



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

MAY 22 2017

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' annual licensing inspection on February 27, 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](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,

Jacqueline L. Rowe  
Director

Enclosure  
License Inspection Summary



Violation Report: 14246 - 02/27/2017 - Thomas, Tahesia  
 PCH Name: JUNIPER VILLAGE AT BUCKS COUNTY SENIOR LIVING

1. REGULATION 85 Pa.Code §2600  
 2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION  
 The home's medication room has a glucometer labeled "House" that been shared with Residents # 1 and # 2, who are awaiting their own glucometer.  
 Resident # 3's blood glucose level was taken on Resident # 4's glucometer on 02/20/17 at 8:00 am and 9:00 pm, and on 2/21/17 at 9:00 pm.  
 Resident # 3's blood glucose level was taken on the "House" glucometer on 02/22/17 at 9:00 pm, 02/23/17 at 8:00 am, 02/25/17 at 9:00 pm and 02/26/17 at 9:00 pm.

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.*

Glucometers were obtained for resident #1 and #2 on 2/28/17.  
 RN unit manager verified that each glucometer should be assigned to only one resident on 2/28/17.  
 Nursing staff in-serviced on diabetes care and blood glucose monitoring on 3/8/17. (see attachment #1)  
 Blood glucose monitoring results verified daily for 1 week by RN unit manager on 3/1/17-3/7/17  
 Audit will perform weekly for 1 month starting 3/13/17, then monthly to verify continued compliance.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Joyce Short*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Joyce Short RN PCH adm'* Date *3/16/17*

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

The above plan of correction is approved as of <u>4/12/17</u> (Date)	Plan of correction implementation status as of <u>4/12/17</u> (Date)
The above plan of correction was approved by <i>[Signature]</i> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 14248 - 02/27/2017 - Thomas, Tahesia  
 PCH Name: JUNIPER VILLAGE AT BUCKS COUNTY SENIOR LIVING

1. REGULATION 55 Pa.Code §2800  
 2800.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION  
 Resident # 6's Loperamide 2 mg every 8 hours PRN was not discontinued on the medication administration record after it was changed to every 4 hours PRN.

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.

Loperamide 2mg every 8hrs PRN was discontinued on the MAR on 2/27/17.

Training on Medication Labeling and documentation completed on 3/8/17. (see attachment #2)

Review completed on new orders written in the past 30 days to verify accuracy of transcription by RN unit manager on 3/1/17.

Weekly review of orders for 4 weeks starting 3/7/17 to be completed by RN unit manager/designee, then monthly for 3 months, then quarterly

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Joyce Shreffler*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Joyce Shreffler RCH adm.</i>	Date <i>3/16/17</i>
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of <i>3/27/17</i> (Date)	Plan of correction implementation status as of <i>3/27/17</i> (Date)
The above plan of correction was approved by <i>[Signature]</i> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 14246 - 02/27/2017 - Thomas, Tahesia  
 PCH Name: JUNIPER VILLAGE AT BUCKS COUNTY SENIOR LIVING

1. REGULATION 55 Pa.Code §2800  
 2600.183(e) - Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

2a. DESCRIPTION OF VIOLATION  
 Resident # 6's Lantus (opened on 2/27/17) and Humalog Pen (opened on 2/16/17), located in the medication refrigerator, have directions stating refrigerates until opened.

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 #5 Lantus and Humalog pens are discarded and replaced immediately. Audit of remaining insulin pens completed on 2/28/17.

Training on proper storage of insulin completed by RN unit manager on 3/8/17. (see attachment #3)

RN unit manager/designee will verify that insulin pens currently in use are maintained outside of refrigerator on a weekly schedule starting from 3/8/17.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Joyce Shreffler PCH adm.</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Joyce Shreffler PCH adm.</i>	<i>3/16/17</i>

**DEPARTMENT USE ONLY, HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of 3/27/17  
 (Date)

Plan of correction implementation status as of 3/27/17  
 (Date)

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

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

Violation Report: 14246 - 02/27/2017 - Thomas, Tahesia  
 PCH Name: JUNIPER VILLAGE AT BUCKS COUNTY SENIOR LIVING

1. REGULATION 65 Pa.Code §2800  
 2800.187(b) - The information in § 2800.187(a)(13) and § 2800.187(a)(14) shall be recorded at the time the medication is administered.

2a. DESCRIPTION OF VIOLATION  
 Resident # 6's MAR was not initiated on 02/21/17 for the weekly skin assessments on Tuesdays and Fridays on the 3-11 pm shift.

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 nurse who performed the skin assessment signed the task out on the assignment sheet but not on the MAR. Because the completion of task could be verified on 2/27/17, the date of survey, the nurse corrected the omission on 2/21/17.

MARs and TARs audited and verified for compliance on 3/1/17 by RN unit manager.

Training completed regarding documentation on 3/8/17. (see attachment #2)

Skin integrity documentation verified weekly by RN unit manager/PCHA/designee in an ongoing basis

*See attachment #5*

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)

*Joyce Shretter PCH adm.* Date *3/16/17*

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The above plan of correction is approved as of <u>3/27/17</u> (Date)	Plan of correction implementation status as of <u>3/27/17</u> (Date)
The above plan of correction was approved by <u><i>DA</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 14246 - 02/27/2017 - Thomas, Tahesia  
 PGH Name: JUNIPER VILLAGE AT BUCKS COUNTY SENIOR LIVING

1. REGULATION 55 Pa.Code §2600  
 2800.227(c) - The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

2a. DESCRIPTION OF VIOLATION  
 - On 11/16/16, there was a physician's order for a pureed diet. However, Resident # 6's assessment completed on 10/30/16, states a regular diet.  
 - On 12/22/16, there was a physician's order for a mechanical soft diet. However, Resident # 7's assessment completed on 01/05/17, states a regular diet.  
 - On 01/01/17, there was a physician's order for a mechanical soft diet. However, Resident # 8's assessment completed on 08/11/16, states a regular diet.

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.

It was verified that Residents #6, 7 and 8 are on the correct diets as prescribed. Addendums of RASP are updated to reflect the current and correct diet completed on 2/28/17.

Training completed on documentation of RASPs and addendums on 3/8/17. (see attachment #4)

Completed audit of current resident diets orders and RASP to verify that they are matching on 3/13/17.

RN unit manager/designee will verify that any changes are updated as indicated by 24hrs chart check in an ongoing basis.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Joyce Shretter*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Joyce Shretter, Act. Adm* Date *3/16/17*

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The above plan of correction is approved as of 4/5/17  
 (Date)

The above plan of correction was approved by *JW*  
 (Initials)

Plan of correction implementation status as of 4/7/17  
 (Date)

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