pennsylvania
DEPARTMENT OF HUMAN SERVICES

SENT VIA EMAIL: tami.Williams@junipercommunities.com

MAILING DATE: June 26, 2020

Ms. Tami Williams
Administrator
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. Williams:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on February 25, 2020, of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

Suzy Quinn
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

RECEIVED
6/12/20
Western Region Field Office
Bureau of Human Services Licensing

Violation Report

Facility Information

Name: *JUNIPER VILLAGE AT MEADVILLE*
License Number: *41019*
Address: *455 CHESTNUT STREET,, MEADVILLE,, PA 16335*
County: *CRAWFORD*
Region: *WESTERN*

Administrator

Name: *Tami Williams*
Phone: *814-333-4400*
Email: *tami.williams@JUNIPERCOMMUNITIES.COM*

Legal Entity

Name: *CORDIA COMMONS AT MEADVILLE LLC*
Address: *400 BROADACRES DRIVE, BLOOMFIELD, NJ, 7003*

Certificate(s) of Occupancy

Type: *C-2 LP*
Date:
Issued By:

Staffing Hours

Resident Support Staff: *0*
Total Daily Staff: *69*
Waking Staff: *52*

Inspection

Type: *Partial*
BHA Docket #:
Notice: *Unannounced*
Reason: *Complaint,Incident*

Inspection Dates and Department Representative

02/25/2020 - On-Site: Lori Gillette

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *90*
Residents Served: *58*

Secured Dementia Care Unit

In Home: *No*
Area:
Capacity:
Residents Served:

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *3*
Are 60 Years of Age or Older: *58*
Diagnosed with Mental Illness: *1*
Diagnosed with Intellectual Disability: *1*
Have Mobility Need: *11*
Have Physical Disability: *0*

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 2/10/20 at approximately 10:45 PM, staff person C observed resident #1 coming down the steps into the main lobby, fully dressed in regular clothes. Sometime after 11:00 PM, resident #1 was observed by staff person A and staff person B, fully dressed with her coat on and her purse in her hand, attempting to walk toward the lobby. On 2/11/20 at approximately 12:20 AM, resident #1 was observed in the parking lot of a convenience store in downtown Meadville, ½ mile away from the home, by a customer who was pumping gas. The customer alerted a store employee, who contacted Meadville City Police and reported a confused and lost elderly female was on the premises at 12:26 AM. Meadville City Police responded, contacted the resident's family to locate her place of residence, contacted the home, who was unaware that the resident was missing, and returned resident #1 to the home at 1:30 AM.

Resident #1's initial assessment and support plan, dated 10/15/19, indicates she requires assistance from staff when in unfamiliar places. The homed failed to adequately address resident #1's increased confusion and exit seeking behaviors. The home documented at least 8 occurrences of increased confusion and exit seeking behaviors between 2/3/20 – 2/9/20, including the following: came downstairs with coat on and was going for a walk, sitting on stairs with coat on, exiting building with coat on, exiting front of building with winter coat on, thinks she is in McKeesport, PA, pleasant but confused, not able to locate seat in dining room this shift without assistance and exit seeking behaviors many times during multiple shifts.

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 Meadville disagrees with this citation as issued. This resident experienced an acute UTI event and left the community at their own volition and failed to sign out and was unharmed and returned safely to the community with the assistance of local safety authorities. The event was reported by the community as required in full compliance of reporting guidelines which included the self-report to Area Agency on Aging. Area agency on aging conducted their own investigation which cited no evidence of abuse or neglect. It is noted local safety authorities found no wrongdoing by Juniper Village at Meadville The cited evidence does not meet the definition of 42B 2600.42(b) as the resident was not harmed in any way as a result of this medical event. The resident did not suffer some form of physical or economic harm, such as bodily harm or loss of property nor emotional distress. The community acted reasonably and per policy in providing protective oversight, however was not able to predict or control resident behavior as a result of UTI event. The community is not able to restrict resident freedom or violate resident (continued)

Legal Entity Representative

See page 2a of 4

Tami Williams (signature) — Signature

Tami Williams Executive Director — Printed Name and Title

6/12/20 — Date

(continued)

rights. The support plan indicating that the resident requires assistance from staff when in unfamiliar places is correct and is is specific to resident outings sponsored and coordinated by the community and it is incorrect to assert that this refers to a resident leaving the community of their own volition into the neighborhood in which the community does not have any care or control. This language in a resident support plan is directly related to protective oversight while on a community sponsored event or community coordinated activity. There is no RCG guidance requiring the community to provide supervision for resident outside the campus. It is correct the community observed and reported bouts of mild confusion during the period in which they were actively assessing and processing the UTI as required is a standard medical protocol. In the evening hours on 2/3/20, staff noted resident to have increased confusion, difficulty finding her seat in the dining room, asking how long she had been staying here and when would she be going home. Resident wanting to go outside for a walk more frequently. Urinalysis obtained on 2/4/20, physician updated and treatment for Urinary Tract Infection initiated on 2/5/20. Additionally, the resident was placed on increased safety checks and behaviors were reviewed with the POA as well. Interventions initiated included increased safety checks, reorientation to location, distraction/redirection with pet visits, activities and meals, staff assisted walk outside and telephone visits with her son for reassurance. On 2/10/20 at approximately 11pm, staff observed resident to be coming towards the lobby with her purse and coat. When staff asked resident what she was doing, resident replied that she was not doing anything and walked back towards her room. Staff attest that last check was performed at approximately midnight. Resident was thankfully located by the local police at 12:26am approximately three blocks away from the community and they returned her to the facility at 1:30am unharmed. It was noted that the resident did not sign out prior to leaving the property. As an immediate corrective action, fifteen minute safety checks were initiated, PCP updated and medication adjustments ordered. Area on Aging updated on resident status. On 2/11/20 Care Plan telephone conference held with resident's son to include medication adjustments, hiring private duty, home health services or transferring resident to a long term care facility with a secure unit. Son was encouraged to take resident home until services or private duty could be secured and he declined. All facility safety interventions previously initiated continued. Resident assessment support plan updated. A 30 day eviction notice issued on 2/26/20. Resident was discharged to a long term care facility on 2/29/20. Again, the community provided reasonable response and interventions to this unfortunate occurrence in which the resident was thankfully unharmed. The RCG provides no guidance nor direction or policy regarding the resident with confusion and a UTI. As a result of this event, the resident was unfortunately discharged to a higher level of care.

The following plan of correction is provided for evidence of compliance only and is not an admission of any wrongdoing or noncompliance with regulatory or standard of care practices whatsoever by the community of Juniper Village of Meadville:

1. Staff education was conducted on care needs and reporting care needs of residents with impaired cognition on 3/5/20.

2. DOW conducted a review of residents for behaviors related to exit-seeking or moderate-high confusion/altered mental status for potential relocation if deemed necessary per MD.

3. As part of quality assurance, monthly review of high risk notes related to the aforementioned conditions will be reviewed by the DOW or designee and reported results to ED for determined care plan adjustments or discharge (if required). It is noted this community cannot predict volitional behaviors of residents or behaviors related to medical events and therefore would follow all directives of primary physician.

4. On 6/12/20, door alarm system installed with contacts to the entrance/exit door in the lobby. Alarm will sound if any person exits the building between the hours of 9pm-8am.

Tami Williams 6/12/20

Tami Williams
Executive Director

42b - Abuse *(continued)*

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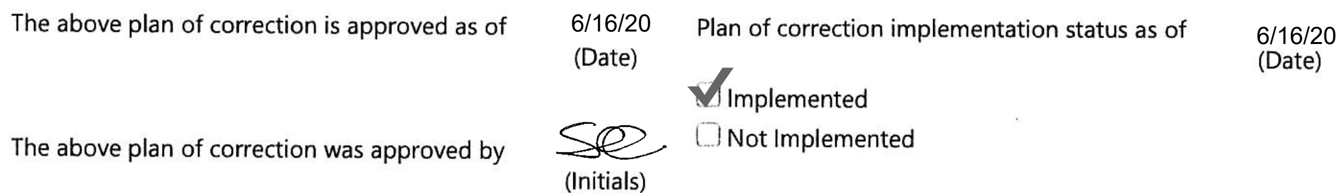
The above plan of correction is approved as of 6/16/20 (Date)

Plan of correction implementation status as of 6/16/20 (Date)

☑ Implemented

☐ Not Implemented

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

225c - Additional Assessment

Regulations

2600.
225.c. The resident shall have additional assessments as follows:
2. If the condition of the resident significantly changes prior to the annual assessment.

Description of Violation

Resident #1's condition significantly changed with an onset of confusion and exit seeking behaviors beginning 2/3/20. Resident #1's progress notes indicate the following:

2/3/20 - 7:00 AM - came down stairs with coat on and was going for a walk

2/3/20 – 10:15 PM sitting on stairs with coat on, states going to go out the front door for a walk

2/4/20 – 5:17 PM - noted to be coming to the front desk frequently asking how long she is staying here... noted to be leaving the facility tonight with her coat on and her purse on her arm stating that she was going out for a walk

2/4/20 - 6:36 PM - exit seeking many times this shift, thinks she is in McKeesport, PA, pleasant but confused, not able to locate seat in dining room this shift without assistance. This is unusual for resident.

2/6/20 - 2:47 PM- exit seeking, had coat on and purse attempting to leave to go downtown for a sandwich

However, these changes were not addressed on her assessment until 2/16/20.

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.)

This Resident Assessment Support Plan was updated on 2/16/20.

Additional plan of correction measures included:

1. Staff education provided to designated employees 6/3/20 to ensure that all significant changes are addressed and assessments completed in regulatory time frames.
2. Designated employees to audit resident assessment support plans to ensure accuracy of current residents to be completed by August 15, 2020.
3. Designated employees to audit random sample of resident assessment support plans monthly for significant changes.

Legal Entity Representative

Tami Williams
Signature

Tami Williams Executive Director
Printed Name and Title

Date 6/12/20

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

The above plan of correction is approved as of 6/16/20 (Date)

Plan of correction implementation status as of 6/16/20 (Date)

☑ Implemented
☐ Not Implemented

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