



pennsylvania
DEPARTMENT OF HUMAN SERVICES

DEC 07 2018

Mr. Charles W. Hastings, Jr.
Vice President Juniper Partners LLC
Juniper Village at State College Operations III LLC
400 Broadacres Drive
Bloomfield, New Jersey 07003

RE: Juniper Village at Brookline-Senior Living
1930 Cliffside Drive
State College, Pennsylvania 16801
License #: 231310

Dear Mr. Hastings:

As a result of the Department's Bureau of Human Services Licensing annual inspection on November 1, 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,

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

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

Page 1 of 5

PCH Name: JUNIPER VILLAGE AT BROOKLINE SENIOR LIVING		License Number: 23131
Address: 1930 CLIFFSIDE DRIVE, STATE COLLEGE, PA 16801		County: Centre
Administrator: Anne Campbell		Region: NORTHEAST
Legal Entity Name: JUNIPER VILLAGE AT STATE COLLEGE OPERATIONS III LLC		
Legal Entity Address: 400 BROADACRES DRIVE, BLOOMFIELD, NJ 7003		
Certificate(s) of Occupancy R-3 08/23/1985 Centre region code		
Staffing Hours Resident Support: 0 Total Daily Staff: 85 Waking Staff: 64		
Type of Inspection: Full BHA Docket Number: Notice: Unannounced		
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 11/01/2018; Novak, Ryan; Deluca, Amy		
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: 174	Number of Residents who:	
Number of Residents Served: 85	Receive Supplemental Security Income: 0	
Secured Dementia Care Unit in Home: No	Are 60 Years of Age or Older: 85	
Area:	Have Mental Illness: 1	
Secured Dementia Unit Capacity, If Applicable:	Have an Intellectual Disability: 0	
Number of Residents Served in Secured Dementia Care Unit, If applicable:	Have a Mobility Need: 0	
Number of Current Hospice Residents: 3	Have a Physical Disability: 0	
Number of Hospice Residents in past year: 11		

Violation Report: 23131 - 11/01/2018 - Novak, Ryan
PCH Name: JUNIPER VILLAGE AT BROOKLINE SENIOR LIVING

1. REGULATION 65 Pa.Code §2600
 2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION
 Resident #1 requires blood glucose checks before meals daily with insulin administered on a sliding scale. On 10/31/2018 at 10:33am the resident's blood glucose reading in the glucometer was 134; the reading was documented on the Medication Administration Record (MAR) as 154.
 Blood glucose readings prior to 10/29/2018 could not be found on resident #'s glucometer. The resident received blood glucose readings 4 times daily throughout the month of October. Staff could not explain why the glucometer readings were missing from the glucometer.
 Resident #2's PRN norco was not available at the time of the inspection.

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.

185a

LPN who incorrectly documented blood glucose reading was provided formal education on documentation of medication administration records. Process for obtaining and documenting, ensuring proper entry of reading by DOW and ED.

We respectfully decline the notation that an error occurred because a glucometer did not have readings before the date of 10/29/18 as there is no regulation that identifies a specific number of readings that must be present on the glucometer at any time. Upon investigation with staff there was a malfunction with the glucometer and it was exchanged for a new machine. For purposes of plan of correction DOW has requested that documentation in the residents chart be placed anytime a glucometer malfunctions so record can be kept indicating the change in machine. YES

Resident #2 was ordered Norco 1 tab prn and 1/2 tab PRN for pain at the time of inspection, the Norco whole tab was available in the cart 1/2 tab had not been sent from the pharmacy. Upon review both orders were discontinued as the resident was no longer requiring the use of prn norco and had not requested in greater than 60 days.

DOW held mandatory meetings with all medication LPN's and Assistants to formally review the glucometer and medication availability regulations. DOW will continue to provide monthly spot checks of narcotic medications to ensure availability.

ED to continue to monitor for ongoing compliance.

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) *Anne Campbell Executive Dir.* Date *11/28/18*

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

The above plan of correction is approved as of <u>11-29-18</u> (Date) The above plan of correction was approved by <u>AG</u> (Initials)	Plan of correction implementation status as of <u>11-29-18</u> (Date) <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
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Violation Report: 23131 - 11/01/2018 - Novak, Ryan
PCH Name: JUNIPER VILLAGE AT BROOKLINE SENIOR LIVING

1. REGULATION 55 Pa.Code §2800

2600.186(c) - Changes in medication may only be made in writing by the prescriber, or in the case of an emergency, an alternate prescriber, except for circumstances in which oral orders may be accepted by nurses in accordance with regulations of the Department of State. The resident's medication record shall be updated as soon as the home receives written notice of the change.

2a. DESCRIPTION OF VIOLATION

Resident #2's MAR notes tylenol 2 tablets with meals and as needed, the label to the medication does not indicate the as needed order.

Resident #3's MAR notes Refresh tears as needed 1 drop in both eyes, the label to the medication notes 1-4 drops.

Resident #4's MAR notes Miralax powder 1 times daily and as needed, the label to the medication does not indicate the as needed order. Resident #4's MAR notes refresh tears 4 times daily and as needed, the label to the medication does not indicate the as needed order.

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

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186c

Resident #2, 3 and 4 medications that were labeled incorrectly had a direction change sticker placed on them. Education was completed with all LPN's and Medication assistants to review proper labeling compliance with regulation 186. All prn medications will now receive direction to refer to chart to ensure compliance with administration and MD instruction.

Resident #2 tylenol was corrected with pharmacy merging both prn Tylenol script and prn to meet directions provided by the provider.

DOW provided mandatory training and will have 11-7 shift complete nightly audits of PRN medications to ensure change in direction stickers are applied.

ED to continue to monitor for ongoing compliance.

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)

Anne Campbell Executive Director

Date 11/25/18

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The above plan of correction is approved as of 11-29-18
(Date)

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

Plan of correction implementation status as of 11-29-18
(Date)

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

Violation Report: 23131 - 11/01/2018 - Novak, Ryan
PCH Name: JUNIPER VILLAGE AT BROOKLINE SENIOR LIVING

1. REGULATION 66 Pa.Code §2800
2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #1 requires blood glucose checks before meals daily with insulin administered on a sliding scale. On 10/31/2018 at 10:33am the resident's MAR indicates 3 units of insulin were administered. According to the resident's glucometer, the blood glucose was 134 at that time requiring 0 units of insulin to be administered.

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

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.187

Medication Error was identified during inspection and immediately reported to the MD on 11/1/18 and to poa. NO new orders were received as a result of the medication error as resident was not affected. MD stated to continue current plan of care. LPN who administered medication in error was provided education on medication administration, glucometer testing policy and documentation.

DOW will continue to provide monthly med pass observation including blood sugar testing and insulin administration to LPN's.

ED to continue to monitor for ongoing compliance.

Repeat Violation: No

Date(s) of Previous Violation(s):

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

Anne Campbell Executive Dir.

Date

11/28/18

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Violation Report: 23131 - 11/01/2018 - Novak, Ryan
PCH Name: JUNIPER VILLAGE AT BROOKLINE SENIOR LIVING

1. REGULATION 55 Pa.Code §2600

2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

2a. DESCRIPTION OF VIOLATION

Resident #5 requires a mechanical soft diet as indicated by staff interviews and the resident's Documentation of Medical Evaluation form dated 7/20/2018. The resident's support plan dated 7/23/2018 indicates the resident is on a regular diet in the dietary needs section.

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.

227d

Resident #5 support plan updated to correctly match DME. Audit of all diet orders completed to ensure compliance with RASP.

Education provided to DOW and Nursing team to ensure DME and RASP identify matching information related to care- provided by ED.

Ed to continue to monitor for ongoing compliance.

* The Administrator will ensure that the dietary staff of the home are fully informed of resident(s) special dietary needs in order to safely serve the residents and ensure that physical orders are being followed. 11-29-18

AG

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

[Handwritten Signature]

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

Anne Campbell Executive Director

Date

11/28/18

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