



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**Sent via e-mail linda.donato@junipercommunities.com**  
**Sent via e-mail grace.chauau@junipercommunities.com**  
**November 18, 2019**

Mr. Charles Hastings, Jr.  
VP Juniper Partners, LLC  
Juniper Village at Bensalem Operations, LLC  
400 Broadacres Drive  
Bloomfield, New Jersey 07003

RE: Juniper Village at Bucks County Senior Living  
3200 Bensalem Boulevard  
Bensalem, Pennsylvania 19020  
License #: 142460

Dear Mr. Hastings:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on October 21 and 22, 2019 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

*Shawn Parker*

Shawn Parker  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary

# Violation Report

## Facility Information

**Name:** JUNIPER VILLAGE AT BUCKS COUNTY SENIOR LIVING  
**Address:** 3200 BENSLEM BOULEVARD,, BENSLEM, PA 19020  
**County:** BUCKS **Region:** SOUTHEAST

**License Number:** 14246

## Administrator

**Name:** Grace Chau Au

**Phone:** 2157522370

**Email:**

GRACE.CHAU@JUNIPERCOMMUNITIES.COM

## Legal Entity

**Name:** JUNIPER VILLAGE AT BENSLEM OPERATIONS LLC  
**Address:** 400 BROADACRES DRIVE, BLOOMFIELD, NJ, 7003

## Certificate(s) of Occupancy

**Type:** C-2 LP

**Date:** 04/28/1993

**Issued By:** Department of Labor and Industry

## Staffing Hours

**Resident Support Staff:** 0

**Total Daily Staff:** 85

**Waking Staff:** 64

## Inspection

**Type:** Full

**BHA Docket #:**

**Notice:** Unannounced

**Reason:** Renewal

## Inspection Dates and Department Representative

10/21/2019 - On-Site: Denise Gillespie, Dean Gray

10/22/2019 - On-Site: Denise Gillespie, Dean Gray

## Resident Demographic Data as of Inspection Dates

### General Information

**License Capacity:** 60

**Residents Served:** 49

### Secured Dementia Care Unit

**In Home:** Yes

**Area:** 1st Floor

**Capacity:** ~~20~~ 21

**Residents Served:** 16

### Hospice

**Current Residents:** 6

### Number of Residents Who:

**Receive Supplemental Security Income:** 0

**Are 60 Years of Age or Older:** 49

**Diagnosed with Mental Illness:** 0

**Diagnosed with Intellectual Disability:** 0

**Have Mobility Need:** 36

**Have Physical Disability:** 0

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.
  6. New population groups that are being served at the home that were not previously served, if applicable.

Description of Violation

Staff Person A did not receive training in the following topics listed during training year January 1, 2018 to December 31, 2018:

1. Fire Safety
2. Emergency Preparedness
3. Resident Rights
4. Older Adult Protective Services Act
5. Falls and Accident Prevention

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 are educated with annual foundation training, which includes fire safety, emergency preparedness procedures, recognition and response to crisis and emergency situations, resident rights, the Older Adult Protective Service Act, falls and accident prevention.

Staff Person A completed annual foundation training on 10/23/2019. See attachment #1.

Human Resources Staff will track the completion of training and remind each department manager to schedule staff to receive annual training.

Administrator or Director of Wellness will monitor and assure ongoing compliance. Please see attached.....

<p><i>Grace Chau Au</i></p> <p>Signature</p>	<p>Grace Chau Au <sup>PCHA</sup> NHA. 11/14/19</p> <p>Printed Name and Title</p>	<p>11/14/19</p> <p>Date</p>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of	11-16-19 (Date)	Plan of correction implementation status as of	11-16-19 (Date)
The above plan of correction was approved by	<i>SP</i> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <div style="background-color: black; height: 15px; width: 100%;"></div> <input type="checkbox"/> Not Implemented	

2600.65g

Home verified direct care staff person A was trained on all aspects of regulation 2600.65g. Within 15 days receipt of this accepted POC all direct care staff files will be audited to ensure all staff members have been trained in 2600.65g. All staff persons will be trained annually on this regulation. Verification of training will be kept in staff members files and made available for Department review. Inservice, monitoring, and audits will be documented by home and made available for Department review.

SP 11-14-19

85a - Sanitary Conditions

Regulations

2600.  
85.a. Sanitary conditions shall be maintained.

Description of Violation

On 10/22/19 Medication Cart C and Medication Cart D both had a brown sticky substance, and a tan powder on the bottom drawer of the cart.

Resident Bedroom 103 had a strong odor of urine. There was also urine present in a urinal that had not been emptied.

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.)

Medication Cart C and D drawers were entirely cleaned on 10/23/2019. Staff emptied and cleaned urinal in room 103 immediately on the day of survey. Housekeeping staff completed a deep cleaning in room 103 on 10/23/2019.

Maintaining sanitary conditions in-service for Housekeeping and Nursing staff will complete by 11/30/2019

Nursing staff will keep medication carts in a clean condition. Night nursing staff will check on daily basis. Housekeeping Manager will monitor cleanliness of rooms on regular basis. Administrator, DOW or designee will always monitor to ensure that medication carts and resident rooms are cleaned and free of odor.

The administrator or designee shall monitor the home at least weekly to ensure sanitary conditions are maintained in the home to include medication carts and resident bedrooms. Inservice scheduled for 11/30/19 will be maintained by home and made available for Department review..... SP 11-16-19

Legal Entity Representative

*Grace Chew Au*

Signature

*Grace Chew Au NHA 11/14/19*

Printed Name and Title

Date

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(Date)

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(Date)

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(Initials)

Fully Implemented  
 Not Implemented

85d - Trash Receptacles

Regulations

2600. 85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

Description of Violation

On 10/22/19 resident bathrooms in bedrooms #103 and #114 both had uncovered trashcans located in the bathroom. Both bedrooms contained 2 residents.

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.)

Housekeeping staff replaced the trash receptacles with lids in room 103 and 114. Staff will report and replace trash receptacles with lids if there are any broken or missing lids.

Maintaining sanitary conditions in-service for Housekeeping and Nursing staff will complete by 11/30/2019.

Housekeeping manager will monitor and replace trash receptacles with lids as needed.

Administrator, DOW or designee will monitor for compliance with covered trash receptacles in bathrooms and bedrooms.

Inservice scheduled for 11-30-19 to be maintained by home and made available for Department review. Admin or designee will ensure trashcans in kitchens and bathrooms are covered at all times..... SP 11-16-19

Legal Entity Representative

Signature: Grace Chau Au Printed Name and Title: Grace Chau Au PLHA NHA Date: 11/14/19

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The above plan of correction was approved by SP (Initials) [Redacted]  Fully Implemented  Not Implemented

95 - Furniture and Equipment

Regulations

2600. 95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

Resident bedrooms #207 and #217 both contained uncovered enabler bars.

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 placed covers on enabler bars in room 207 and 217 to provide free of hazards equipment.

Facility ordered more enabler bars covers. Expected shipment will be arrived by 11/30/2019. Staff will place covers on all enabler bar in use.

Administrator, DOW or designee will monitor for use of covered enabler bars on an on-going basis.

Inservice scheduled for 11-30-19 to be maintained by home and made available for Department review. Home verified covers for enabler bars were ordered. Furniture and equipment to be in good repair and free of hazards at all times. SP 11-16-19

Legal Entity Representative

Signature: Grace Chan Au; Printed Name and Title: Grace Chan Au PLHA NHA; Date: 11/14/19

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[checked] Fully Implemented
The above plan of correction was approved by SP (Initials) [redacted]
[ ] Not Implemented

100a - Exterior - Free of Hazards

Regulations

2600.  
100.a. The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

Description of Violation

The emergency exit, located off of personal care lounge #2, has a ramp that is covered with moss and is slippery. The ramp is a fall hazard.

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.)

Maintenance staff cleaned the ramp by power wash on the day of survey.

Maintenance staff will check and inspect the exterior of the building and building grounds on monthly basis.

Maintenance staff will check and clean the ramp on monthly basis to prevent moss growth.

Maintenance Manager or designee will monitor and ensure exterior environment is in good condition and free of hazards.

The administrator or designee shall monitor the home at least weekly to ensure exterior grounds are clear and free of hazards. SP 11-16-19

Legal Entity Representative

Grace Chan Signature Grace Chan PHD RHA Printed Name and Title 11/14/19 Date

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183e - Storing Medications

Regulations

2600. 183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

On 10/22/19 Medication Cart D had 3 loose pills. The loose pills were 1 small white oval pill, 1 round pink pill, and Resident # 1's levothyroxine.

On 10/22/19 Medication Cart C had 4 loose pills. The loose pills were 2 round white pills, 1 round orange pill, 1 tan oval pill.

Repeated violation 10/03/18.

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 removed all loose pills in Medication carts (C&D) on the day of survey. Staff performs check on medication blister packs to ensure no loose pill is present. Staff are educated with importance of medication storage.

Nursing staff will maintain medications storage in an organized manner. (See attached #2)

Administrator, Director of Wellness or designee will monitor the compliance and perform audit check on monthly basis. (See attached # 3)

Within 30 days receipt of POC all medication administration staff will be trained on storing prescription medications in an organized manner in accordance with manufacturer's instructions. Documentation to be maintained by home for Department review. Audits of med carts to be documented for Department review. SP 11-16-19  
Legal Entity Representative

*Grace Chan Au*  
Signature

*Grace Chan Au PCMA NHA* 11/14/19  
Printed Name and Title Date

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