



pennsylvania
DEPARTMENT OF HUMAN SERVICES

AUG 07 2018

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
Certificate #: 433780

Dear Ms. Katzmann:

As a result of the Department's Bureau of Human Services Licensing annual inspection on May 29, 2018 and May 30, 2018, 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
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 | | RECEIVED JUL 11 2018 WEST NEXSON FIELD OFFICE Human Services Licensing |
| Legal Entity Address: 400 BROADACRES DRIVE, BLOOMFIELD, NJ 7003 | | |
| Certificate(s) of Occupancy C-2 LP 07/03/2001 L&I | | |
| Staffing Hours | | |
| Resident Support: 0 | Total Daily Staff: 98 | Waking Staff: 74 |
| Type of Inspection: Full | BHA Docket Number: | Notice: Unannounced |
| Reason(s) for Inspection(s) | | |
| Renewal | | |
| On-Site Inspections Dates and Department Representatives On-Site | | |
| 05/29/2018: Hoover, Josh; Eveges, Joseph | | |
| 05/30/2018: Hoover, Josh; Eveges, Joseph | | |
| 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: 78 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: 6 Number of Hospice Residents in past year: 55 | | Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 78 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 20 Have a Physical Disability: 0 |

Violation Report: 43378 - 05/29/2018 - Hoover, Josh
PCH Name: JUNIPER VILLAGE AT FOREST HILLS

WEST REGION FIELD OFFICE
Huron/Genesee Liaison

1. REGULATION 55 Pa.Code §2600
2600.88(a) - Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION
On 5/29/2018, the fire door near bedroom # 126 did not latch when the door was closed.

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.

Latch repaired at time of discovery.

Ongoing maintenance and oversight will be conducted by Environmental Services Director.

Follow up will be reviewed monthly at safety meetings.

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


Signature of Legal Entity Representative (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Muriel Pruchal Date 7/6/18

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

The above plan of correction is approved as of 7/24/18
(Date)

Plan of correction implementation status as of 7/24/18
(Date)

The above plan of correction was approved by 
(Initials)

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

Violation Report: 43378 - 05/29/2018 - Hoover, Josh
PCH Name: JUNIPER VILLAGE AT FOREST HILLS

WEST HELLGON FIELD OFFICE
(Home Inspection Division)

1. REGULATION 55 Pa.Code §2600
2600.125(b) - Combustible materials shall be inaccessible to residents.

2a. DESCRIPTION OF VIOLATION

On 5/29/2018 at approximately 9:45 a.m., there was a 1-quart container of lighter fluid unattended and accessible to residents on the patio outside of the dining area.

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.

Poisonous materials immediately removed upon discovery

Ongoing compliance will be maintained by dietary services manager.

A designated staff person will monitor the home daily to ensure no combustible materials are accessible to residents.

Handwritten signature and date: J. Hoover 7/29/18

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Handwritten signature: Muriel Pruchal

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

Printed name: Muriel Pruchal

Date 7/6/18

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The above plan of correction is approved as of

7/11/18
(Date)

Plan of correction implementation status as of

7/24/18
(Date)

The above plan of correction was approved by

Handwritten initials: MP
(Initials)

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

Violation Report: 43378 - 05/29/2018 - Hoover, Josh
PCH Name: JUNIPER VILLAGE AT FOREST HILLS

WEST HANSON FIELD OFFICE
Nursing Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

2a. DESCRIPTION OF VIOLATION

The assessment for resident #1, dated 7/20/2017, indicates the resident requires stand-by assistance for transferring; however, staff interviews indicate that the resident requires significant physical assistance to transfer from bed to standing and physical assistance to transfer from standing to sitting. Also, physician progress notes for resident #1 indicate the resident has "poor safety awareness" relating to transferring and ambulating.

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.

Care plan and DME were corrected within 24 hours of recommendation by DHS.

Ongoing compliance will be managed by Director of Wellness through initial and quarterly assessments.

See attachments A- S

A designated staff person will review the assessments of all current residents to ensure each is complete and accurate.

[Signature] 7/24/18

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

[Signature]

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

Muriel Oruchal

Date 7/6/18

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The above plan of correction is approved as of

7/24/18
(Date)

Plan of correction implementation status as of

7/24/18
(Date)

The above plan of correction was approved by

[Signature]
(Initials)

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

JUL 11 2018

Violation Report: 43378 - 05/29/2018 - Hoover, Josh
PCH Name: JUNIPER VILLAGE AT FOREST HILLS

1. REGULATION 56 Pa.Code §2600
2600.226(a) - The resident shall be assessed for mobility needs as part of the resident's assessment.

2a. DESCRIPTION OF VIOLATION
The assessment for resident #1, dated 7/20/2017, indicates the resident has minimal mobility needs; however, staff interviews indicate the resident cannot transfer from sitting to standing or from standing to sitting without physical assistance. Also, during fire drill evacuations, the resident requires numerous verbal prompts and constant stand-by assistance due to anxiety.

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.

Care plan and DME were corrected within 24 hours of recommendation by DHS.

Ongoing compliance will be managed by Director of Wellness through initial and quarterly assessments.

See attachments A- S

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Muriel Prucnal* Date *7/10/18*

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

The above plan of correction is approved as of 7/24/18 (Date)

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

Plan of correction implementation status as of 7/24/18 (Date)

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