

Department of Human Services  
Bureau of Human Service Licensing

October 18, 2022

[REDACTED]  
JUNIPER VILLAGE AT LEBANON LLC  
1125 BIRCH ROAD  
LEBANON, PA, 17042

RE: JUNIPER VILLAGE AT LEBANON I  
1125 BIRCH ROAD  
LEBANON, PA, 17042  
LICENSE/COC#: 33005

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/23/2022 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 LEBANON I License #: 33005 License Expiration: 03/14/2023  
Address: 1125 BIRCH ROAD, LEBANON, PA 17042  
County: LEBANON Region: CENTRAL

**Administrator**

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

**Legal Entity**

Name: JUNIPER VILLAGE AT LEBANON LLC  
Address: 1125 BIRCH ROAD, LEBANON, PA, 17042  
Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: C-2 LP Date: 11/12/2018 Issued By: Lebanon Municipality

**Staffing Hours**

Resident Support Staff: 0 Total Daily Staff: 48 Waking Staff: 36

**Inspection Information**

Type: Full Notice: Unannounced BHA Docket #:  
Reason: Renewal Exit Conference Date: 08/23/2022

**Inspection Dates and Department Representative**

08/23/2022 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: 70 Residents Served: 45

**Secured Dementia Care Unit**

In Home: No Area: Capacity: Residents Served:

**Hospice**

Current Residents: 0

**Number of Residents Who:**

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 45  
Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0  
Have Mobility Need: 3 Have Physical Disability: 0

**Inspections / Reviews**

**08/23/2022 - Full**

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

**09/16/2022 - POC Submission**

Inspections / Reviews *(continued)*

Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/23/2022*

09/26/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *10/03/2022*

10/18/2022 - Document Submission

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

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

The carbon monoxide alarms located by the natural gas fireplace in the entrance of the home and by the light switch in the dining area both have batteries dated 10/2019.

Plan of Correction

Accept

- 1. Maintenance staff will receive education on carbon monoxide battery replacement requirements by Executive Director [REDACTED] 9/15/22.
- 2. Carbon monoxide battery replacement added to TELS (maintenance work order electronic system) by 9/10/22 by [REDACTED] EVS Director ensuring that batteries are changed every 6 months on a September and March schedule yearly.
- 3. All Carbon monoxide alarm batteries were changed 9/9/22 by EVS Director [REDACTED] Immediately Carbon Monoxide detector located by the natural gas fireplace in the entrance of the home and by the light switch in the dining area were changed 8/24/22.
- 4. EVS director, [REDACTED] will audit the replacement of batteries for completion in March 2023.

Completion Date: 03/31/2023

Document Submission

Implemented

- 1. Maintenance staff will receive education on carbon monoxide battery replacement requirements by Executive Director [REDACTED] 15/22.
- 2. Carbon monoxide battery replacement added to TELS (maintenance work order electronic system) by 9/10/22 by [REDACTED] EVS Director ensuring that batteries are changed every 6 months on a September and March schedule yearly.
- 3. All Carbon monoxide alarm batteries were changed 9/9/22 by EVS Director [REDACTED] Immediately Carbon Monoxide detector located by the natural gas fireplace in the entrance of the home and by the light switch in the dining area were changed 8/24/22.
- 4. EVS director, [REDACTED] will audit the replacement of batteries for completion in March 2023.

25a - Written Contract and Review

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

Resident 1 admitted [REDACTED] not have a resident-home contract completed coinciding with the [REDACTED] admission date. The contract on record is dated [REDACTED]

Plan of Correction

Accept

- 1. Staff responsible for admission process will receive education by Executive Director [REDACTED] regarding the

**25a - Written Contract and Review (continued)**

requirements for resident-home contract by 9/15/22.

2. ED [REDACTED] will audit 25% of resident admission contracts monthly beginning by 10/1/2022
3. Resident contract will be completed with this resident by 9/14/22 by DSM [REDACTED]

**Completion Date:** 10/01/2022

**Document Submission****Implemented**

1. Staff responsible for admission process will receive education by Executive Director [REDACTED] regarding the requirements for resident-home contract by 9/15/22.
2. ED [REDACTED] will audit 25% of resident admission contracts monthly beginning by 10/1/2022
3. Resident contract will be completed with this resident by 9/14/22 by DSM C [REDACTED]

**63a - First Aid/CPR Training****1. Requirements**

2600.

63.a. At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

**Description of Violation**

On 8/8/22, from 11:00 PM to 3:00 AM, 46 residents were present in the home. During this time no staff persons were present in the home who are certified in CPR and first aid.

On 8/12/22, from 11:00 PM to 3:00 PM, 47 residents were present in the home. During this time no staff persons were present in the home who are certified in CPR and first aid.

On 8/13/22, from 11:00 PM to 7:00 AM, 47 residents were present in the home. During this time no staff persons were present in the home who are certified in CPR and first aid.

On 8/14/22, from 11:00 PM to 6:00 AM, 47 residents were present in the home. During this time no staff persons were present in the home who are certified in CPR and first aid.

On 8/16/22, from 11:00 PM to 7:00 PM, 47 residents were present in the home. During this time no staff persons were present in the home who are certified in CPR and first aid.

On 8/18/22, from 11:00 PM to 7:00 AM, 46 residents were present in the home. During this time no staff persons were present in the home who are certified in CPR and first aid.

On 8/19/22, from 11:00 PM to 3:00 AM, 45 residents were present in the home. During this time no staff persons were present in the home who are certified in CPR and first aid.

**Plan of Correction****Accept**

1. Wellness leadership will receive training regarding CPR and First Aid Requirements by 9/15/22 by Executive Director Erin Garcia.

63a - First Aid/CPR Training (continued)

- 2. All 11pm-7am wellness staff will be CPR and First Aid certified on 9/9/22.
- 3. Medical Concierge [REDACTED] will complete weekly audits of schedule to ensure proper CPR and First Aid staffing ratios until 1/1/2023
- 4. An audit of all staff was completed by Executive Director [REDACTED] on 8/25/22 to identify those in need of CPR and First Aid.
- 5. [REDACTED] scheduled a CPR and First Aid class with first aid and safety on 8/25/22. Class scheduled for 9/9/22

Completion Date: 01/01/2023

Document Submission

Implemented

- 1. Wellness leadership will receive training regarding CPR and First Aid Requirements by 9/15/22 by Executive Director [REDACTED]
- 2. All 11pm-7am wellness staff will be CPR and First Aid certified on 9/9/22.
- 3. Medical Concierge [REDACTED] will complete weekly audits of schedule to ensure proper CPR and First Aid staffing ratios until 1/1/2023
- 4. An audit of all staff was completed by Executive Director [REDACTED] on 8/25/22 to identify those in need of CPR and First Aid.
- 5. [REDACTED] scheduled a CPR and First Aid class with first aid and safety on 8/25/22. Class scheduled for 9/9/22

65a - FS Orientation 1st Day

1. Requirements

2600.

65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

Description of Violation

Staff Member A, hired on [REDACTED], does not have a record of first day of Direct Care Orientation Training and therefore does not indicate training was completed for the topics required by this regulation.

Plan of Correction

Directed

- 1. HR and wellness leadership will receive training on requirements for the first day of Direct care orientation training by 9/15/2022 by Executive Director [REDACTED].
- 2. An audit of wellness staff for required orientation in general fire safety and emergency will be completed by 9/15/2022.
- 3. Staff member A will receive orientation in general fire safety and emergency preparedness by 8/31/2022 by [REDACTED] Scheduler and Trainer. All three staff members recall providing the training on date of hire however the form was not located in the HR file.
- 4. BOM manager will conduct an audit monthly of 25% of staff to ensure that the required orientation in general fire safety and emergency preparedness remains in compliance beginning by 10/1/2022

Completion Date: 10/01/2022

Document Submission

Implemented

- 1. HR and wellness leadership will receive training on requirements for the first day of Direct care orientation

65a - FS Orientation 1st Day (continued)

- training by 9/15/2022 by Executive Director [REDACTED].
2. An audit of wellness staff for required orientation in general fire safety and emergency will be completed by 9/15/2022.
  3. Staff member A will receive orientation in general fire safety and emergency preparedness by 8/31/2022 by [REDACTED] Scheduler and Trainer. All three staff members recall providing the training on date of hire however the form was not located in the HR file.
  4. BOM manager will conduct an audit monthly of 25% of staff to ensure that the required orientation in general fire safety and emergency preparedness remains in compliance beginning by 10/1/2022

65b - Rights/Abuse 40 Hours

1. Requirements

2600.

65.b. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

Description of Violation

Staff Member A, hired on [REDACTED], does not have a training record indicating they completed the Rights/Abuse 40 Hours Training.

Plan of Correction

Accept

1. HR and wellness leadership will receive training by [REDACTED], ED, on requirements for training within first 40 scheduled working hours to include Rights/Abuse training by 9/15/2022.
2. An audit of wellness staff by BOM [REDACTED] for required Rights/Abuse 40 Hours Training will be completed by 10/1/2022.
3. BOM manager, [REDACTED] will conduct an audit monthly of 25% of staff to ensure that the required Rights/Abuse 40 Hours Training remains in compliance beginning by 10/1/2022
4. Staff member A will receive orientation in Staff member A will receive orientation in Rights/Abuse 40 Hours by 8/31/2022 by [REDACTED] Scheduler and Trainer. All three staff members recall providing the training on date of hire however the form was not located in the HR file.

Completion Date: 10/01/2022

Document Submission

Implemented

1. HR and wellness leadership will receive training by [REDACTED] ED, on requirements for training within first 40 scheduled working hours to include Rights/Abuse training by 9/15/2022.
2. An audit of wellness staff by BOM [REDACTED] required Rights/Abuse 40 Hours Training will be completed by 10/1/2022.
3. BOM manager, [REDACTED] will conduct an audit monthly of 25% of staff to ensure that the required Rights/Abuse 40 Hours Training remains in compliance beginning by 10/1/2022
4. Staff member A will receive orientation in Staff member A will receive orientation in Rights/Abuse 40 Hours by 8/31/2022 by [REDACTED], Scheduler and Trainer. All three staff members recall providing the training on date of hire however the form was not located in the HR file.

81b - Resident Personal Equipment

1. Requirements

2600.

81b - Resident Personal Equipment (continued)

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

On 8/23/22 at approximately 9:45 AM, an [redacted] observed installed on the [redacted] of Resident 2's [redacted]. The [redacted] opening was approximately 12 inches wide and 7 inches long and the [redacted] was not securely fastened to the bed. A gap of approximately 3 to 4 inches was observed between the bed and the [redacted] when light pressure was applied to the [redacted]. The [redacted] poses a potential limb or head entrapment risk.

On 8/23/22 at approximately 9:45 AM, an [redacted] was observed installed on the [redacted] of Resident 3's bed. The [redacted] r opening was approximately 12 inches wide and 7 inches long and the [redacted] was not securely fastened to the bed. A gap of approximately 3 to 4 inches was observed between the bed and the [redacted] when light pressure was applied to the [redacted]. The [redacted] poses a potential limb or head entrapment risk.

Plan of Correction

Accept

1. All staff will receive education by ED [redacted] on the requirements for [redacted] in relation to coverings by 9/30/2022.
2. All enabler bars were covered by 8/24/2022 by Med Tech [redacted].
3. DOW [redacted] will perform a monthly audit to review compliance with covering of [redacted] starting no later than 10/1/2022.

Completion Date: 10/01/2022

Document Submission

Implemented

1. All staff will receive education by ED [redacted] on the requirements for [redacted] in relation to coverings by 9/30/2022.
2. All enabler bars were covered by 8/24/2022 by Med Tech [redacted].
3. DOW [redacted] will perform a monthly audit to review compliance with covering of [redacted] starting no later than 10/1/2022.

85a - Sanitary Conditions

1. Requirements

2600.  
85.a. Sanitary conditions shall be maintained.

Description of Violation

On [redacted] the [redacted] for Resident 1 was observed stained with a small drop of blood located on the face, on the right-hand side of the screen just above the [redacted]

Plan of Correction

Accept

1. Medication technicians and LPN's will receive education regarding sanitation and infection control practices by ED [redacted] involving glucometers by 9/30/2022.
2. Employee [redacted] Med Tech counseled 8/23/22 involving the glucometer by DOW [redacted]
3. [redacted] was cleaned and sanitized 8/23/2022 by DOW [redacted]
4. DOW [redacted] audited [redacted] 8/24/22 to ensure compliance with sanitation practices.
5. DOW will conduct monthly audits of glucometers to ensure sanitary and infection control practices are maintained beginning no later than 10/1/2022.

Completion Date: 10/01/2022

85a - Sanitary Conditions (continued)

**Document Submission**

**Implemented**

1. Medication technicians and LPN's will receive education regarding sanitation and infection control practices by ED [redacted] involving [redacted] by 9/30/2022.
2. Employee [redacted] Med Tech counseled 8/23/22 involving the [redacted] by DOW [redacted]
3. [redacted] was cleaned and sanitized 8/23/2022 by DOW [redacted]
4. DOW [redacted] audited g [redacted] s 8/24/22 to ensure compliance with sanitation practices.
5. DOW will conduct monthly audits [redacted] to ensure sanitary and infection control practices are maintained beginning no later than 10/1/2022.

100a - Exterior - Free of Hazards

1. Requirements

2600.

100.a. The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

**Description of Violation**

On 8/23/22, the west emergency exit of the building was reviewed, green moss and wet leaves were observed covering half of the wooden ramp outside of the exit. The mossy areas were slippery and present a possible hazard.

**Plan of Correction**

**Accept**

1. Maintenance staff will receive education by EVS Director [redacted] regarding keeping the exterior building and building grounds in good repair and free of hazards by 9/15/2022.
2. EVS Director [redacted] will ensure the west emergency ramp will be power washed and removed of green moss and wet leaves by 9/10/2022.
3. Non skid material will be placed on the west wing ramp by [redacted] maintenance employee to reduce slipping hazard by 9/10/22.
4. Maintenance Director, [redacted] will perform monthly audits to ensure compliance of exterior building and building grounds remain within good repair and free of hazards beginning no later than 10/1/2022. These results will be reviewed at monthly team Safety meeting.

**Completion Date:** 10/01/2022

**Document Submission**

**Implemented**

1. Maintenance staff will receive education by EVS Director [redacted] keeping the exterior building and building grounds in good repair and free of hazards by 9/15/2022.
2. EVS Director [redacted] will ensure the west emergency ramp will be power washed and removed of green moss and wet leaves by 9/10/2022.
3. Non skid material will be placed on the west wing ramp by [redacted] maintenance employee to reduce slipping hazard by 9/10/22.
4. Maintenance Director, [redacted] will perform monthly audits to ensure compliance of exterior building and building grounds remain within good repair and free of hazards beginning no later than 10/1/2022. These results will be reviewed at monthly team Safety meeting.

181f - Record of Medication

1. Requirements

2600.

181f - Record of Medication (continued)

181.f. The resident's record shall include a current list of prescription, CAM and OTC medications for each resident who is self-administering his medication.

Description of Violation

On [redacted] Resident 4's MAR included [redacted]. However, the medication was not found in residents room

On [redacted] Resident 4's MAR Included [redacted] found in the residents room

Plan of Correction

Accept

1. Medications removed from resident room 8/24/22 by DOW [redacted]
2. Resident was counseled by Med Tech [redacted] and POA by [redacted] ED that [redacted] was determined by the home to no longer be able to [redacted]
3. Wellness staff will be educated by ED [redacted] in regards to the requirement for the resident record to include a current list of prescription for those self medicating and evaluation for appropriateness of residents to self medicate by 9/30/22.
4. DOW [redacted] educated staff [redacted] 8/24/22 via phone in regards to the medications not being on the MAR.
5. DOW [redacted] will audit all MAR's of Self medicating residents monthly for compliance. Audits will begin by 10/1/22
6. [redacted] order was made PRN and resident had [redacted]. [redacted] was not continued by PCP as resident did not want to continue [redacted]

Completion Date: 10/01/2022

Document Submission

Implemented

1. Medications removed from resident room 8/24/22 by DOW [redacted]
2. Resident was counseled by Med Tech [redacted] and POA by [redacted] ED [redacted] was determined by the home to no longer be able to [redacted]. 8/24/22
3. Wellness staff will be educated by ED [redacted] in regards to the requirement for the resident record to include a current list of prescription for those self medicating and evaluation for appropriateness of residents to self medicate by 9/30/22.
4. DOW [redacted] educated staff [redacted] 8/24/22 via phone in regards to the medications not being on the MAR.
5. DOW [redacted] will audit all MAR's of Self medicating residents monthly for compliance. Audits will begin by 10/1/22
6. [redacted] order was made PRN and resident [redacted]. [redacted] was not continued by PCP as resident did not want to continue [redacted]

184b - Resident's Meds Labeled

1. Requirements

2600.  
184.b. If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

Description of Violation

On [redacted], [redacted] were found in medication

**184b - Resident's Meds Labeled (continued)**

cart but were not labeled with name of the resident in which they belong to.

**Plan of Correction****Accept**

- 1.. Wellness staff will be educated by ED [REDACTED] regards to OTC medications and CAM to be identified with the resident name by 9/30/22.
2. DOW [REDACTED] educated staff [REDACTED] 8/24/22 via phone in regards to the medications not being on the MAR.
3. DOW [REDACTED] will audit medication carts monthly to review for all medications being labeled appropriately beginning no later than 10/1/2022.
4. Audit of medication cart completed by DOW [REDACTED] and ED [REDACTED] 8/24/2022 and found no medications that were not properly labeled.

**Completion Date:** 10/01/2022

**Document Submission****Implemented**

- 1.. Wellness staff will be educated by ED [REDACTED] in regards to OTC medications and CAM to be identified with the resident name by 9/30/22.
2. [REDACTED] educated staff [REDACTED] 8/24/22 via phone in regards to the medications not being on the MAR.
3. DOW [REDACTED] will audit medication carts monthly to review for all medications being labeled appropriately beginning no later than 10/1/2022.
4. Audit of medication cart completed by DOW [REDACTED] and ED [REDACTED] 8/24/2022 and found no medications that were not properly labeled.

**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**

On [REDACTED] Resident 1's MAR was reviewed showing check [REDACTED] [REDACTED] time a [REDACTED] Resident 1's [REDACTED] were observed showing dates and times which did not match the MAR for the dates of [REDACTED]. The [REDACTED] was not found to be calibrated to the correct date and time overall.

On [REDACTED] Resident 5's MAR was reviewed showing Check [REDACTED] [REDACTED] were observed showing dates and times which did not match the MAR for the period of [REDACTED]. The [REDACTED] was not found to be calibrated to the correct date and time overall.

**Plan of Correction****Accept**

1. All medication technician and nursing staff will receive training by DOW [REDACTED] by 9/30/22 on calibrating the [REDACTED] to the correct date and time.
2. All [REDACTED] calibrated by DOW [REDACTED] 8/24/22.
3. Employee [REDACTED] counseled via phone in regards to glucometer not being calibrated appropriately 8/24/22.

**185a - Implement Storage Procedures (continued)**

4. DOW [REDACTED] will complete monthly audit of calibration of [REDACTED] and review [REDACTED] for appropriate documentation beginning by 10/1/22.

**Completion Date:** 10/01/2022

**Document Submission****Implemented**

1. All medication technician and nursing staff will receive training by DOW [REDACTED] by 9/30/22 on calibrating the [REDACTED] r to the correct date and time.
2. All [REDACTED] by DOW Bonnie Fulk 8/24/22.
3. Employee [REDACTED] counseled via phone in regards to [REDACTED] not being calibrated appropriately 8/24/22.
4. DOW [REDACTED] will complete monthly audit of calibration of [REDACTED] and review [REDACTED] for appropriate documentation beginning by 10/1/22.

**224a - Preadmission Screen Form****1. Requirements**

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

**Description of Violation**

Resident 1's preadmission screening form, was not found in resident's record coinciding with date of admission [REDACTED] therefore, a determination was not made that the needs of the resident can be met by the services provided by the home.

**Plan of Correction****Accept**

1. Staff responsible for admission process will receive education by ED [REDACTED] regarding the requirements for Pre-Admission screen by 10/1/22.
2. ED [REDACTED] will audit 25% of resident Pre-Admission screens monthly beginning by 10/1/2022
3. Pre-Admission screen with resident will be completed by 9/14/22 by ED [REDACTED] or [REDACTED] DSM.

**Completion Date:** 10/01/2022

**Document Submission****Implemented**

1. Staff responsible for admission process will receive education by ED [REDACTED] regarding the requirements for Pre-Admission screen by 10/1/22.
2. ED [REDACTED] will audit 25% of resident Pre-Admission screens monthly beginning by 10/1/2022
3. Pre-Admission screen with resident will be completed by 9/14/22 by [REDACTED]

**227a - Support Plan 30 Days****1. Requirements**

2600.

227.a. A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

**Description of Violation**

Resident 1 was admitted [REDACTED] however, the resident's initial support plan was not completed.

**Plan of Correction****Directed**

1. Staff responsible for admission process will receive education by [REDACTED] ED regarding the requirements for support plan by 9/15/22.
2. ED [REDACTED] will audit 25% of resident Support plans monthly beginning by 10/1/2022

227a - Support Plan 30 Days (continued)

3. Support plan will be completed by 10/1/22 by DOW [REDACTED]

Completion Date: 10/01/2022

Document Submission

*Implemented*

1. Staff responsible for admission process will receive education by [REDACTED] ED regarding the requirements for support plan by 9/15/22.
2. ED [REDACTED] audit 25% of resident Support plans monthly beginning by 10/1/2022
3. Support plan will be completed by 10/1/22 by DOW [REDACTED]