

Department of Human Services
Bureau of Human Service Licensing

December 8, 2021

[REDACTED], VICE PRESIDENT
[REDACTED]
[REDACTED]
[REDACTED]

RE: JUNIPER VILLAGE AT MONROEVILLE
2589 MOSSIDE BOULEVARD
MONROEVILLE, PA, 15146
LICENSE/COC#: 45263

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 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 MONROEVILLE License #: 45263 License Expiration:
Address: 2589 MOSSIDE BOULEVARD, MONROEVILLE, PA 15146
County: ALLEGHENY Region: WESTERN

Administrator

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

Legal Entity

Name: JUNIPER VILLAGE AT MONROEVILLE LLC
Address: 2589 MOSSIDE BOULEVARD, MONROEVILLE, PA, 15146
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP Date: 02/14/1997 Issued By: L&I
Type: I-2 Date: 05/30/1997 Issued By: Municipality of Monroeville

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 71 Waking Staff: 53

Inspection Information

Start Date: 08/25/2021 Type: Full Notice: Unannounced BHA Docket #:
Reason: Renewal, Complaint Exit Conference Date: 08/26/2021

Inspection Dates and Department Representative

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

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

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 126 Residents Served: 50

Secured Dementia Care Unit

In Home: Yes Area: Memory Support Capacity: 21 Residents Served: 14

Hospice

Current Residents: 4

Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 50
Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
Have Mobility Need: 21 Have Physical Disability: 0

Inspections / Reviews

08/25/2021 - Full

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 09/09/2021

Inspection Dates and Department Representative (*continued*)

08/25/2021 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *09/14/2021*

08/25/2021 - Document Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *10/15/2021*

08/25/2021 - Document Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *11/07/2021*

08/25/2021 - Document Submission

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

3c - Post Current License

General Provisions

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 approximately 11:15 a.m. the 2600 Chapter regulation book is not posted in a public and conspicuous place in the personal care home.

Correction

Implemented

Was corrected immediately with the surveyor present.

Completion Date: 08/25/2021

Plan of Correction

Accept

The Regulation book was located and placed in a public and conspicuous location by the front entrance. Th ED or designee will maintain regulatory compliance through observation via daily rounds.

Completion Date: 08/25/2021

Correction

Not Implemented

see attached

Completion Date: 09/30/2021

Correction

Not Implemented

Was corrected immediately with the surveyor present.

Completion Date: 08/25/2021

18 - Compliance With Laws

General Requirements

1. Requirements

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

In accordance with the Influenza Awareness Act, enacted 5/17/2016, a personal care home as defined under section 1001 of the Human Services Code shall ensure that the required influenza information is posted in a public place in the facility year-round. However, on 8/25/21 at approximately 12:40 p.m., the Department of Health's influenza awareness poster was not posted in a public place in the home.

Correction

Implemented

Was corrected immediately with the surveyor present.

Completion Date: 08/25/2021

Plan of Correction

Accept

The Influenza Awareness Act poster was located and positioned in a public and conspicuous location near the main living/community room. The ED or Designees will maintain regulatory compliance through observation via daily rounds.

Completion Date: 08/25/2021

General Requirements (continued)

Correction Not Implemented

see attached

Completion Date: 09/29/2021

Correction Not Implemented

Was corrected immediately with the surveyor present.

Completion Date: 08/25/2021

23a - Activities of Daily Living Assistance

General Requirements

1. Requirements

2600.

23.a. A home shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.

Description of Violation

The assessment and support plan for resident #1, dated [redacted], indicates 'Resident #1 is able to dress [redacted] but requires oversight to ensure [redacted] is wearing clean clothes.' However, it was confirmed from [redacted] to [redacted] that resident #1 was observed wearing the same clothing down to the same grey socks.

Correction Implemented

see attached

Completion Date: 08/25/2021

Plan of Correction Accept

The RCA's have been educated on ADL's and educated to where to find RASP's to help be aware of what a resident needs. Ongoing compliance will be by the Director of Wellness or Designee.

Completion Date: 08/25/2021

Correction Not Implemented

see attached

Completion Date: 09/28/2021

Correction Not Implemented

see attached

Completion Date: 11/04/2021

25a - Written Contract and Review

General Requirements

1. Requirements

2600.

25.a. Prior to admission, or within 24 hours after admission, a written resident-home contract between the resident and the home shall be in place. The administrator or a designee shall complete this contract and review and explain its contents to the resident and the resident's designated person if any, prior to signature.

Description of Violation

There is no resident home contract for resident #2, admitted [redacted]

General Requirements (continued)

Correction **Implemented**

Updated Contract was completed with family.

Completion Date: 09/27/2021

Plan of Correction **Accept**

The home will meet with and review the Lease Agreement within 24 hours of placement within the community. The Ex Director of Designee will complete this task per regulatory guidelines. Resident #2 family has been provided the Juniper contract and are in process of resolving this violation.

Completion Date: 09/27/2021

Correction **Not Implemented**

see attached

Completion Date: 09/28/2021

Correction **Not Implemented**

Updated Contract was completed with family.

Completion Date: 09/29/2021

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

The resident record for resident #2, admitted [REDACTED], does not include a signed statement acknowledging receipt of a copy of the resident’s rights and complaint procedures on admission.

Correction **Implemented**

Updated contract was completed with family, Resident resides in our dementia unit and is unable to sign for [REDACTED] due to [REDACTED] diagnosis.

Completion Date: 09/27/2021

Plan of Correction **Accept**

The home shall obtain a signed copy of the Lease Agreement acknowledging the receipt of Residents Rights and Complaint procedures upon admission. Resident #2 family has been provided a copy of the agreement and it is in process of being signed and returned. Ongoing compliance will be by Ex Director or Designee upon admission into the community.

Completion Date: 09/27/2021

Correction **Not Implemented**

see attached

Completion Date: 09/28/2021

Correction **Not Implemented**

Updated contract was completed with family, Resident resides in our dementia unit and is unable to sign for herself due to dementia diagnosis.

Completion Date: 09/29/2021

96b - First Aid Location

Physical Site

1. Requirements

2600.
96.b. Staff persons shall know the location of the first aid kit.

Description of Violation

On 8/25/21 at approximately 1:08 p.m., the licensing representative requested to see the home's first aid kit. However, direct care staff person A, [REDACTED], indicated the first aid kit had been moved and that [REDACTED] needed to find it for the Department to review. The first aid kit was provided by direct care staff person A at 1:26 p.m.

Correction **Implemented**

This was corrected immediately with the surveyor present. Additional kits are now in place on each floor, and at the front desk.

Completion Date: 08/25/2021

Plan of Correction **Accept**

The first aid kit was located and is now kept at the front desk area. Two additional kits were created and now one kit is located on each floor of the home. All staff were made aware at the all staff meeting held on 8/25/21. Ongoing awareness and education will be included during new hire and annual orientation.

Completion Date: 08/25/2021

Correction **Not Implemented**

see attached

Completion Date: 09/28/2021

Correction **Not Implemented**

This was corrected immediately with the surveyor present. Additional kits are now in place on each floor, and at the front desk.

Completion Date: 08/25/2021

105f - Labeling/Return of Clothes

Physical Site

1. Requirements

2600.
105.f. Measures shall be implemented to ensure that residents' clothing are not lost or misplaced during laundering or cleaning. The resident's clean clothing shall be returned to the resident within 24 hours after laundering

Description of Violation

Resident and staff interviews both confirmed that resident clothing has been lost, misplaced, and returned to the incorrect residents during laundering or cleaning.

Correction **Implemented**

see attached

Completion Date: 07/19/2021

Plan of Correction **Accept**

On 7/19/21 the home hired an Associate to address personal laundry issues. A schedule was created and is managed by the lead RCA daily and the ESD will ensure ongoing compliance. The Ex Director or Designee will update the spreadsheet to manage admissions and discharges.

Completion Date: 07/19/2021

Physical Site (continued)

Correction Not Implemented

see attached

Completion Date: 09/28/2021

Correction Not Implemented

see attached

Completion Date: 08/25/2021

141a 1-10 Medical Evaluation Information

Resident Health

1. Requirements

2600.

141.a. A resident shall have a medical evaluation by a physician, physician’s assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:

1. A general physical examination by a physician, physician’s assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department’s request.

Description of Violation

Resident #3’s medical evaluation, dated 7/16/21, does not indicate whether or not the resident has any special or dietary needs, if the resident’s immunizations are current or unknown, or if the resident has body positioning and movement needs, those sections were left blank.

Correction Implemented

see attached

Completion Date: 08/25/2021

Plan of Correction Accept

Resident #3 medical evaluation was reviewed and updated to include all required information. Ongoing compliance in maintaining updated and relevant information will be the Director of Wellness with a subsequent audit by the Executive Director.

Completion Date: 08/25/2021

Correction Not Implemented

see attached

Completion Date: 09/28/2021

Correction Not Implemented

see attached

Completion Date: 08/25/2021

162c - Menus Posted

Nutrition

1. Requirements

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

On 8/25/21 at approximately 11:00 a.m. in the home's main dining area there are no current or future menus posted for the home's residents.

On 8/25/21 at approximately 12:10 p.m. in the home's secured dementia care unit, the menus posted are for dates ranging from 5/16/21 through 6/5/21.

Correction

Implemented

This was correct while surveyor was present

Completion Date: 08/25/2021

Plan of Correction

Accept

The home immediately located and posted menus in the main dining area and in the secured dementia unit.

Ongoing compliance will be managed by the Dining services Director or Designee.

Completion Date: 08/25/2021

Correction

Not Implemented

see attached

Completion Date: 09/28/2021

Correction

Not Implemented

This was correct while surveyor was present

Completion Date: 08/25/2021

185a - Implement Storage Procedures

Medications

1. Requirements

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 glucometer for resident #4 indicates a blood glucose reading of 486 on 8/20/21 at approximately 5:00 p.m., However, the medication administration record indicates a blood glucose reading of 316 on 8/20/21 at 5:00 p.m.

The glucometer for resident #4 indicates a 'high' blood glucose reading on 8/20/21 at approximately 12:00 p.m., However, the medication administration record indicates a blood glucose reading of 328 on 8/20/21 at 12:00 p.m.

Medications (continued)

Correction Implemented

see attached

Completion Date: 08/25/2021

Plan of Correction Accept

Med techs were immediately educated on glucometers and inputting the correct number identified on the machine. The DOW or Designee will do weekly audits on glucometers to ensure accuracy and compliance.

Completion Date: 08/25/2021

Correction Not Implemented

see attached

Completion Date: 09/28/2021

Correction Not Implemented

see attached

Completion Date: 08/25/2021

187a - Medication Record

Medications

1. Requirements

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

12. Diagnosis or purpose for the medication, including pro re nata (PRN).

Description of Violation

The medication administration record for resident #3 does not include the diagnosis or purpose for any of the residents prescribed medications to include:

• [Redacted]

Correction Implemented

see attached

Completion Date: 09/25/2021

Plan of Correction Accept

The Director of Wellness immediately contacted the MD and received the proper diagnosis's to go with the medications. The Director of Wellness or Designee will complete a medication reconciliation upon every admission.

Completion Date: 08/25/2021

Correction Not Implemented

see attached

Completion Date: 09/28/2021

Correction Not Implemented

see attached

Completion Date: 08/25/2021

187d - Follow Prescriber's Orders

Medications

1. Requirements

2600.
187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #4 is ordered [redacted] /ml – Inject sub-Q per sliding scale three times daily before meals 0 -140 = 0 units; 141-180 = 2 units; 181-220 = 4 units; 221-260 = 6 units; 261-300 = 8 units; 301-340 = 10 units; >340 = 12 units and call MD. However, on 8/20/21 at approximately 12:00 p.m. resident #4 had a 'high' blood glucose reading that could not be measured and was administered 10 units of Humalog Insulin and the physician was not called.

Resident #4 is ordered [redacted] /ml – Inject sub-Q per sliding scale three times daily before meals 0 -140 = 0 units; 141-180 = 2 units; 181-220 = 4 units; 221-260 = 6 units; 261-300 = 8 units; 301-340 = 10 units; >340 = 12 units and call MD. However, on 8/20/21 at approximately 5:00 p.m. resident #4 had a blood glucose reading of 486 and was administered 10 units of Humalog Insulin and the physician was not called.

Correction **Implemented**
see attached
Completion Date: 08/25/2021

Plan of Correction **Accept**
MD was immediately notified of these occurrences and Med Techs were educated again on the use of glucometers and reporting and documenting properly. The Director of wellness or Designee will audit this monthly and reviewed at the monthly Safety Committee meeting.
Completion Date: 08/25/2021

Correction **Not Implemented**
see attached
Completion Date: 09/28/2021

Correction **Not Implemented**
see attached
Completion Date: 08/25/2021

191 - Resident Right to Refuse

Medications

1. Requirements

2600.
191. Resident Education - The home shall educate the resident of the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

Description of Violation

There is no documentation that resident #2, admitted [redacted], has been educated on the right to question or refuse a medication if the resident believes there may be a medication error.

Medications (continued)

Correction

Implemented

Updated contract was completed with family, Resident resides in our dementia unit and is unable to sign for [REDACTED] due to [REDACTED] diagnosis.

Completion Date: 09/27/2021

Plan of Correction

Accept

The document identifying and outlining Residents Rights is imbedded in the Juniper Lease Agreement. Resident #2 and her POA have been provided the agreement and educated on her rights to question and refuse medication. Ongoing compliance will be managed by the Ex Director or Designee.

Completion Date: 09/27/2021

Correction

Not Implemented

see attached

Completion Date: 09/28/2021

Correction

Not Implemented

Updated contract was completed with family, Resident resides in our [REDACTED] and is unable to sign for [REDACTED] due to dementia diagnosis.

Completion Date: 08/25/2021

225a - Assessment 15 Days

Services

1. Requirements

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

The medical evaluation for resident #3, dated [REDACTED] indicates a medical diagnosis of venous insufficiency, and Thyrotoxicosis. However, neither of these medical diagnoses are listed in the resident's assessment dated [REDACTED]

Correction

Implemented

see attached

Completion Date: 09/25/2021

Plan of Correction

Accept

Immediately the MD was notified and these diagnosis's were added to the resident's assessment. Director of Wellness or Designee will audit this with each move in. A subsequent audit is completed by the Ex Director to ensure ongoing compliance.

Completion Date: 08/25/2021

Correction

Not Implemented

see attached

Completion Date: 09/28/2021

Correction

Not Implemented

see attached

Completion Date: 08/25/2021

225c - Additional Assessment

Services

1. Requirements

- 2600.
- 225.c. The resident shall have additional assessments as follows:
 1. Annually.

Description of Violation

Resident #4's most recent assessment is dated [REDACTED].

Correction **Implemented**

see attached

Completion Date: 09/01/2021

Plan of Correction **Accept**

Resident #4 has been reviewed and updated. This RASP was due in June 2021 and Juniper took over management in July 2021. Since the transition on 7/12/21, all Residents DME's and RASP's have been reviewed and are being updated to include the most accurate plan of care and services. Ongoing compliance will be managed through the Director of Wellness or Designee to maintain timely compliance.

Completion Date: 09/01/2021

Correction **Not Implemented**

see attached

Completion Date: 09/28/2021

Correction **Not Implemented**

see attached

Completion Date: 08/25/2021

227g -Support Plan Signatures

Services

1. Requirements

- 2600.
- 227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident #5's support plan, dated [REDACTED] is not signed or dated by the assessor or the resident.

Correction **Implemented**

see attached

Completion Date: 09/25/2021

Plan of Correction **Accept**

Support plan was immediately signed by resident and assessor. Audits will be done monthly by Director of Wellness or Designee.

Completion Date: 08/25/2021

Correction **Not Implemented**

see attached

Completion Date: 09/28/2021

Services (continued)

Correction

Not Implemented

see attached

Completion Date: 08/25/2021

231e - No Objection Statement

Secured Dementia Care Units

1. Requirements

2600.

231.e. Each resident record must have documentation that the resident and the resident's designated person have not objected to the resident's admission or transfer to the secured dementia care unit.

Description of Violation

The resident record for resident #2, admitted [REDACTED], does not include documentation that the resident and the resident's designated person have not objected to the resident's admission or transfer to the secured dementia care unit.

Correction

Implemented

Contract was updated and signature were obtained.

Completion Date: 09/27/2021

Plan of Correction

Accept

Within the Lease Agreement there is a Secured Dementia document that has been sent to Resident #2, They have verbally confirmed their comfort in [REDACTED] location on the unit. The Lease has been sent and the POA is in process of securing the signed document. Ongoing compliance will be by the Ex Director or Designee upon admission.

Completion Date: 09/27/2021

Correction

Not Implemented

see attached

Completion Date: 09/28/2021

Correction

Not Implemented

Contract was updated and signature were obtained.

Completion Date: 09/27/2021

252 - Record Content

Resident Records

1. Requirements

2600.

252. Content of Resident Records - Each resident's record must include the following information:

Description of Violation

The resident file for resident #3, does not include a photograph of the resident that is no more than 2 years old.

Resident Records (continued)

Correction **Implemented**

see attached

Completion Date: 09/25/2021

Plan of Correction **Accept**

Immediately a new picture was taken of Resident #3 and updated in medical record. This will be managed and audited by the Director or Wellness of Designee.

Completion Date: 08/25/2021

Correction **Not Implemented**

see attached

Completion Date: 09/28/2021

Correction **Not Implemented**

see attached

Completion Date: 08/25/2021