



August 19, 2019

Ms. Lynne S. Katzmann
Cordia Commons at Meadville, LLC
400 Broadacres Drive
Bloomfield, New Jersey 07003

RE: Juniper Village at Meadville
455 Chestnut Street
Meadville, Pennsylvania 16335
Certificate #: 410190

Dear Ms. Katzmann:

As a result of the Department's Bureau of Human Services Licensing annual inspection on May 31, 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, appearing to read "Kevin Hancock", written over a white background.

Kevin Hancock
Deputy Secretary
Office of Long Term Living

Enclosure
Violation Report

Violation Report

Facility Information

Name: JUNIPER VILLAGE AT MEADVILLE
Address: 455 CHESTNUT STREET, MEADVILLE, PA 16335
County: CRAWFORD Region: WESTERN

License Number: 410190

Administrator

Name: Tami Williams Phone: 9736618300 Email: Tami.Williams@junipercommunities.com

Legal Entity

Name: CORDIA COMMONS AT MEADVILLE LLC
Address: 400 BROADACRES DRIVE, NJ, 07003

Certificate(s) of Occupancy

Type: C-2 LP Date: 12/27/1994 Issued By: L&I

Staffing Hours

Resident Support Staff: Total Daily Staff: 53 Waking Staff: 40

Inspection

Type: Full Reason: Renewal BHA Docket #: Notice: Unannounced

Inspection Dates and Department Representative

05/31/2019 - On-Site: Debora McConnell, Lori Gillette

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 90 Residents Served: 48

Secured Dementia Care Unit

In Home: No Area: Capacity: Residents Served:

Hospice

Current Residents: 48

Number of Residents Who:

Receive Supplemental Security Income: 4 Are 60 Years of Age or Older: 48
Diagnosed with Mental Illness: 4 Diagnosed with Intellectual Disability: 2
Have Mobility Need: 5 Have Physical Disability: 1

26b - Quality Management Plan Content

Regulations

2600.

26.b. The quality management plan shall address the periodic review and evaluation of the following:

- 1. The reportable incident and condition reporting procedures.
- 2. Complaint procedures.
- 3. Staff person training.
- 4. Licensing violations and plans of correction, if applicable.
- 5. Resident or family councils, or both, if applicable.

Description of Violation

The home's quality management reviews do not address the following topics:

- Reportable incidents and conditions
- Complaint procedures
- Staff person training
- Licensing violations and plans of correction.

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.)

Implement revised form to include discussion and review of - Reportable incidents and conditions
 - Complaint procedures
 - Staff person training
 - Licensing violations and plans of correction
 Effective immediately. See attached revised form

Legal Entity Representative

Tami Williams

Signature

Tami Williams
Executive Director

Printed Name and Title

7/19/19

Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of

7/22/19

(Date)

Plan of correction implementation status as of

7/22/19

(Date)

The above plan of correction was approved by

TW
(Initials)

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

65d - Initial Direct Care Training

Regulations

2600.

65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:

- 2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.
- 3.ii. ADLs and IADLs

Description of Violation

Direct care staff person A, hired 12/12/17, provided unsupervised ADL services in January, February and March 2019. However, the staff person did not complete and pass the Department-approved direct care training course and pass the competency test until 3/27/19.

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.)

All staff will be required to take the Dept-approved direct care training competency test upon hire in all departments, unless they are a licensed nurse or certified nurse aide. Community designee or Human Resources to ensure compliance
Effective immediately

Legal Entity Representative

Tami Williams

Signature

Tami Williams
Executive Director

Printed Name and Title

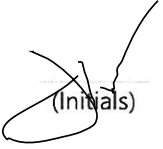
7/19/19

Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 7/22/19
(Date)

Plan of correction implementation status as of 7/22/19
(Date)

The above plan of correction was approved by 
(Initials)

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

65g - Annual Training Content

Regulations

2600.

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.
2. Emergency preparedness procedures and recognition and response to crises and emergency situations.
3. Resident rights.
4. The Older Adult Protective Services Act (35 P.S. § 10225.101—10225.5102).
5. Falls and accident prevention.

Description of Violation

Staff person A, hired 12/12/7, did not receive training in fire safety, emergency management and residents' rights during training year 2018.

Staff person B did not receive training in emergency management and residents' rights during training year 2018.

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.)

Community designee will schedule trainings for any staff member who is not present @ original training sessions. Designee will verify attendance, for compliance of regulations, by fire safety expert. Designee will run transcripts to verify all training are completed to regulatory compliance Effective immediately

Legal Entity Representative

Tami Williams

Signature

Tami Williams

Executive Director

Printed Name and Title

7/19/19

Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of **7/22/19** (Date)

Plan of correction implementation status as of **7/22/19** (Date)

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

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

132g - Fire Drills Days/Times

Regulations

2600.

132.g. Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

Description of Violation

The home has conducted the past 3 sleeping hours fire drills at approximately the same time of day:

- 8/10/18 at 3:50 a.m.
- 11/19/18 at 3:38 a.m.
- 4/18/19 at 3:28 a.m.

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.)

Environmental Services Director will implement a new schedule for fire drills. Community designed to ensure time variance with sleeping hours fire drill to maintain compliance.

A sleeping hours fire drill will be completed by 8/31/19 at a time that is not near the time previous fire drills have been conducted. -- JRW 7/22/19

Effective immediately

Legal Entity Representative

Jamie Williams

Signature

Tami Williams
Executive Director

Printed Name and Title

7/19/19

Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of **7/22/19** Plan of correction implementation status as of **7/22/19**
(Date) (Date)

The above plan of correction was approved by  Fully Implemented
(Initials) Partially Implemented - Adequate Progress
 Partially Implemented - Inadequate Progress
 Not Implemented

162c - Menus Posted

Regulations

2600.

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Violation

The menu for the upcoming week was not posted in a conspicuous and public place in the home. Only the current week's menu was posted.

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.)

Dietary Manager to ensure menus are posted in a public place and maintained per regulation.

The menu for the current week and upcoming week were posted in a conspicuous and public place in the home. --JRW 7/22/19

At least weekly - The administrator or designee will monitor the menu postings to ensure both the current and upcoming weeks' menus are posted. -- JRW 7/22/19

Effective Immediately

Legal Entity Representative

Jami Williams

Signature

*Tami Williams
Executive Director*

Printed Name and Title

7/19/19

Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of

7/22/19

(Date)

Plan of correction implementation status as of

7/22/19

(Date)

The above plan of correction was approved by

[Signature]
(Initials)

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

225a - Assessment 15 Days

Regulations

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.

Description of Violation

The assessment for resident #1, dated 6/2/18, does not include vision and hearing needs. These areas are blank.

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.)

Community designee will audit all Rasps for blank areas to ensure accurate completion before adding assessment to the electronic medical record.

The assessment of resident #1 was updated to address the identified areas. -- JRW 7/22/19

Effective Immediately
Legal Entity Representative

Tami Williams
Signature

Tami Williams
Executive Director
7/19/19
Printed Name and Title Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 7/22/19 (Date) Plan of correction implementation status as of 7/22/19 (Date)

The above plan of correction was approved by

(Initials)

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