



Sent via e-mail [debra.miller@junipercommunities.com;
sharon.balmer@junipercommunities.com; theresa.dumez@junipercommunities.com]

MAILING DATE: April 10, 2020

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
Certificate #: 330040

Dear Ms. Miller:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Office of Long-term Living) review on December 17, 2019 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

Gloria Emick

Gloria Emick
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report

Facility Information

Name: JUNIPER VILLAGE AT MOUNT JOY
Address: 607 HEARTHSTONE LANE,, MOUNT JOY, PA 17552
County: LANCASTER Region: CENTRAL

License Number: 33004

Administrator

Name: Debra Miller Phone: 7174929692 Email: DEBRA.MILLER@JUNIPERCOMMUNITIES.COM

Legal Entity

Name: JUNIPER VILLAGE AT MOUNT JOY LLC
Address: 607 HEARTHSTONE LANE, MOUNT JOY, PA, 17552

Certificate(s) of Occupancy

Type: C-2 LP Date: 03/08/2000 Issued By: Labor and Industry

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 65 Waking Staff: 49

Inspection

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

Inspection Dates and Department Representative

12/17/2019 - On-Site: Kellie Cargile, Michael Palermo

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 72 Residents Served: 60

Secured Dementia Care Unit

In Home: No Area: Capacity: Residents Served:

Hospice

Current Residents: 4

Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 6
Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
Have Mobility Need: 5 Have Physical Disability: 7

181d - Storing Medication

Regulations

2600.

181.d. If the resident does not need assistance with medication, medication may be stored in a resident's room for self-administration. Medications stored in the resident's room shall be kept locked in a safe and secure location to protect against contamination, spillage and theft.

Description of Violation

Resident #1 self-administers medications and stores medications in his/her room. On 12/17/19, at approximately 2:15 pm, there were several unlocked, unattended medications that included Eliquis 2.5mg, Finasteride 5mg, and Gabapentin 100mg in Resident #1's bedroom.

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.)

- 1) ANY RESIDENT THAT SELF-ADMINISTERS MEDS WILL HAVE A LOCKED CABINET IN THEIR ROOM WHERE ALL MEDS MUST BE KEPT + LOCKED AT ALL TIMES.
- 2) ESD - Environmental Service Director - PUT LOCKS ON CABINETS + EDT DOW EDUCATED RESIDENTS THAT SELF-ADMIN TO POLICY OF COMMUNITY.
- 3) IMMEDIATE CHANGE MADE
- 4) POLICY WILL BE STATED ON ADMISSION TO ANYONE (RESIDENT) THAT IS SELF-ADMIN. MUST ABIDE BY POLICY + HAVE MEDICATIONS IN THE DESIGNATED LOCKED CABINET AT ALL TIMES.
- 5) WELLNESS TEAM WILL CHECK DAILY TO ASSURE COMPLIANCE AND A LIST WILL BE KEPT OF RESIDENTS WHO SELF-ADMINISTER. + CHECKED DAILY TO ASSURE COMPLIANCE.
- 6) TRAINING WAS DONE WITH LEADERSHIP TEAM AND WELLNESS ASSOCIATES + WILL BE ONGOING AT STAFF MEETINGS TO ASSURE COMPLIANCE * TRAINING WAS HELD W/ LEADERSHIP ON 12/18/19 AT STANDUP MEETING - TRAINING HELD W/ MEDTECHS - 12/19 - 12/31 AND ONGOING -

Legal Entity Representative

[Handwritten Signature]
Signature

DEBRA K. MILLER Executive Director
Printed Name and Title Date 1/8/20

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

The above plan of correction is approved as of 4/10/20
(Date)

Plan of correction implementation status as of 4/10/20
(Date)

Implemented
 Not Implemented

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

185a - Implement Storage Procedures

Regulations

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

The following blood sugar readings in Resident #2's glucometer do not match readings documented on the resident's medication administration record (MAR):

- On 12/11/19, at 11:33 am, the blood sugar reading recorded on the MAR was 160. The reading on the glucometer was 161.
- On 12/11/19, at 8:41 am, the blood sugar reading recorded on the MAR was 201. The reading on the glucometer was 181.
- On 12/10/19, at 1:29 pm, the blood sugar reading recorded on the MAR was 84. The reading on the glucometer was 86.

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.)

- 1) GLUCOMETERS WILL BE CHECKED + RECORDED IMMEDIATELY UPON OBTAINING BLOOD SUGAR FROM RESIDENT - THEY WILL BE CHECKED AT END OF EACH SHIFT BY MEDICATION TECH TO ASSURE ACCURACY THAT GLUCOMETER READINGS MATCH MAR. RECORDINGS WILL BE CHECKED AGAIN WEEKLY BY MEDICAL CONCIERGE TO ASSURE ALL RECORDS ARE ACCURATE.
- 2) MEDICATION TECHNICIAN + MEDICAL CONCIERGE
- 3) IMMEDIATE
- 4) EDUCATE ALL WELLNESS ASSOC | MCOTECH'S THE IMPORTANCE OF IMMEDIATE DOCUMENTATION OF READING TO MAR + CHECK AT END OF EACH SHIFT.
- 5) MEDTECH WILL CHECK EACH TIME BLOOD SUGAR TAKEN + RECORD IMMEDIATELY - DOUBLE CHECK AT END OF EACH SHIFT - RECHECK BY MEDICAL CONCIERGE WEEKLY
- 6) TRAINING PROVIDED BY DOW | MC + ED TO EACH MEDICATION TECH REGARDING IMPORTANCE OF ACCURATE RECORDING OF GLUCOMETER READINGS TO (MAR).

* TRAINING WAS HELD W/ LEADSHIP - 12/19/19 AT STANDUP MEETING - TRAINING HELD W/ MED TECHS 12/18/19 - 12/31/19 AND Ongoing.

Legal Entity Representative

Debra K. Miller
Signature

DEBRA K. MILLER Executive Director

Printed Name and Title

Date 1/8/20

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