



**pennsylvania**

DEPARTMENT OF HUMAN SERVICES

OCT 04 2017

Ms. Lynn Katzmann,  
President  
Juniper Village at Forest Hills, LLC  
400 Broadacres Drive  
Bloomfield, New Jersey 07003

RE: Juniper Village at Forest Hills  
107 Fall Run Road  
Pittsburgh, Pennsylvania 15221  
License #: 433780

Dear Ms. Katzmann:

As a result of the Department of Human Services' annual licensing inspections on May 3, 2017 and May 4, 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,

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

Jacqueline L. Rowe  
Director

Enclosure  
License Inspection Summary

**VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

PCH Name: JUNIPER VILLAGE AT FOREST HILLS		License Number: 43378
Address: 107 FALL RUN ROAD, PITTSBURGH, PA 15221		County: Allegheny
Administrator: Janet Wangler		Region: WEST
Legal Entity Name: JUNIPER VILLAGE AT FOREST HILLS LLC		
Legal Entity Address: 400 BROADACRES DRIVE, BLOOMFIELD, NJ 7003		
Certificate(s) of Occupancy C-2 LP 07/03/2001 Dept. of Labor & Industry		<b>RECEIVED</b>  AUG 04 2017 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 91	Waking Staff: 88
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 05/03/2017: Rahuba, Matt; Evagas, Joseph 05/04/2017: Rahuba, Matt		
Off-Site Inspection Dates and Inspectors, If Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 100 Number of Residents Served: 75 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, If Applicable: Number of Residents Served in Secured Dementia Care Unit, If applicable: Number of Current Hospice Residents: 9 Number of Hospice Residents in past year: 20	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 75 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 18 Have a Physical Disability: 1	

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Violation Report: 43378 - 05/03/2017 - Rahuba, Matt  
PCH Name: JUNIPER VILLAGE AT FOREST HILLS

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 65 Pa.Code §2800

2800.132(d) - Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.

2a. DESCRIPTION OF VIOLATION

On 6/3/17, the fire doors to the fire-safe area, located outside bedroom #230, did not fully close. When closed, the left door was catching at the top of the door frame and was open approximately 1/2"-3/4", preventing the door from securing to the door frame. The 2nd floor fire-safe areas were used during fire drills held on 10/27/16 at 8:28 a.m. and 11/10/16 at 7:09 p.m.

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 set of Fire Doors located outside Bedroom #230 were immediately adjusted and closed properly before the survey was completed. Additionally, the Community contacted RICCIA Enterprises LLC., who came and evaluated all sets of Fire Doors on 7/19/17, to ensure closure space and rates met with regulatory guidelines and compliance. For follow up, each Tuesday afternoon when the Generator is activated, all sets of Fire Doors are engaged and evaluated by the Director of Environmental Services for continued compliance.

*Immediately: A designated staff person shall inspect all fire-safe doors monthly to ensure they close and are secured. J  
8/11/17*

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

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

Printed Name and Title of Legal Entity Representative      *JANET WANGLER*      Date      *8.4.17*  
*(Required on EVERY Page)*      *EX DIRECTOR*

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

The above plan of correction is approved as of 8/11/17  
(Date)

Plan of correction implementation status as of 8/11/17  
(Date)

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

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

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Violation Report: 43378 - 05/03/2017 - Rahuba, Mall  
PCH Name: JUNIPER VILLAGE AT FOREST HILLS

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 65 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

Resident #1 is prescribed, Omeprazole 20mg-Take 1 capsule by mouth daily; however the resident's May 2017 medication administration record indicates the dosage as 20meq.

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 #1's prescription of 20mg Omeprazole was incorrectly transcribed into the Medication Administration Record. Resident #1 received the proper dosage from the pharmacy and it was properly dispensed by staff. A thorough medication review was completed on every resident on May 5/5/17 to meet regulatory guidelines and compliance. Continued compliance will occur each week when a Medication Cart Audit is conducted by a certified Medication Technician and a Quarterly audit will be completed by a Pharmacist from Omnicare Pharmacy. The Director of Wellness will be responsible for continued compliance. Results will be reviewed at monthly quality assurance meetings.

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

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) JANET WANGLER  
EX DIRECTOR Date 8/4/17

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The above plan of correction is approved as of 8/11/17  
(Date)

Plan of correction implementation status as of 8/11/17  
(Date)

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

- Fully Implemented
- Partially Implemented - Adequate Progress *[Signature]*
- Partially Implemented - Inadequate Progress
- Not Implemented