



pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAR 13 2019

Ms. Debra K. Miller
Executive Director
Juniper Village at Mount Joy, LLC
607 Hearthstone Lane
Mount Joy, Pennsylvania 17552

RE: Juniper Village at Mount Joy
License #: 330040

Dear Ms. Miller:

As a result of the Department's Bureau of Human Services Licensing's annual licensing inspection on February 6, 2019 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,

Jacqueline L. Rowe
Director

Enclosure
Violation Report

Violation Report: 33004 - 02/06/2019 - Showers, Michael
 PCH Name: JUNIPER VILLAGE AT MOUNT JOY

1. REGULATION 55 Pa.Code §2600
 2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident 1 is prescribed 6 units of Humalog insulin to be administered three times each day unless the resident's blood sugar is measured to be less than 150. If this occurs the administration of the insulin is to be held. On 1/31/2019 at 11:30am, Resident 1 had a blood sugar reading of 143 and 6 units of insulin were administered by Staff Person A.

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.

SEE ATTACHED DOCUMENTATION Page 2A

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) *DEBRA K. MILLER EXECUTIVE DIRECTOR* Date *FEBRUARY 14, 2019*

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

The above plan of correction is approved as of <u>2/14/19</u> (Date)	Plan of correction implementation status as of <u>2/14/19</u> (Date)
The above plan of correction was approved by <u>BAS</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

PCH NAME: JUNIPER VILLAGE AT MOUNT JOY

LICENSE NUMBER: 330040

What Specific change will be made

The specific change will be to speak to the Medication Technician (which was done immediately) that made the error and mentor her and retrain her on the on the 5 rights and 3 checks per medication. It is expected of the Medication Technician to read the full instructions as written from the physician and follow the directions from the prescriber. The Director of Wellness will go over with all the Medication Technicians and review the importance of following prescribers ordered.

Who will make the change

The Executive Director and the Director of Wellness

When will the change be made

The change was made immediately.

How will the change be made

The change will be made by having Medication Technician who made the error be mentored and re-trained to do her 5 rights and 3 checks for each medication to assure to follow the prescriber's orders as written and read the full instructions. The medication administration records on all residents will be checked weekly by the Director of Wellness and/or the Medical Concierge to assure compliance.

What system have you implemented to make sure that the same violation will not occur again and what training will be provided to your staff

The system implemented will be that at all Wellness meetings the Medication technicians will be mentored and trained about the importance of reading the medication administration records and following the prescriber's orders. This is in addition to their annual training. Medication administration orders will also be checked weekly on all residents to assure compliance by the Director of Wellness and the Medical Concierge. The record of training will be signed by the Medication Technician and kept in their individual file.