

Department of Human Services
Bureau of Human Service Licensing

January 14, 2022

[REDACTED]

RE: JUNIPER VILLAGE AT MEADVILLE
455 CHESTNUT STREET
MEADVILLE,, PA, 16335
LICENSE/COC#: 41019

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/25/2021, 08/26/2021, 08/27/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
[REDACTED]

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY - PUBLIC

Facility Information

Name: JUNIPER VILLAGE AT MEADVILLE License #: 41019 License Expiration: 11/26/2021
Address: 455 CHESTNUT STREET, MEADVILLE,, PA 16335
County: CRAWFORD Region: WESTERN

Administrator

Name: [REDACTED] Phone: 9736618300 Email: [REDACTED]

Legal Entity

[REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP Date: 12/27/1994 Issued By: L&I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 68 Waking Staff: 51

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
Reason: Renewal Exit Conference Date: 08/27/2021

Inspection Dates and Department Representative

08/25/2021 - On-Site: [REDACTED]
08/26/2021 - On-Site: [REDACTED]
08/27/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 90 Residents Served: 56

Secured Dementia Care Unit

In Home: No Area: Capacity: Residents Served:

Hospice

Current Residents: 7

Number of Residents Who:

Receive Supplemental Security Income: 1 Are 60 Years of Age or Older: 56
Diagnosed with Mental Illness: 9 Diagnosed with Intellectual Disability: 1
Have Mobility Need: 12 Have Physical Disability: 3

Inspection Dates and Department Representative (*continued*)

Inspections / Reviews

08/25/2021 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *10/14/2021*

10/19/2021 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *10/26/2021*

11/15/2021 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *12/10/2021*

01/14/2022 - Document Submission

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

3c - Post Current License

1. Requirements

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

On 8/25/21, at 10:40 a.m., the home did not have a copies of the current licensing inspection summaries, dated 5/31/19 and 2/25/20, posted in a conspicuous and public place in the home.

Plan of Correction

Accept

A copy of our current licensure is posted on the wall next to the front entrance. Our LIS binder was located at the front desk, on the counter closest to the main lobby where is has been for several years. This area is a conspicuous and public area, accessible to everyone. The surveyor this year suggested that the binder be moved to an area at the front entrance by our posted licensure. A clear plastic file holder was then attached to the wall next to the front entrance the same day, 8/25/21, where the binder is now located. I disagree with this violation. The location is subjective, but the request made by the surveyor was completed before the end of the day. Executive Director to ensure that LIS copies are placed and current in the LIS Binder after each DHS inspection. ED or designee to ensure that LIS binder is in the clear plastic file holder, located at the front entrance and attached to the wall, with daily walk through inspection of the building.

Document Submission

Implemented

See documents emailed to [REDACTED] - Thank you

82c - Locking Poisonous Materials

1. Requirements

2600.

82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

Description of Violation

On 8/25/21, at 11:05 a.m., approximately 30 various sized containers of paint with warning labels stating, "call poison control center if swallowed", were unlocked, unattended, and accessible to residents in the paint storage room on the lower level of the home.

On 8/26/21, at approximately 11:40 a.m., a plastic spray bottle of Puresan Peroxide Heavy Duty Cleaner with a warning label stating, "call poison control if swallowed", was unlocked, unattended, and accessible to residents in the cleaning cart located In the hallway adjacent to the medical room.

Not all the residents of the home, including resident #1, have been assessed as unsafe around poisons.

Plan of Correction

Accept

All maintenance rooms storing any poisonous materials had a locking door handle installed. The handles were installed 8/26/21. Environmental Services Director or designee will ensure that these rooms are properly locked and secured with daily grounds inspection.

82c - Locking Poisonous Materials (continued)

The cleaning cart had a broken lock on the door. That cart was taken out of operation immediately upon notification. Staff education given to environmental services employee at that time. Environmental services director or designee will ensure that the housekeeping cart is properly operational daily prior to use. All staff education given to all employees on 9/3/21 on the importance of having poisonous materials locked and inaccessible to residents at all times.

Document Submission**Implemented**

See documents emailed to [REDACTED] - Thank you

85a - Sanitary Conditions**1. Requirements**

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On 8/25/21, at 10:40 a.m., there were 3 plastic empty food containers and approximately 6 cigarette butts on the stairwell at the east lower level rear entrance.

Plan of Correction**Accept**

Area was cleared at the time of notification. Memo was sent out to all residents and associates to remind them to please dispose of cigarettes in the Butt Hut Cigarette disposal container. Environmental Services Director or designee to walk the grounds daily to clear any debris.

Document Submission**Implemented**

See documents emailed to [REDACTED] - Thank you

85d - Trash Receptacles**1. Requirements**

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 8/25/21, at 2:42 p.m., there were 3 uncovered partially full garbage cans in the kitchen.

Plan of Correction**Accept**

The lids were placed back on 2 of the trash receptacles immediately and the 1 receptacle without a lid was removed. Dining Director provided staff education at that time during inspection on 8/25/21. Executive Director provided staff education on 10/5/21 regarding regulation 2600.85d to prevent insect and/or rodent issues. A new receptacle with an attached lid was placed in the kitchen on 8/26/21. Dining Director or designee to inspect daily to ensure that all trash receptacles have a lid and are covered.

Document Submission**Implemented**

See documents emailed to [REDACTED] - Thank you

86b - Bathroom**1. Requirements**

2600.

86.b. A bathroom that does not have an operable, outside window shall be equipped with an exhaust fan for ventilation.

86b - Bathroom (continued)

Description of Violation

On 8/25/21, at approximately 10:50 a.m., there were no operational windows or air ventilation systems in the lower level men's and women's common bathrooms.

Plan of Correction

Accept

HVAC company inspected again on 10/22/21. Motor in the exhaust fan is not working properly. Motor was taken to be repaired on 10/22/21. HVAC estimated time for repair is 2 weeks to 1 month. estimated repair to be completed by 11/22/21. Environmental Services Director or designee to monitor that exhaust fan is functioning properly with monthly routine room inspections conducted on the last Monday of each month.

Document Submission

Implemented

See documents emailed to [redacted] - Thank you

101j7 - Lighting/Operable Lamp

1. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

- 7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

On 8/25/21, at approximately 11:10 a.m., resident #2 did not have access to a source of light that can be turned on/off at bedside. The nearest source of light was approximately 9 feet from the head of the resident's bed.

Plan of Correction

Accept

Resident #2 frequently rearranges her bedroom furniture moving her lamp. A wall mounted light source was attached to the wall next to her bed on 8/26/21. Executive Director provided staff education regarding regulation 2600.101j on 10/5/21 to ensure the importance of each resident having a working light source next to their bed at all times and how to report the issue to the maintenance department for correction if needed. Environmental Services Director or designee to monitor during monthly routine room inspections to ensure that light sources are at bedside and working properly. These monthly routine room inspections to be conducted on the last Monday of each month.

Document Submission

Implemented

See documents emailed to [redacted] - Thank you

103f - Refrigerator/Freezer Temps

1. Requirements

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

On 8/25/21 at 2:36 p.m., the temperature of the kitchen walk-in refrigerator was 48 degrees Fahrenheit, and on 8/26/21 at approximately 9:25 a.m., it was 42 degrees Fahrenheit.

On 8/25/21 at 2:38 p.m., the temperature of the kitchen walk-in freezer was 5 degrees Fahrenheit, and on 8/26/21 at approximately 9:25 a.m., it was 1 degree Fahrenheit.

Plan of Correction

Accept

It was discovered that the cooling fans in the walk-in cooler had ice build up that was preventing proper cooling.

103f - Refrigerator/Freezer Temps (continued)

The cooler fan was defrosted on 9/8/21 and is now in proper working order. Dining Director or designee to continue to monitor temps daily to ensure regulated temperature. Completed on 9/08/21. Executive Director provided staff education on 10/5/21 regarding regulation 2600.103f and the importance of food storage temperatures.

Seal for the walk-in freezer was already on order at time of inspection. Seal was replaced on 9/10/21. Dining Director or designee to continue to monitor and record temperatures daily to ensure regulated temperature. Executive Director provided staff education on 10/5/21 regarding regulation 2600.103f and the importance of food storage temperatures.

Document Submission**Implemented**

See documents emailed to [REDACTED] - Thank you

103g - Storing Food**1. Requirements**

2600.
103.g. Food shall be stored in closed or sealed containers.

Description of Violation

On 8/25/21, at 2:45 p.m., there were 4 unsealed containers of ice cream in the small white freezer next to the kitchen sink.

Plan of Correction**Accept**

The ice cream container lids are cardboard and flexible without a tight seal. They were stacked on top of each other causing the cardboard lids to be crushed and not seal well. New plastic storage containers with snap tight lids were purchased to store the containers of ice cream in. Upon notification during the inspection on 8/25/21, the Dining Director placed a hard plastic tray between the ice cream containers to prevent the cardboard lids from being crushed and not sealing the product. New hard plastic ice containers with sealable lids arrived on 10/12/21 and were put into place the day of arrival on 10/12/21. Dining Director or designee to ensure ice cream is properly stored in the plastic sealable containers each time a new ice cream container is opened. Dining Director to monitor storage containers are in place with lids seals with daily inspections of the kitchen operations. Executive Director provided staff education on 10/5/21 regarding proper food storage and food packaging and/or food storage containers.

Document Submission**Implemented**

See documents emailed to [REDACTED] - Thank you

133.1 - Exit Signs**1. Requirements**

2600.
133.1. Exit Signs - The following requirements apply for a home serving nine or more residents: Signs bearing the word "EXIT" in plain legible letters shall be placed at all exits.

Description of Violation

On 8/25/21, at 12:05 p.m., the sign on the east stairwell's second floor emergency exit door indicated, "STOP, staff only, do not enter."

Plan of Correction**Accept**

The copy paper sign that was taped to the exit door was removed at time of notification. Staff education given on the importance of not placing any signage on an exit door indicating that it was "not an exit" or "to not enter."

133.1 - Exit Signs (continued)

Environmental Services Director or designee to monitor exit locations on daily rounds of the building.

Document Submission

Implemented

See documents emailed to [REDACTED] Thank you