



MAILING DATE: November 12, 2019

Ms. Diane F. Byrne
Vice President
Juniper Village at Lebanon, LLC
1125 Birch Road
Lebanon, Pennsylvania 17042

RE: Juniper Village at Lebanon I
Certificate #: 330050

Dear Ms. Byrne:

As a result of the Department's Bureau of Human Services Licensing inspection on September 19, 2019 of the above facility, the citations 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.

Sincerely,

Gloria Emick

Gloria Emick
Human Services Licensing Supervisor

Enclosure
Violation Report

Violation Report

Facility Information

Name: JUNIPER VILLAGE AT LEBANON I
Address: 1125 BIRCH ROAD,, LEBANON, PA 17042
County: LEBANON Region: CENTRAL

License Number: 33005

Administrator

Name: Joan-Marie Norman Phone: 7172728782 Email:
JOAN-
MARIE.NORMAN@JUNIPERCOMMUNITIES.COM

Legal Entity

Name: JUNIPER VILLAGE AT LEBANON LLC
Address: 1125 BIRCH ROAD, LEBANON, PA, 17042

Certificate(s) of Occupancy

Type: C-2 LP Date: Issued By:

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 54 Waking Staff: 41

Inspection

Type: Partial BHA Docket #: Notice: Unannounced
Reason: Incident

Inspection Dates and Department Representative

09/19/2019 - On-Site: Hope O'Pake

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 70 Residents Served: 48

Secured Dementia Care Unit

In Home: No Area: Capacity: Residents Served:

Hospice

Current Residents: 2

Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 47
Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
Have Mobility Need: 6 Have Physical Disability: 0

Rec'd
10/22/19
GE

15a - Resident Abuse Report

Regulations

2600.

15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

On September 1, 2019, Staff Member A was verbally and physically abusive to Resident #1. This incident was observed by multiple staff. The incident was reported to the Department of Human Services. Staff Member A was suspended, pending investigation, and was subsequently terminated. However, this allegation of abuse was not reported to the local Area Agency on Aging.

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 home will immediately report any allegations of abuse to the Local Area Agency on Aging at (717) 273-9262, 710 Maple Street Lebanon, PA. 17046. The Executive Director or their Designee will be responsible to submit the written report to the AAA unless the Alleged abusive action warrants a telephone call.

Administrator contacted AAA to schedule a training for all staff in resident rights and abuse reporting and prevention on October 22, 2019. Documentation of the training will be kept by the home. - GE, 11/12/19

Legal Entity Representative

Signature *J. Marie Norman*

Juan-Marie Norman Ex Director ^{10/15/19}
Printed Name and Title Date

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

The above plan of correction is approved as of 11/12/19 Plan of correction implementation status as of 11/12/19
(Date) (Date)
The above plan of correction was approved by GE
(Initials) Fully Implemented
 Partially Implemented - Adequate Progress
 Partially Implemented - Inadequate Progress
 Not Implemented

42b - Abuse

Regulations

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On September 1, 2019, Staff Member A was emotionally and physically abusive to Resident #1. This incident was reported and substantiated by reports provided by the resident and two staff witnesses, as well as multiple staff with whom the resident shared consistent descriptions of the events that occurred. Staff Member A was witnessed repeatedly telling Resident #1 she is crazy, and referring to her as "Crazy Pants" when she was confused and trying to exit her room. In addition, Staff Member A blocked her exit from the room physically, and was seen holding her walker to prevent her exit. She also held her arms tightly, and pushed her away from the door to her room.

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 Member A was suspended pending investigation. At completion of investigation, Staff Member A was discharged from employment. Administrator contacted AAA to schedule a training for all staff in resident rights and abuse reporting and prevention on October 22, 2019. Documentation of the training will be kept by the home. - GE, 11/12/19

*Resident Rights - training for all staff completed at the 9-24-19 staff meeting (attached). Recognizing, Prevention - Reporting of Abuse training through Juniper University - Relias Training module (#c)
Ongoing training for all staff through Relias and new staff members during Orientation. Residents discussed at Resident Council.*

Legal Entity Representative

Signature *Joan Marie Norman*

JOAN-MARIE NORMAN, Esq. Director 10/22/19
Printed Name and Title Date

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