



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

APR 24 2017

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

RE: Juniper Village at Lebanon II  
101 Hearthstone Lane  
Lebanon, Pennsylvania 17042  
License #: 330060

Dear Mr. Brenaman:

As a result of the Department of Human Services' annual licensing inspection on February 23, 2017, 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).

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](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  
Licensing Inspection Summary



Violation Report: 23006 - 02/23/2017 - Heemer, Laura  
 PCH Name: JUNIPER VILLAGE AT LEBANON II

1. REGULATION 55 Pa.Code §2600  
 2600.96(c) - The first aid kit must be in a location that is easily accessible to staff persons.

2a. DESCRIPTION OF VIOLATION

The home's first aid kit is located in the Nurse's Station, however, the required breathing shield and eye coverings were not stored in the kit itself, but in another area of the Nurse's Station. When asked by inspectors, Staff Member A and Staff Member B were unable to locate these items. The administrator of the home did know the location of the breathing shield and eye coverings, and was able to provide these items to the inspectors. However, the two staff members did not know the location.

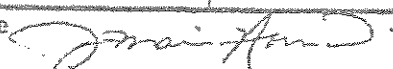
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

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 First Aid Kit was replenished with safety goggles and CPR mask shield the day of inspection 2/23/2017. All required items were placed together in one kit and labeled. Staff members were educated on the need for First Aid Kit, requirements per DHS, use of kit and proper contents of kit. Proper placement and contents of kit will be monitored by Wellness Staff, Environmental Director and/or Executive Director. First Aid kits will be accessible to staff in both Wellness office and Company Bus. Kits will be stocked with all necessary items and easily accessible. Education to all staff will be completed by 3/17/2017.

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)

Jean-Marie Norman Ev. Director Date 2/15/2017

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The above plan of correction is approved as of 3/15/17 (Date)

Plan of correction implementation status as of 3/15/17 (Date)

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

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