

Department of Human Services  
Bureau of Human Service Licensing

December 9, 2021

[REDACTED], EXECUTIVE DIRECTOR  
[REDACTED]  
[REDACTED]

RE: JUNIPER VILLAGE AT BUCKS  
COUNTY SENIOR LIVING  
3200 BENSLEM BOULEVARD  
BENSLEM, PA, 19020  
LICENSE/COC#: 14246

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/29/2021, 06/30/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

Enclosure  
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

Department of Human Services  
Bureau of Human Service Licensing  
**LICENSING INSPECTION SUMMARY**

**Facility Information**

Name: JUNIPER VILLAGE AT BUCKS COUNTY SENIOR LIVING License #: 14246 License Expiration:  
Address: 3200 BENSALEM BOULEVARD, BENSALEM, PA 19020  
County: BUCKS Region: SOUTHEAST

**Administrator**

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

**Legal Entity**

[REDACTED]

**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: 67 Waking Staff: 50

**Inspection Information**

Type: Full Notice: Unannounced BHA Docket #:  
Reason: Renewal Exit Conference Date: 06/30/2021

**Inspection Dates and Department Representative**

06/29/2021 - On-Site: [REDACTED]  
06/30/2021 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: 60 Residents Served: 42

**Secured Dementia Care Unit**

In Home: Yes Area: 1st floor Capacity: 21 Residents Served: 14

**Hospice**

Current Residents: 2

**Number of Residents Who:**

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 42  
Diagnosed with Mental Illness: 1 Diagnosed with Intellectual Disability: 0  
Have Mobility Need: 25 Have Physical Disability: 1

**Inspections / Reviews**

**06/29/2021 - Full**

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 08/20/2021

**Inspection Dates and Department Representative (*continued*)**

06/29/2021 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *10/01/2021*

06/29/2021 - Document Submission

Reviewer: [REDACTED] Follow-Up Type: *Not Required*

17 - Record Confidentiality

General Requirements

1. Requirements

2600.

17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

On 6/29/21, at 11:00 am, resident's medical records were unlocked, unattended, and accessible in the closet in the dining room area on the personal care side of the building on the second floor.

Plan of Correction

Accept

Resident Records on the second floor of Personal Care will be removed from the current location. Charts will be stored in the medication room on the first floor of Personal Care. In this location, charts will be always securely locked behind the nurse's station and behind a locked door. Administration will ensure all records are moved by 9/1/21 and secure.

Completion Date: 09/01/2021

Correction

Implemented

Resident Records on the second floor of Personal Care will be removed from the current location. Charts will be stored in the medication room on the first floor of Personal Care. In this location, charts will be always securely locked behind the nurse's station and behind a locked door. Administration will ensure all records are moved by 9/1/21 and secure.

Completion Date: 09/01/2021

25b - Contract Signatures

General Requirements

1. Requirements

2600.

25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

Description of Violation

The resident-home contract, dated [REDACTED], for resident #1 was not signed by the resident.

The resident-home contract, dated [REDACTED], for resident #2 was not signed by the resident.

Plan of Correction

Accept

All contracts will be signed upon admission by Responsible Party and the Resident if capable. If the resident is incapable, we will ensure that is documented. Administration will look over each contract for completion before scanning into electronic medical file. Education provided to admissions team for compliance 8/17/21

Completion Date: 08/17/2021

Correction

Implemented

All contracts will be signed upon admission by Responsible Party and the Resident if capable. If the resident is

### General Requirements (continued)

*incapable, we will ensure that is documented. Administration will look over each contract for completion before scanning into electronic medical file. Education provided to admissions team for compliance 8/17/21*

**Completion Date:** 08/17/2021

## 26b - Quality Management Plan Content

### General Requirements

#### 1. Requirements

2600.

26.b. The quality management plan shall address the periodic review and evaluation of the following:

1. The reportable incident and condition reporting procedures.
2. Complaint procedures.
3. Staff person training.
4. Licensing violations and plans of correction, if applicable.
5. Resident or family councils, or both, if applicable.

#### Description of Violation

*The home's quality management review dated May 2021 did not address reportable incident and condition reporting procedures, complaint procedures, staff person training, licensing violations and plans of correction, resident or family councils.*

#### Plan of Correction

**Accept**

*Quality Management agenda updated to include the following: reportable incident and condition reporting procedures, compliant procedures, staff person training, licensing violations and plans of correction, and resident or family councils. Meeting will be held quarterly. First meeting with updated agenda will be held on 9/15/21 and be conducted by administrator or designee*

**Completion Date:** 09/15/2021

#### Correction

**Implemented**

*Quality Management agenda updated to include the following: reportable incident and condition reporting procedures, compliant procedures, staff person training, licensing violations and plans of correction, and resident or family councils. Meeting will be held quarterly. First meeting with updated agenda will be held on 9/15/21 and be conducted by administrator or designee*

**Completion Date:** 09/15/2021

## 28e - Death of a Resident

### General Requirements

#### 1. Requirements

2600.

28.e. In the event of a death of a resident under 60 years of age, the administrator shall refund the remainder of previously paid charges to the resident's estate within 30 days from the date the room is cleared of the . . .

Resident #3, age [REDACTED], died on [REDACTED]. The resident's room was cleared of personal belongings on [REDACTED]. The home did not refund the resident's previously paid rent to the resident's estate until [REDACTED].

28.e. (continued) *In the event of a death of a resident under 60 years of age, the administrator shall refund the remainder of previously paid charges to the resident's estate within 30 days from the date the room is cleared of the resident's personal property. In the event of a death of a resident 60 years of age and older, the home shall provide a refund in accordance with the Elder Care Payment Restitution Act (35 P. S. § § 10226.101—10226.107). The home shall keep documentation of the refund in the resident's record.*

**Plan of Correction**

**Accept**

**All discharges will be audited by the business office team for timely refund to Resident or estate. If the business office team is out of the building for infection control reasons, the Executive Director or Regional Director of Operations will monitor refunds.**

Completion Date: 08/17/2021

**Correction**

**Implemented**

*All discharges will be audited by the business office team for timely refund to Resident or estate. If the business office team is out of the building for infection control reasons, the Executive Director or Regional Director of Operations will monitor refunds.*

Completion Date: 08/17/2021

41e - Signed Statement

Resident Rights

1. Requirements

2600.

41.e. A statement signed by the resident and, if applicable, the resident's designated person acknowledging receipt of a copy of the information specified in subsection (d), or documentation of efforts made to obtain signature, shall be kept in the resident's record.

**Description of Violation**

*Resident 1's record did not contain a statement signed by the resident acknowledging receipt of a copy of the resident rights and complaint procedures.*

*Resident 2's record did not contain a statement signed by the resident acknowledging receipt of a copy of the resident rights and complaint procedures.*

**Plan of Correction**

**Accept**

*All contracts will be signed upon admission by Responsible Party and the Resident if capable. If the Resident is incapable, administration will ensure that is documented. Administration will look over each contract for completion before scanning into electronic medical file. Education provided to admissions team for compliance on 8/17/21.*

Completion Date: 08/17/2021

**Correction**

**Implemented**

*All contracts will be signed upon admission by Responsible Party and the Resident if capable. If the Resident is incapable, administration will ensure that is documented. Administration will look over each contract for completion before scanning into electronic medical file. Education provided to admissions team for compliance on 8/17/21.*

Completion Date: 08/17/2021

42s - Privacy

Resident Rights

1. Requirements

Resident Rights (continued)

2600.

42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

Description of Violation

On 6/29/21 at 9:30 am, recently install cameras in the personal care hallways and memory care unit were observed pointing towards resident's apartment. During the initial walk through in the memory care, the cameras in the hallways were pointing towards rooms W113, W114 and W110.

On 6/29/21 at 10:30 am, staff member A was observed administering medications to Resident #4 in the dining room area while the resident was having breakfast. Other residents and servers were observed in the dining room.

Plan of Correction

Accept

**At this time, the cameras are not functional and have not yet been functional. Administration will check the placement of all cameras upon turning them on for the first time. Administration will ensure that no cameras are pointing towards resident rooms. Upon turning the cameras on, signage will be posted, and Residents and Families will be notified.**

**Nursing was within medication window. The nurse was pouring meds at the med cart that is stored in the dining room. The Nurse asked the Resident to go to their room to consume medications. Resident refused and stated for the Nurse to give them to her right here. Resident received medications while sitting in the dining room. Nurse will ensure that medications are offered to be taken in a private location. Education provided to nursing team on 8/17/21.**

Completion Date: 08/17/2021

Correction

Implemented

*At this time, the cameras are not functional and have not yet been functional. Administration will check the placement of all cameras upon turning them on for the first time. Administration will ensure that no cameras are pointing towards resident rooms. Upon turning the cameras on, signage will be posted, and Residents and Families will be notified.*

*Nursing was within medication window. The nurse was pouring meds at the med cart that is stored in the dining room. The Nurse asked the Resident to go to their room to consume medications. Resident refused and stated for the Nurse to give them to her right here. Resident received medications while sitting in the dining room. Nurse will ensure that medications are offered to be taken in a private location. Education provided to nursing team on 8/17/21.*

Completion Date: 08/17/2021

65a - FS Orientation 1st Day

Staffing

1. Requirements

2600.

65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

1. Evacuation procedures.
2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.

Staffing (continued)

- 3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
- 4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
- 5. The location and use of fire extinguishers.
- 6. Smoke detectors and fire alarms.
- 7. Telephone use and notification of emergency services.

Description of Violation

Staff person A, whose first day of work was [REDACTED], Staff person B, whose first day of work was [REDACTED] and Staff person C, whose first day of work was [REDACTED], did not receive orientation on the following topics: evacuation procedures, staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable, the designated meeting place outside the building or within the fire-safe area in the event of an actual fire, smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable, the location and use of fire extinguishers, smoke detectors and fire alarms, telephone use and notification of emergency services.

Plan of Correction

Accept

Upon hiring a new Associate, they will have to attend an orientation. These will occur 2 Wednesdays a month. A checklist of orientation topics covered will be audited by the Senior Business Office Manager.

Completion Date: 09/01/2021

Correction

Implemented

Staff person A, whose first day of work was [REDACTED], Staff person B, whose first day of work was [REDACTED] and Staff person C, whose first day of work was [REDACTED], did not receive orientation on the following topics: evacuation procedures, staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable, the designated meeting place outside the building or within the fire-safe area in the event of an actual fire, smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable, the location and use of fire extinguishers, smoke detectors and fire alarms, telephone use and notification of emergency services.

Completion Date: 09/01/2021

65b - Rights/Abuse 40 Hours

Staffing

1. Requirements

2600.

65.b. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

- 2. Emergency medical plan.

Description of Violation

Staff person A completed his/her 40th scheduled work hour on [REDACTED]. However, this staff person did not complete training in the following topics: emergency medical plan.

Staff person B completed his/her 40th scheduled work hour on [REDACTED]. However, this staff person did not complete training in the following topics: emergency medical plan.

Staff person C completed his/her 40th scheduled work hour on [REDACTED]. However, this staff person did not complete training in the following topics: emergency medical plan.

Staffing (continued)

Plan of Correction

Accept

Upon hiring a new Associate, they will have to attend an orientation. These will occur 2 Wednesdays a month. A checklist of orientation topics covered will be audited by the Senior Business Office Manager.

Completion Date: 09/01/2021

Correction

Implemented

Upon hiring a new Associate, they will have to attend an orientation. These will occur 2 Wednesdays a month. A checklist of orientation topics covered will be audited by the Senior Business Office Manager.

Completion Date: 09/01/2021

65d - Initial Direct Care Training

Staffing

1. Requirements

2600.

65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:

- 2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.

Description of Violation

Direct care staff person B, hired on [REDACTED], began providing unsupervised ADL services on [REDACTED]. However, the staff person did not complete and pass the Department-approved direct care training course and pass the competency test.

Plan of Correction

Accept

Upon hire, Senior Business Office Manager will ensure all Associates who work in Personal Care complete direct care competency training before starting in the neighborhoods.

Completion Date: 09/01/2021

Correction

Implemented

Upon hire, Senior Business Office Manager will ensure all Associates who work in Personal Care complete direct care competency training before starting in the neighborhoods.

Completion Date: 09/01/2021

66b - Training Plan Content

Staffing

1. Requirements

2600.

66.b. The plan must include training aimed at improving the knowledge and skills of the home's direct care staff persons in carrying out their job responsibilities. The staff training plan must include the following:

- 2. The required training courses for each staff person.

Description of Violation

The home's staff training plan does not include the required training courses for each staff person. The annual fire safety training is completed using an online program and not by a fire safety expert.

Staffing (continued)

Plan of Correction

Accept

Fire safety training with [redacted] of Fire & Life Safety Solutions, LLC was held on April 7 and April 15, 2021 and will be held annually going forward

Completion Date: 04/15/2021

Correction

Implemented

Fire safety training with [redacted] of Fire & Life Safety Solutions, LLC was held on April 7 and April 15, 2021 and will be held annually going forward

Completion Date: 04/15/2021

187b - Date/Time of Medication Admin.

Medications

1. Requirements

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident #2 is prescribed [redacted]. Resident #2's June 2021 medication administration record does not include the initials of the staff person who administered these medications on 06/24/21 at 9am.

Plan of Correction

Accept

There was an in-service with all Nurses in personal care. The state regulation along with the facility policies were reviewed. All medications need to be given an hour before or an hour after doctors' orders. Director of Wellness or designee will review medication administration records for all Residents monthly for 100% compliance and no blanks in the records

Completion Date: 08/17/2021

Correction

Implemented

There was an in-service with all Nurses in personal care. The state regulation along with the facility policies were reviewed. All medications need to be given an hour before or an hour after doctors' orders. Director of Wellness or designee will review medication administration records for all Residents monthly for 100% compliance and no blanks in the records

Completion Date: 08/17/2021

187d - Follow Prescriber's Orders

Medications

1. Requirements

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #1 is prescribed glucose checks four times a day before meals and to contact the resident's physician if a glucose reading is above 400. However, resident #1 glucose level was above 400 on 6/20/21 at 12:00 pm. The home did contact the physician as ordered.

187.d. (continued) The home shall follow the directions of the prescriber.

Resident #4 is prescribed morning medications at 9am. However, resident #4 was observed receiving medications at 10:30am.

**Plan of Correction**

**Accept**

Chart checks are done daily on night shift. Director of Wellness or designee will audit the chart checks monthly.

**Completion Date:** 09/01/2021

**Correction**

**Implemented**

Chart checks are done daily on night shift. Director of Wellness or designee will audit the chart checks monthly.

**Completion Date:** 09/01/2021

233d - Electronic/Magnetic System

Secured Dementia Care Units

1. Requirements

2600.

233.d. Doors that open onto areas such as parking lots, or other potentially unsafe areas, shall be locked by an electronic or magnetic system.

**Description of Violation**

The outside gate located in the dementia unit courtyard is not locked with an electronic or magnetic locking system. The gate, which opens to a walkway leading to a parking lot, is easily opened with a small lever.

**Plan of Correction**

**Accept**

The exit that leads to the patio is not technically a fire exit, see supporting documentation. Therefore, no need for a gate to be in place on the patio. The Director of Environmental Services and their Team will remove the gate and put in another section of fencing in.

**Completion Date:** 09/30/2021

**Correction**

**Implemented**

The exit that leads to the patio is not technically a fire exit, see supporting documentation. Therefore, no need for a gate to be in place on the patio. The Director of Environmental Services and their Team will remove the gate and put in another section of fencing in.

**Completion Date:** 09/30/2021