



July 3, 2019

Ms. Lynne S. Katzmann
President Juniper Partners LLC
Juniper Village at State College Operations I LLC
400 Broadacres Drive
Bloomfield, New Jersey 07003

RE: Juniper Village at Brookline
Wellspring Memory Care
610 West Whitehall Road
State College, Pennsylvania 16801
License #: 241300

Dear Ms. Katzmann:

As a result of the Department's Bureau of Human Services Licensing annual inspection on April 3, 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,

A handwritten signature in black ink that reads "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
Violation Report

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

PCH Name: JUNIPER VILLAGE AT BROOKLINE WELLSRING MEMORY CARE		License Number: 24130
Address: 610 WEST WHITEHALL ROAD, STATE COLLEGE, PA 16801		County: Centre
Administrator: Katie Mannino		Region: NORTHEAST
Legal Entity Name: JUNIPER VILLAGE AT STATE COLLEGE OPERATIONS I LLC		
Legal Entity Address: 400 BROADACRES DRIVE, BLOOMFIELD, NJ 7003		
Certificate(s) of Occupancy C-2 LP 06/03/1998 L&I		
Staffing Hours Resident Support: 33 Total Daily Staff: 99 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 04/03/2019: Deluca, Amy; Harvey, Jason		
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: 38 Number of Residents Served: 33 Secured Dementia Care Unit in Home: Yes Area: Entire Home Secured Dementia Unit Capacity, if Applicable: 38 Number of Residents Served in Secured Dementia Care Unit, if applicable: 33 Number of Current Hospice Residents: 1 Number of Hospice Residents In past year: 0	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 33 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 33 Have a Physical Disability: 0	

Violation Report: 24130 - 04/03/2019 - Deluca, Amy
 PCH Name: JUNIPER VILLAGE AT BROOKLINE WELLSRING MEMORY CARE

1. REGULATION 55 Pa.Code §2600
 2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

2a. DESCRIPTION OF VIOLATION
 The resident privacy coding sheet was attached to the License Inspection Summary (LIS) dated 4/3/2018 and posted on the home's common area bulletin board. This exposes confidential resident information to the public.

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 inspection summary of 2018 was reprinted and posted without last page resident identifiers. Review of policy by ED and Leadership team. All Materials in posted location were reviewed to ensure privacy requirements and HIPAA compliance intact.
 ED to continue to monitor for compliance.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Katie Mannino Executive Director</i>	Date <i>5-1-19</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>5-13-19</u> (Date)	Plan of correction implementation status as of <u>5-13-19</u> (Date)
The above plan of correction was approved by <u>MM</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

Violation Report: 24130 - 04/03/2019 - Deluca, Amy
 PCH Name: JUNIPER VILLAGE AT BROOKLINE WELLSRING MEMORY CARE

1. REGULATION 55 Pa.Code §2600
 2600.63(a) - At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

2a. DESCRIPTION OF VIOLATION
 On 3/30/2019 from 11pm to 7am there were no staff scheduled that had current first aid and CPR training.

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.

HR completed audit of all LPN and Med Tech employees to ensure 100% with currently PA LPN license and CPR/BLS training as well as confirming all Med Tech's are current with CPR/BLS as well as completing First Aide Training/ Certified Nursing Assistant Training to meet requirements of regulation. HR to run monthly audits and report to LT team.
 ED to continue to monitor for compliance.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Kate Mannino Executive Director</i>	Date <i>5-1-19</i>
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Violation Report: 24130 - 04/03/2019 - Deluca, Amy
 PCH Name: JUNIPER VILLAGE AT BROOKLINE WELLSPRING MEMORY CARE

1. REGULATION 55 Pa.Code §2600

2600.231(b) - A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit.

2a. DESCRIPTION OF VIOLATION

Resident #1's medical evaluation dated 7/25/18 did not indicate the resident's requirement for a secured care dementia unit.

Resident #2's medical evaluation dated 6/19/18 did not indicate the resident's requirement for a secured care dementia unit.

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.

DOW immediately contacted PCP of both residents to make addendum to MED evaluation indicating need for secure dementia unit. DOW completed audit of all DME's to ensure compliance with regulation. Nursing Meeting and education followed with specific review of required documentation for move in. DOW to continue to review all move in materials for completion, and annually. ED to continue to monitor for compliance.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Salie Manno Executive Director</i>	Date <i>5-1-19</i>
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The above plan of correction is approved as of 5-13-19
 (Date)

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

Plan of correction implementation status as of 5-13-19
 (Date)

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

Violation Report: 24130 - 04/03/2019 - Deluca, Amy
 PCH Name: JUNIPER VILLAGE AT BROOKLINE WELLSRING MEMORY CARE

1. REGULATION 55 Pa.Code §2600
 2600.234(d) - The support plan shall be revised at least annually and as the resident's condition changes.

2a. DESCRIPTION OF VIOLATION
 Resident #1's support plan dated 7/31/18 does not address the resident's hospice services that began on 2/2/19.

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.

DOW immediately updated RASP indicating Hospice Services Date of admission as well as services to be provided to resident by Hospice Team. DOW completed audit of all Hospice Residents to ensure updated information in place and compliant. DOW education on significant change rasp completed.
 ED to continue to monitor for compliance.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Katie Mannino Executive Director</i>	Date <i>5-1-19</i>
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