with Regulation 2600.132(e).

Inservice held, May 1, 2017, regarding the regulation and importance related to safety of our residents.

Executive Director will have final review of fire drill log on a monthly basis.

Sleeping hour drill held on 3/08/2017 at 12:30 AM. Successful drill. Reviewed by safety committee and Executive Director.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Jean-Marc Normen

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

Jean-Marc Normen

Date 5-9-2017.

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(Date)

Plan of correction implementation status as of 5-23-17
(Date)

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- Partially Implemented - Inadequate Progress
- Not Implemented

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

Violation Report: 33005 - 02/22/2017 - Hoover, Douglas
 PCH Name: JUNIPER VILLAGE AT LEBANON I

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

Hydralazine, 25 mg. was administered to Resident #1 at approximately 2:00 pm on 2/14/17 however; the medication administration record (MAR) was not checked/initialed for that date and time.

Levothyroxine Sodium, 75 MCG was administered to Resident #2 at 6:00 am on 2/7/17 however; the MAR was not checked/initialed for that date and time.

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.

Wellness meeting held with all Medication Associates and LPNs. Reviewed Regulation 2600.187a regarding documentation of medication administered. All staff must complete EMAR immediately after administering medication. Wellness Director, Wellness Nurse (LPN) and Senior Medication Associate will review medication administration log through use of Dashboard in Point Click Care electronic record daily. The Wellness Director and Executive Director will monitor weekly, sampling medication administration logs. See attached page 4 of 4 for continued Plan. -BE

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *J. Mainstom*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Jean-Marie Norman</i>	Date <i>5-9-2017</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 5-25-17 (Date)

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

Plan of correction implementation status as of 5-25-17 (Date)

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

Violation Report: 33005 - 02/22/2017 - Hoover, Douglas
PCH Name: JUNIPER VILLAGE AT LEBANON I

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 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. *Continued from Page 4 of 4. - see*

If the resident refused medication, is away from the home or another person forgot administering medication, a code will be entered into the medication log (EMAR) and following steps taken as appropriate, i.e., notifying supervisor.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Jean-Marie Norman</i>	Date <i>5-9-2017</i>
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The above plan of correction is approved as of _____ (Date)	Plan of correction implementation status as of _____ (Date)
The above plan of correction was approved by _____ (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