



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JAN 24 2019

Ms. Lynne S. Katzmann
President, Juniper Partners, LLC
Juniper Village at Bensalem Operations, LLC
40 Broadacres Drive
Bloomfield, New Jersey 07003

RE: Juniper Village at Bucks County Senior Living
3200 Bensalem Boulevard
Bensalem, Pennsylvania 19020
License #:142460

Dear Ms. Katzmann:

As a result of the Department's Bureau of Human Services Licensing annual inspection on October 3, 2018 of the above facility, the violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report 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
Violation Report

Violation Report: 14246 - 10/03/2018 - Swisher, Michele
PCH Name: JUNIPER VILLAGE AT BUCKS COUNTY SENIOR LIVING

1. REGULATION 55 Pa.Code §2600
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

On 10/3/2018, there were four loose pills found on the medication cart. One small round peach colored tablet, one half of a small yellow tablet, one small yellow oval tablet, and one large blue oval tablet, were found on medication cart C.

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.

Those 4 loose pills were discarded immediately.

Regulation requirements were reviewed with nursing staff. Licensed staff training was completed on 10/18/2018. (see attachment #1) Administrator or her designee will perform audits on a regular on-going basis to ensure compliance of medication storage. (see attachment #2)

All training and audits to be maintained for Department review *11/11/19*

Documents of trainings will be kept for three years. *11/11/19*

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Grace Chen Au*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Grace Chen Au RN PEHA* Date *11/3/19*

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

The above plan of correction is approved as of *11/11/19*
(Date)

Plan of correction implementation status as of *11/11/19*
(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: 14240 - 10/03/2018 - Swisher, Michele
PCH Name: JUNIPER VILLAGE AT BUCKS COUNTY SENIOR LIVING

1. REGULATION 55 Pa.Code §2600
2600.184(b) - If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

2a. DESCRIPTION OF VIOLATION

On 10/3/2018, a package of Nexium ER capsules belonging to resident 1 was located in the Medication Cart D and was not labeled with the resident's name.

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 package of medication was confirmed with resident 1 and it was labelled with resident's name.

Regulation requirements are reviewed with nursing staff. Licensed staff training is completed on 10/18/2018. (see attachment #1) Administrator or her designee will perform audits on a regular on-going basis to ensure compliance of medication labeling with resident's name. (see attachment #2)

All training and audits to be maintained for Department review.

11/1/19 @

Documents of trainings will be kept for three years.

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

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Grace Chau Au RN, PECHA* Date *1/3/19*

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

The above plan of correction is approved as of *11/1/19*
(Date)

Plan of correction implementation status as of *11/1/19*
(Date)

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

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

Violation Report: 14246 - 10/03/2018 - Swisher, Michele
PCH Name: JUNIPER VILLAGE AT BUCKS COUNTY SENIOR LIVING

1. REGULATION 55 Pa.Code §2600
2600.190(c) - A record of the training shall be kept including the staff person trained, the date, source, name of trainer and documentation that the course was successfully completed.

2a. DESCRIPTION OF VIOLATION
The home's medication administration training record for staff person A does not include documentation of successful completion of the required annual practicum. Staff person A's initial medication certification training was completed on 9/7/2016.

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.

Staff personal A has been requested to provide the documentation of completion of required annual practicum in 2017, which was completed in her previous facility before we hired her in 2018. This staff personal A stated that records were kept by her previous employer, however she was unable to retrieve the documentation of annual practicum record. Eventually she resigned.

Hiring managers and administrator reviewed the regulation and requirement of documentation. Administrator or her designee will keep all the training records and documentation of completion for annual practicum requirement. Records will be reviewed before hire date.

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

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Grace Chau Au-Ru Penn* Date *1/3/19*

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

The above plan of correction is approved as of *1/1/19*
(Date)

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

Plan of correction implementation status as of *1/1/19*
(Date)

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- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 14246 - 10/03/2018 - Swisher, Michele
PCH Name: JUNIPER VILLAGE AT BUCKS COUNTY SENIOR LIVING

1. REGULATION 55 Pa. Code §2600
2600.233(d) - Doors that open onto areas such as parking lots, or other-potentially unsafe areas, shall be locked by an electronic or magnetic system.

2a. DESCRIPTION OF VIOLATION

The gate in the fenced patio area of the secure dementia unit is not locked with an electronic or magnetic locking system. The gate is easily opened with a small lever. The gate leads to an unpaved garden area that also leads to a parking area and a steep hillside that is potentially hazardous to residents with dementia.

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.

A keyless combination yardlock system will be installed to the gate in the fenced patio area of the secure dementia unit by January 22th, 2019.

Documentation of the completed installation will be submitted to P. Adams at the Southeast Regional office at ra-pwars@southeast.pa.gov or fax at 610-270-1147.

1/11/19

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Grace Chen, Ass. Dir. PCH* Date *1/3/19*

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

The above plan of correction is approved as of *1/11/19* (Date)

Plan of correction implementation status as of *1/11/19* (Date)

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

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