

Department of Human Services
Bureau of Human Service Licensing

August 12, 2022

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

RE: JUNIPER VILLAGE AT FOREST HILLS
107 FALL RUN ROAD
PITTSBURGH, PA, 15221
LICENSE/COC#: 43378

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/15/2022, 06/16/2022, 06/17/2022 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 FOREST HILLS License #: 43378 License Expiration: 09/19/2022
Address: 107 FALL RUN ROAD, PITTSBURGH, PA 15221
County: ALLEGHENY Region: WESTERN

Administrator

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

Legal Entity

Name: JUNIPER VILLAGE AT FOREST HILLS LLC
Address: 107 FALL RUN ROAD, PITTSBURGH, PA, 15221
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP Date: 05/06/1999 Issued By: L&I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 95 Waking Staff: 71

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
Reason: Renewal, Complaint Exit Conference Date: 07/15/2022

Inspection Dates and Department Representative

06/15/2022 - On-Site: [REDACTED]
06/16/2022 - On-Site: [REDACTED]
06/17/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 100 Residents Served: 76

Secured Dementia Care Unit

In Home: No Area: Capacity: Residents Served:

Hospice

Current Residents: 13

Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 76
Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
Have Mobility Need: 19 Have Physical Disability: 0

Inspections / Reviews

06/15/2022 - Full

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 07/29/2022

Inspections / Reviews (*continued*)

07/26/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *08/01/2022*

08/02/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *08/15/2022*

08/12/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

184a - Labeling OTC/CAM

1. Requirements

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

1. The resident's name.
2. The name of the medication.
3. The date the prescription was issued.
4. The prescribed dosage and instructions for administration.
5. The name and title of the prescriber.

Description of Violation

Resident #1's pharmacy label indicates, [REDACTED] before breakfast and inject 8 units subcutaneously before dinner"; however, resident#1 is prescribed, [REDACTED] - [REDACTED] units subcutaneously with breakfast and 2 units subcutaneously with dinner".

Plan of Correction

Directed

The label did not match exactly and the order was modified and corrected on 6/16/22. The community will ensure the Resident's name, name of the medication, the date the prescription was issued, the prescribed dosage and instructions for administration and name and title of the prescriber will be checked during the Medication Reconciliation process by the Director of Wellness. Ongoing compliance will be ensured through monthly med cart audits. (DIRECTED: The first monthly cart audit shall occur by 8/15/22, and shall include a review of all pharmacy labels to ensure accuracy in accordance with prescribers' orders. [REDACTED] 8/2/22)

DIRECTED: By 8/15/22: All staff persons qualified to administer medications shall be re-educated on the home's medication procedures, which includes ensuring accurate pharmacy labels in accordance with prescribers' orders. The education shall include a review of the home's procedures for updating pharmacy labels upon receipt of a new medication order from the prescriber. Documentation of the education shall be kept. [REDACTED] /2/22

Completion Date: 06/16/2022

Document Submission

Implemented

The label did not match exactly and the order was modified and corrected on 6/16/22. The community will ensure the Resident's name, name of the medication, the date the prescription was issued, the prescribed dosage and instructions for administration and name and title of the prescriber will be checked during the Medication Reconciliation process by the Director of Wellness. Ongoing compliance will be ensured through monthly med cart audits. The first monthly cart audit occurred on 7/1/22, and included a review of all pharmacy labels to ensure accuracy in accordance with prescribers' orders. The audits will be maintained in the Wellness Office and reviewed at the Quarterly Safety Committee Meeting.

DIRECTED: By 8/15/22: All staff persons qualified to administer medications shall be re-educated on the home's medication procedures, which includes ensuring accurate pharmacy labels in accordance with prescribers' orders. The education shall include a review of the home's procedures for updating pharmacy labels upon receipt of a new medication order from the prescriber. Documentation of the education shall be kept. [REDACTED] 8/2/22

185a - Implement Storage Procedures

1. Requirements

185a - Implement Storage Procedures (continued)

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

On 6/16/22, resident #2's glucometer was not set to the current date and time.

Plan of Correction

Directed

#2 Resident's glucometer was recalibrated and corrected on 6/16/22. The community will ensure all glucometer machines in use at the community will be checked upon admission by the Director of Wellness (during Medication Reconciliation) and annually by a Certified Diabetes coordinator. Ongoing compliance will be ensured through monthly med cart audits. (DIRECTED: The first monthly cart audit shall occur by 8/15/22, and shall include a review of all resident glucometers to ensure they are set to the current date and time. [REDACTED] 8/2/22).

DIRECTED: By 8/15/22: All staff persons who are qualified to administer medications shall be re-educated that resident glucometers shall be set to the current date and time. Documentation of the education shall be kept. LM 8/2/22

Completion Date: 06/16/2022

Document Submission

Implemented

#2 Resident's glucometer was recalibrated and corrected on 6/16/22. The community will ensure all glucometer machines in use at the community will be checked upon admission by the Director of Wellness (during Medication Reconciliation) and annually by a Certified Diabetes coordinator. Ongoing compliance will be ensured through monthly Glucometer audits. The first monthly cart audit occurred on 7/17/22, and reviewed of all resident glucometers and ensured they are set to the current date and time. All Med Techs were provided an in-service training on 7/22/22. Audits will maintained in the Wellness Office and will be reviewed Quarterly at the Safety Committee meeting.

DIRECTED: By 8/15/22: All staff persons who are qualified to administer medications shall be re-educated that resident glucometers shall be set to the current date and time. Documentation of the education shall be kept. [REDACTED] 8/2/22

190a - Completion Medication Course

1. Requirements

2600.

190.a. A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

Description of Violation

Staff person A completed the initial Department-approved medication administration course on 10/4/18; however, has not successfully completed the annual practicums since 10/4/18 in accordance with the Department-approved medication administration course. Staff person A has administered medications to numerous residents, to include the following medications to resident #3:

- The 9:00pm dose of [REDACTED] on [REDACTED]
- The 9:00pm dose of [REDACTED] tablet on [REDACTED]

190a - Completion Medication Course (continued)**Plan of Correction****Directed**

Staff person A successfully completed a new Medication Administration class on 7/12/22. Additionally, the Wellness Director and our Medical Concierge completed the Practicum Observer training on 6/27/22. Ongoing compliance will be maintained by the Wellness Director or Designee by annual Training Binder audits and subsequently reviewed semi-annually during the Best Practice Audit.

DIRECTED: By 8/15/22: A designated staff person shall develop and implement a tracking system for all staff persons who administer medications in accordance with the Department-approved medication administration course. The tracking system shall include each staff person's name, the date each staff person completed the initial medication administration training, as well as the dates of the annual practicums. The tracking system shall be reviewed at least quarterly to ensure all staff persons who administer medications are qualified to do so in accordance with the Department-approved medication administration course. ■ 8/2/22

Completion Date: 07/12/2022

Document Submission**Implemented**

Staff person A successfully completed a new Medication Administration class on 7/12/22. Additionally, the Wellness Director and our Medical Concierge completed the Practicum Observer training on 6/27/22. Ongoing compliance will be maintained by the Wellness Director or Designee by annual Training Binder audits and subsequently reviewed Quarterly during the Best Practice Audit. The Wellness Director and Designee developed the audit tool and in-serviced Med Techs on 7/22/22. The audit tool will be maintained in the Wellness Office and reviewed Quarterly at the Safety Committee Meeting.

DIRECTED: By 8/15/22: A designated staff person shall develop and implement a tracking system for all staff persons who administer medications in accordance with the Department-approved medication administration course. The tracking system shall include each staff person's name, the date each staff person completed the initial medication administration training, as well as the dates of the annual practicums. The tracking system shall be reviewed at least quarterly to ensure all staff persons who administer medications are qualified to do so in accordance with the Department-approved medication administration course. ■ 8/2/22