



**Sent via e-mail to: liz.plozner-chatfa@junipercommunities.com
MAILING DATE: February 12, 2020**

Mr. Charles W. Hastings, Jr.
Vice President Juniper Partners LLC
Juniper Village at State College Operations III LLC
400 Broadacres Drive
Bloomfield, New Jersey 07003

RE: Juniper Village at Brookline - Senior Living
1930 Cliffside Drive
State College, Pennsylvania 16801
License #: 231310

Dear Mr. Hastings:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on December 18, 2019 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

A handwritten signature in black ink that reads "Anne Graziano". The signature is written in a cursive style.

Anne Graziano
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report

Facility Information

Name: JUNIPER VILLAGE AT BROOKLINE - SENIOR LIVING
Address: 1930 CLIFFSIDE DRIVE, STATE COLLEGE, PA 16801
County: CENTRE Region: NORTHEAST

License Number: 23131

Administrator

Name: Elizabeth Plozner Phone: 8142383193 Email: DON.BRENEMAN@JUNIPERCOMMUNITIES.COM

Legal Entity

Name: JUNIPER VILLAGE AT STATE COLLEGE OPERATIONS III LLC
Address: 400 BROADACRES DRIVE, BLOOMFIELD, NJ, 7003

Certificate(s) of Occupancy

Type: R-3 Date: 10/23/1985 Issued By: Centre Region Code

Staffing Hours

Resident Support Staff: 104 Total Daily Staff: 180 Waking Staff: 135

Inspection

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

Inspection Dates and Department Representative

12/18/2019 - On-Site: Jason Harvey, Amy Deluca

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 174 Residents Served: 76

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: 76
Diagnosed with Mental Illness: 1 Diagnosed with Intellectual Disability: 0
Have Mobility Need: 0 Have Physical Disability: 0

3c - Post Current License

Regulations

2600.

3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

The home did not have the current License Inspection Summary (LIS) report dated 11/1/2018 posted in the home

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.)

Juniper Village at Brookline was immediately able to post the License Inspection Summary dated 11/1/18 on 12/18/19.

Executive Director will conduct monthly audits to ensure a copy of the current license is hanging in a public area.

Legal Entity Representative

Elizabeth Pogner Chaffa
Signature

Elizabeth Pogner Chaffa ED 1/13/20
Printed Name and Title Date

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The above plan of correction is approved as of 2-6-2020
(Date)

Plan of correction implementation status as of 2-6-2020
(Date)

The above plan of correction was approved by *ag*
(Initials)

Implemented
 Not Implemented

25c2 - Fee Schedule

Regulations

2600.

25.c. At a minimum, the contract must specify the following:

- 2. A fee schedule that lists the specify the following: actual amount of allowable resident charges for each of the home's available services.

Description of Violation

The contract dated 8/8/2019 for resident #1 did not list the total monthly fees due to the home. The contract indicated the resident was admitted as a respite care resident with a fee of \$20 listed. The actual respite fee for payable by the resident is \$20 per day. The total monthly amount due at the time of the signing of the contract was not written on the signature page. Also, the contract dated 9/3/2019 for resident #2, who was also admitted as a respite care resident lists the respite care fee as \$20 per day but does not include a line indicating the total amount of the monthly charges.

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.)

Resident #1 and Resident #2 contract were corrected by updating the contract by writing "per day" and totaling total cost per our Appendix. Director of Community Relations will audit all contracts for compliance by 1/31/2020.

Executive Director educated Director of Community Director on regulation.

Executive Director will continue to monitor for compliance.

Legal Entity Representative

Elizabeth Pzyner Chaffa
Signature

Elizabeth Pzyner Chaffa
Printed Name and Title

1/13/2020
Date

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28f - Resident's Funds and 30-day Refund

Regulations

2600.

28.f. Within 30 days of either the termination of service by the home or the resident's leaving the home, the resident shall receive an itemized written account of the resident's funds, including notification of funds still owed the home by the resident or a refund owed the resident by the home. Refunds shall be made within 30 days of discharge.

Description of Violation

Resident #3 was discharged from the home on 10/24/19. The home issued an incorrect refund on 11/18/2019. At the time of the inspection it was found that the resident was due an additional refund of \$130.

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.)

Resident #3 issued a refund of \$130 on 12/31/19.

Executive Director provided education to the Business Office Manager on regulation.

Business Office Manager will conduct an audit of all discharged resident.

Executive Director will conduct monthly audits to ensure compliance.

Legal Entity Representative

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Signature

Elizabeth Prozner Chaffa ED 1/13/20
Printed Name and Title Date

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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

A garbage can located in the kitchenette area of the Pines contained food garbage and was not covered with a lid.

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/Chef will reeducate the entire dining department on regulation by 1/31/2020.

Dietary Manger will conduct weekly audits to ensure compliance.

Executive Director will continue to monitor.

Legal Entity Representative

Elizabeth Pagner Chaffa
Signature

Elizabeth Pagner Chaffa
Printed Name and Title

1/13/2020
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103i - Outdated Food

Regulations

2600.

103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

A can of V8 juice was found in the refrigerator located in the Pines area kitchenette. There was a large dent in the top of the can.

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.)

Executive Director will provide education to the entire Dining Department on inspection of dented cans by 1/31/2020.

Dining Manager/Chef will conduct a weekly audit of inventory.

Executive Director will continue to monitor.

The home is maintaining their audit sheets. 2-6-2020 *ag*

Legal Entity Representative

Elizabeth Prozier Chalfer
Signature

Elizabeth Prozier Chalfer
Printed Name and Title

1/13/2020
Date

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124 - Notice to Fire Department

Regulations

2600.

124. The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.

Description of Violation

The home's notice to the fire department dated 9/24/2014 did not contain the total capacity of the home.

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.)

Fire letter to Alpha Fire Company, was updated to contain total capacity of Juniper Village at Brookline. Executive Director sent the updated letter via fax and mailed as a certified letter on 12/26/19.

Executive Director will continue to monitor.

Legal Entity Representative

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Signature

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Printed Name and Title

1/13/2020
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141b1 - Annual Medical Evaluation

Regulations

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

The Documentation of Medical Evaluation forms (DME) indicate that resident #4 did not have a timely medical evaluation in 2018. The resident had medical evaluations completed on 10/18/17 and 2/3/19. Also, the DME forms for resident #5 indicate that the resident had medical evaluations completed on 10/25/17 and 3/14/19.

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.)

Director of Wellness and Medical Concierge conducted DME audits.
Director of Wellness provided reeducation to LPNs on regulation.
Medical Concierge and Director of Wellness will create a resident tickler file for DME's to ensure compliance by 1/31/2020.

Executive Director will continue to monitor.

Legal Entity Representative

Elizabeth Pagnier Chaffa
Signature

Elizabeth Pagnier Chaffa
Printed Name and Title

1/13/2020
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12/18/2019

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 home's menu for the current week was posted. However, the menu for the following week was not 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.)

Executive Director will provide education to Dining Manager/Chef and dining team on regulation by 1/31/2020.

Dining Manager/ Chef will conduct a weekly audit to make sure Dining Menus are posted for current and following weeks.

Executive Director will continue to monitor.

Legal Entity Representative

Elizabeth Plogner Chatfield
Signature

Elizabeth Plogner Chatfield
Printed Name and Title

1/13/2021
Date

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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

Resident #6 receives regular blood glucose checks. On 12/14/19 the resident's blood glucose reading found in the glucometer was 113 but was recorded on the Medication administration record as 121.

Resident #2 receives regular blood glucose checks. On 12/17/19 the resident's blood glucose reading found in the glucometer was 195 but was recorded on the Medication administration record as 191. Also resident #2's glucometer was not calibrated with the correct day.

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.)

Director of Wellness will conduct glucometer reading and documentation reeducation to LPNs by 1/31/2020.

Director of Wellness will conduct weekly audits to ensure compliance and accuracy of glucometer checks.

Executive Director will continue to monitor.

The Home will maintain the audits. 2-6-2020 *ag*

Legal Entity Representative

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