

Department of Human Services
Bureau of Human Service Licensing

October 23, 2022

[REDACTED], ADMINISTRATOR
[REDACTED]
[REDACTED]

RE: JUNIPER VILLAGE AT BROOKLINE -
SENIOR LIVING
1930 CLIFFSIDE DRIVE
STATE COLLEGE, PA, 16801
LICENSE/COC#: 23131

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/02/2021, 11/03/2021, 11/04/2021 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

Facility Information

Name: JUNIPER VILLAGE AT BROOKLINE - SENIOR LIVING License #: 23131 License Expiration: 11/03/2021
Address: 1930 CLIFFSIDE DRIVE, STATE COLLEGE, PA 16801
County: CENTRE Region: NORTHEAST

Administrator

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

Legal Entity

Name: JUNIPER VILLAGE AT STATE COLLEGE OPERATIONS III LLC
Address: [REDACTED]
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

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

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 74 Waking Staff: 56

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
Reason: Renewal Exit Conference Date: 11/04/2021

Inspection Dates and Department Representative

11/02/2021 - On-Site: [REDACTED]
11/03/2021 - On-Site: [REDACTED]
11/04/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 174 Residents Served: 74

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: 74
Diagnosed with Mental Illness: 1 Diagnosed with Intellectual Disability: 0
Have Mobility Need: 0 Have Physical Disability: 0

Inspections / Reviews

11/02/2021 - Full

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*

Follow-Up Date: *01/28/2022*

02/24/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*

Follow-Up Date: *03/07/2022*

5a1 - DHS Access

1. Requirements

2600.

5.a. The administrator or a designee shall provide, upon request, immediate access to the home, the residents and records to:

- 1. Agents of the Department.

Description of Violation

It took the home's staff approximately 3 hours to provide access to the seven resident records requested by the agent of the Department.

Plan of Correction

Accept

ED and DOW completed records audit and organized required documents in order by room number filing system. Education was completed with all wellness team members regarding required health documents, completion and filing for immediate access upon request of the department.

Moving forward all Documents- pre admission screening, MED Eval, and RASP will be submitted to the DOW for review and filing and quick delivery upon request.

ED will continue to monitor and spot check for ongoing compliance.

Completion Date: 02/28/2022

18 - Compliance With Laws

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

An empty medication card of [redacted] for Resident #1 was available on top of the medication cart and accessible to the public. There were no staff nearby to ensure the resident's medical information remained confidential.

Plan of Correction

Accept

DOW provided education during monthly wellness meeting to review Regulation 18. Follow up all staff assigned completion of Juniper University training "Essentials of HIPAA". All staff to complete by Feb 11, 2022.

ED & DOW to continue to monitor for ongoing compliance with Weekly walking round spot checks.

Completion Date: 02/11/2022

Update: 02/23/2022

please show worksheet in use.

[redacted], 2-24-22

81b - Resident Personal Equipment

1. Requirements

2600.

81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

Resident #2 has two enabler bars attached to their bed. These enabler bars were not covered at time of inspection,

81b - Resident Personal Equipment (continued)

causing a possible limb entrapment safety hazard to the resident.

Plan of Correction**Accept**

Review of 81b completed during monthly town hall training with all departments. Policy for bed assist bar reviewed. Housekeeping supervisor will be notified of new orders for bed assist bar and apply bed assist cover. Moving forward Housekeeping Supervisor will provide routine audit of bed assist bar and appropriate protective cover. ED to continue to monitor for ongoing compliance.

Completion Date: 02/04/2022

141a - Medical Evaluation**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.

Description of Violation

Resident #3's medical evaluation, dated [REDACTED], was written on after it was signed and returned by a qualified medical professional. The "Date Form Completed" section was updated but was not signed/dated to indicate that this subsequent update was made by a qualified medical professional.

Plan of Correction**Accept**

DOW completed audit of all medical evaluations for compliant "date evaluated" – all medical evaluations currently up to date, and discrepancies sent to MD for appropriate correction per policy. Resident #3 DME faxed to MD office for identified resident and correction made. Education completed at Monthly wellness meeting regarding regulations for medical evaluation. Moving forward all DME will be provided to DOW for review of completion and filling. ED to continue to monitor for ongoing compliance.

Completion Date: 11/17/2021

Update: 02/23/2022

Please show worksheet in use.

[REDACTED], 2-24-22

141a 1-10 Medical Evaluation Information**1. Requirements**

2600.

141a 1-10 Medical Evaluation Information (continued)

- 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 [REDACTED], does not include the resident's height, weight, pulse rate, temperature, blood pressure, health status or cognitive functioning. The second page of the medical evaluation is also missing.

Plan of Correction

Accept

DOW completed audit of all medical evaluations for compliant "date evaluated" – all medical evaluations currently up to date, and discrepancies sent to MD for appropriate correction per policy. Resident #3 DME faxed to MD office for identified resident and correction made. Education completed at Monthly wellness meeting regarding regulations for medical evaluation. Moving forward all DME will be provided to DOW for review of completion and filling. ED to continue to monitor for ongoing compliance.

Completion Date: 11/17/2021

Update: 02/23/2022

Please show worksheet in use.

[REDACTED] 2-24-22

141b1 - Annual Medical Evaluation

1. Requirements

2600.
 141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident #3's most recent medical evaluation was not completed timely. The resident was evaluated on [REDACTED], however the form was not completed until [REDACTED]. The medical evaluation completed before this was dated [REDACTED].

Resident #4's most recent medical evaluation was not completed timely. The resident's most recent evaluation is dated [REDACTED]. The resident's previous evaluation was completed [REDACTED].

The aforementioned medical evaluations were completed outside of the annual timeframe as required by this regulation.

Repeated Violation - 12/18/19

Plan of Correction

Accept

DOW completed audit of all medical evaluations for compliance. Education completed at Monthly wellness meeting regarding regulations for medical evaluation. Created an audit tool to keep annual DME in compliance. Moving

141b1 - Annual Medical Evaluation (continued)

*forward all DME will be provided to DOW for review of completion and filling.
ED to continue to monitor for ongoing compliance.*

Completion Date: 11/17/2021

Update: 02/23/2022

Please show worksheet in use.

Please submit sign in sheet for trained staff for a 3 med eval violations.

█, 2-24-22

183e - Storing Medications**1. Requirements**

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

At time of inspection, there were 3 loose unidentified pills in the medication cart located in █ community. There were also 2 loose unidentified pills in the medication cart located in The Inn community.

Plan of Correction**Accept**

Review of 183e completed during wellness monthly meeting. Discussed proper handling and storage of medications. Quarterly pharmacy consultant review scheduled for evaluation of proper storage of medications. Night shift nurse to complete MAR to cart AUDIT nightly including cleaning and maintaining proper storage of medications. DOW to collect cart audit tool for review.

ED to monitor for ongoing compliance.

Completion Date: 11/17/2021

Update: 02/23/2022

Please add signature sheets for trained staff

please show completed worksheets

█, 2-24-22

185a - Implement Storage Procedures**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

Resident #4's blood glucose monitor is not calibrated to the correct date and time. The blood sugar reading that was documented as occurring on █ at █ incorrectly appears in the monitor as having occurred on █ at █.

Resident #5's PRN █ and █ were unavailable in the medication cart at time of inspection.

185a - Implement Storage Procedures (continued)

Plan of Correction**Accept**

Review of 185a with wellness team during monthly education meeting. Blood glucose monitors audited for calibration. All glucose monitors replaced at beginning of the year. Night shift LPN to provide weekly control test of glucometer and will audit for calibration of date and time. Audit tool will be kept in wellness station and audited by Dow monthly.

ED to continue to monitor for ongoing compliance.

Completion Date: 11/17/2021

Update: 02/23/2022

Please show completed worksheets

please submit staff signature sheet for training

█, 2-24-22

187a - Medication Record

1. Requirements

2600.

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

Description of Violation

The medication record for Resident #5 is missing the dosage information for the resident's █ and █.

Resident #5 is prescribed █. The medication record states to give █ tablet by mouth one time a day. The medication label states to give █ tablets by mouth daily. As the medication card contained █, the medication record is incorrect.

Resident #6 is prescribed █. The medication record states "Give 1 tablet as needed for pain 5x per day." As the medication card contains █, 2 tablets must be administered to reach the prescribed █. The medication record is therefore incorrect.

Resident #7 is prescribed █. The resident's medication record incorrectly lists the medication dose as .36 grams.

Plan of Correction**Accept**

Medication order for resident #5 immediately corrected. Education completed during monthly wellness meeting. All wellness associates LPN/MT assigned Juniper University course "Medication Administration: Avoiding Common Errors" Due Date of Feb 4th for compliance. Night shift to complete night MAR To CART audit, results to DOW for monitoring compliance.

ED to continue to monitor for ongoing compliance.

Completion Date: 02/14/2022

Update: 02/24/2022

Please submit staff signatures for training sessions

please submit samples of completed worksheets

187a - Medication Record (continued)

█ 2-24-22

227d - Support Plan Medical/Dental**1. Requirements**

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

The support plans for Resident #3, dated █, and Resident #8, dated █ do not include that both residents are currently receiving █ services, and for which services hospice is responsible.

Plan of Correction**Accept**

Resident # 3 & #8 RASP updated immediately for admission to █ services. Education provided to all Wellness team at Monthly meeting for review of RASP requirements. Audit of RASPs completed to verify all residents currently on Hospice services correctly indicated in plan of care. DOW to complete review of all RASPs prior to completion for status change.

ED will audit for compliance.

Completion Date: 11/17/2021

Update: 02/24/2022

please submit copies of residents corrected RASP signature pages.

█, 2-24-22