

Department of Human Services
Bureau of Human Service Licensing

November 28, 2022

[REDACTED]
CORDIA COMMONS AT MEADVILLE LLC
[REDACTED]
[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 08/10/2022, 08/11/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,
[REDACTED]

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: 11/26/2022
Address: 455 CHESTNUT STREET, MEADVILLE, PA 16335
County: CRAWFORD Region: WESTERN

Administrator

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

Legal Entity

Name: CORDIA COMMONS AT MEADVILLE LLC
Address: [REDACTED]
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP Date: 12/27/1994 Issued By: Dept. of Labor & Industry

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 72 Waking Staff: 54

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
Reason: Renewal Exit Conference Date: 08/11/2022

Inspection Dates and Department Representative

08/10/2022 - On-Site: [REDACTED]
08/11/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 90 Residents Served: 61

Secured Dementia Care Unit

In Home: No Area: Capacity: Residents Served:

Hospice

Current Residents: 5

Number of Residents Who:

Receive Supplemental Security Income: 1 Are 60 Years of Age or Older: 61
Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 1
Have Mobility Need: 11 Have Physical Disability: 1

Inspections / Reviews

08/10/2022 - Full

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 09/08/2022

09/16/2022 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/05/2022

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 09/23/2022

09/27/2022 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/05/2022

Reviewer: [REDACTED]

Follow-Up Type: Document Submission

Follow-Up Date: 10/04/2022

11/28/2022 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/05/2022

Reviewer: [REDACTED]

Follow-Up Type: Not Required

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 [redacted]/22, the following poisonous materials were unlocked, unattended and accessible in a cabinet in the beauty salon:

- * Two 4 ounce containers of [redacted] prescribed to resident #2 with a manufacture's label indicating, "If swallowed seek emergency medical treatment as soon as possible or contact Poison Control."
- * A 2.5 ounce tube of [redacted] with a manufacture's label indicating: "If swallowed get medical help or contact Poison Control Center right away."
- * A 2 quart container of [redacted] cleaner with a manufacturers label indicating: "If in eyes, on skin, swallowed call a Poison Control Center or doctor for treatment advice."

Not all the residents of the home, including resident #1, have been assessed capable of recognizing and using poisons safely.

POC Submission

Accept ([redacted] - 09/27/2022)

Maintenance was not notified that the lock was not working. The broken lock was replaced by the Environmental Services Director on 8/10/22, the same day that it was discovered. On 8/16/22, education was given to the beautician by ED regarding regulation 2600.82 and to report any noncompliance issues to the front desk concierge to enter a work order for repair/replacement.

Licensee's Plan Completion Date: 09/19/2022

Implemented ([redacted] - 11/28/2022)

85a - Sanitary Conditions

2. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On [redacted]/22 at [redacted] m, there were multiple approximate 1" smears of an unknown substance on the wall next to resident #3's bed, and there was a layer of dust covering the tv table in the far corner of the room.

On [redacted]/22 at [redacted] am, the underside of the non-slip, clear, plastic bathtub bathmat was coated with a brown substance that appears to be dirt, in the bathroom of bedroom [redacted].

POC Submission

Accept ([redacted] - 09/27/2022)

Resident #3's room was cleaned by housekeeping associate on [redacted]/22, then deep cleaned by housekeeping associate on [redacted]/22. The bathmat in room [redacted] was immediately replaced by Environmental Services Director on [redacted]/22. On [redacted]/22, Environmental Services Director added the task of checking and wiping down walls, cleaning bathmats and hanging to dry to the routine housekeeping task check off list, ESD educated housekeeping associates regarding regulation 2600.85, the updated task check off list and went over tasks for proper completion.

Licensee's Plan Completion Date: 09/19/2022

85a - Sanitary Conditions (continued)

Implemented [REDACTED] - 11/28/2022)

3. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

Resident #4's glucometer was used to measure resident #5's blood glucose level on [REDACTED] 22 at [REDACTED] pm.

POC Submission

Accept [REDACTED] - 09/27/2022)

Executive Director replaced the glucometers for both Res #4 and Res #5 on [REDACTED]/22, same day that error was detected. Those residents, their POA's and their PCP's were notified by the Director of Wellness on 8/10/22. Executive Director initiated daily glucometer result audits on 9/7/22. Effective 9/7/22, Med Tech or designated person to complete daily glucometer result audits. Effective 9/14/22, the Director of Wellness will monitor, on a weekly basis, the ongoing completion of the daily glucometer result audits.

Licensee's Plan Completion Date: 09/19/2022

Implemented [REDACTED] - 11/28/2022)

88a - Surfaces

4. Requirements

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

On [REDACTED] 22, an approximate 3' x 4' area of the ceiling was patched with cardboard and tape in the lower level common women's bathroom.

POC Submission

Accept [REDACTED] - 09/27/2022)

Environmental Services Director repaired the ceiling on 8/11/22 prior to survey exit. Surveyor took a photo of repair. Effective 8/12/22, ESD or designated person will enter all types of physical plant repairs needed into TELS (electronic building management system) with due date for completion. Effective 8/12/22, EDS or designated person will monitor tasks and work orders in the TELS system for completion on a daily ongoing basis Monday- Friday.

Licensee's Plan Completion Date: 09/19/2022

Implemented [REDACTED] - 11/28/2022)

161d - Dietary Needs

5. Requirements

2600.

161.d. A resident's special dietary needs as prescribed by a physician, physician's assistant, certified registered nurse practitioner or dietitian shall be met. Documentation of the resident's special dietary needs shall be kept in the resident's record.

Description of Violation

Resident #3 is prescribed [REDACTED] -Take 1 can by mouth 3 times a day with meals. However, on [REDACTED]/22 during the lunch meal resident #3 was not served the nutritional supplement [REDACTED] because it was not available in the home.

161d - Dietary Needs (continued)

POC Submission

Accept [REDACTED] 09/27/2022)

Disagree with this violation. Supplements were in route for delivery from VA. They had not arrived before lunch meal. On 8/10/22, the Executive Director notified VA that supplements had not yet arrived, then went out to purchase supplements. Res did receive [REDACTED] ordered supplement 3 times that day for breakfast, dinner and evening snack with sandwich. On 8/10/11, Executive Director added a reminder in EMAR starting on 8/15/22 to order supplements to ensure timely delivery. Effective 9/19/22 through 3/31/23, Dining Director or designated person to update Director of Wellness or Executive Director weekly with supplement quantities on hand for residents who receive supplements.

Licensee's Plan Completion Date: 09/19/2022

Implemented ([REDACTED] - 11/28/2022)

227c - Support Plan Revision

6. Requirements

2600.

227.c. The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

Description of Violation

Resident #3's RASP dated [REDACTED] 22 indicates [REDACTED] will self administer [REDACTED] meds for multiple diagnosis. Resident #3 has not been able to self-administer [REDACTED] medications for several years.

POC Submission

Accept [REDACTED] - 09/27/2022)

Section 2 was accurate, but Section 3 was not. On [REDACTED] 22, the Wellness Nurse Manager made the correct revision on the RASP. On [REDACTED] /22, Executive Director completed the RASP check and educated the Wellness Nurse manager and the Director of Wellness that each completed RASP will be double checked, dated and initialed by ED or designated person to ensure clerical accuracy of any changes in care needs with all annual or significant change RASP's completed. Effective 9/7/22, ED or designated person to initial and date RASP after double checking for accuracy through 9/30/23.

Licensee's Plan Completion Date: 09/19/2022

Implemented ([REDACTED] - 11/28/2022)