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 II
101 HEARTHSTONE LANE
LEBANON, PA, 17042
LICENSE/COC#: 33006

Dear [redacted]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/24/2022 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 II* **License #:** *33006* **License Expiration:** *03/14/2023*

Address: *101 HEARTHSTONE LANE, 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:** *04/02/2002* **Issued By:** *Department of Labor & Industry*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff:** *20* **Waking Staff:** *15*

Inspection Information

Type: *Full* **Notice:** *Unannounced* **BHA Docket #:**

Reason: *Renewal* **Exit Conference Date:** *08/24/2022*

Inspection Dates and Department Representative

08/24/2022 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *25* **Residents Served:** *19*

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:** *18*

Diagnosed with Mental Illness: *0* **Diagnosed with Intellectual Disability:** *0*

Have Mobility Need: *1* **Have Physical Disability:** *0*

Inspections / Reviews

08/24/2022 - Full

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

Inspections / Reviews *(continued)*

09/16/2022 - POC Submission

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 influenza awareness poster was not publicly posted.

Plan of Correction ***Accept***

1. [redacted] Executive Director place Influenza poster in a locked glass display case 9/1/22 so it can not be removed.
2. Influenza poster reviewed at Resident council on 9/1/22 by [redacted] Executive Director to educate residents who may not have seen it.
3. Executive Director, [redacted] will audit that influenza poster is posted monthly until 1/1/23 by 10/1/22
Completion Date: *01/01/2023*

Document Submission ***Implemented***

1. [redacted] Executive Director place Influenza poster in a locked glass display case 9/1/22 so it can not be removed.
2. Influenza poster reviewed at Resident council on 9/1/22 by [redacted] Executive Director to educate residents who may not have seen it.
3. Executive Director, [redacted] will audit that influenza poster is posted monthly until 1/1/23 by 10/1/22

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 8/19/22, from 11:00 PM to 7:00 AM, 18 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. [redacted] Executive Director, provided for nursing leadership and scheduler on 9/7/22.
2. All 11-7 staff were CPR and First Aid Trained on 9/9/22
3. Medical concierge, [redacted] and scheduler [redacted] will audit staffing schedule weekly until 1/1/23 to ensure adequate CPR staff are on the schedule.
4. An audit of all staff was completed by Executive [redacted] on 8/25/22 to identify those in need of CPR First Aid.
5. [redacted] scheduled a CPR with First Aid and Safety on 8/25/22. Class scheduled for 9/9/22.

Completion Date: *01/01/2023*

63a - First Aid/CPR Training *(continued)*

Document Submission ***Implemented***

1. [redacted] Executive Director, provided for nursing leadership and scheduler on 9/7/22.
2. All 11-7 staff were CPR and First Aid Trained on 9/9/22
3. Medical concierge, [redacted] and scheduler [redacted] will audit staffing schedule weekly until 1/1/23 to ensure adequate CPR staff are on the schedule.
4. An audit of all staff was completed by Executive Director [redacted] on 8/25/22 to identify those in need of CPR First Aid.
5. [redacted] scheduled a CPR with First Aid and Safety on 8/25/22. Class scheduled for 9/9/22.

65d - Initial Direct Care Training

1. Requirements

2600.
65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:
3. Initial direct care staff person training to include the following:

Description of Violation

Staff Member A, hired on [redacted] does not have a record of Initial Direct Care Training Certificate, or a current CNA certification.

Plan of Correction ***Accept***

1. Initial direct care training provided for Staff member A, [redacted] medication technician via approved training website on 8/24/22.
2. Education provided for nursing leadership and HR by Executive Director [redacted] regards to process to complete prior to start of employment specifically in relation to Direct care staff training on 9/7/22
3. BOM, [redacted] will complete an audit monthly to ensure compliance with Direct caregiver training beginning 10/1/22 of all new hires.
4. Audit of all wellness staff for Direct Caregiving training was completed by Executive Director [redacted] on 9/7/22.

Completion Date: *10/01/2022*

Document Submission ***Implemented***

1. Initial direct care training provided for Staff member A, [redacted] medication technician via approved training website on 8/24/22.
2. Education provided for nursing leadership and HR by Executive Director [redacted] in regards to process to complete prior to start of employment specifically in relation to Direct care staff training on 9/7/22
3. BOM, [redacted] will complete an audit monthly to ensure compliance with Direct caregiver training beginning 10/1/22 of all new hires.
4. Audit of all wellness staff for Direct Caregiving training was completed by Executive Director [redacted] on 9/7/22.

181f - Record of Medication

1. Requirements

2600.
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.

181f - Record of Medication *(continued)*

Description of Violation

On 8/24/22 Resident 1's medication administration record (MAR) Included [redacted] Apply to affected area topically as needed for [redacted] unsupervised self-administration twice a day. However, medication was not available in the home.

On 8/24/22 Resident 1's MAR Included [redacted] unsupervised self-administration daily. However, medication was not available in the home.

On 8/24/22 at approximately 12:01pm Resident 1 who self-administers, had the following medications in the room, however these medications were not listed on Resident 1's MAR:

[redacted]

Plan of Correction ***Accept***

1. Medications removed from resident room by DOW [redacted] 24/22.
2. Resident was counseled by DOW [redacted] and POA by Executive Director [redacted] determined by the home to no longer be able to [redacted]. 8/24/22
3. Wellness staff will be educated by Executive Director [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 member [redacted] /24/22 via phone in regards to the medications not being on the MAR.
5. DOW [redacted] audit all MAR's of Self medicating residents monthly for compliance. Audits will begin by 10/1/22
6. Medication listed as not having orders - orders were received 8/26/22 by PCP orders were requested on 8/25/22 by DOW [redacted].
7. [redacted] s were obtained 8/24/[redacted] provides medications and was brought to the community.

Completion Date: *10/01/2022*

Document Submission ***Implemented***

1. Medications removed from resident room by DOW [redacted] 8/24/22.
2. Resident was counseled by DOW [redacted] and POA by Executive Director that [redacted] determined by the home to no longer be able [redacted] /24/22
3. Wellness staff will be educated by Executive Director [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.

181f - Record of Medication (continued)

4. DOW [redacted] educated staff member [redacted] 8/24/22 via phone in regards to the medications not being on the MAR.
5. DOW [redacted] audit all MAR's of Self medicating residents monthly for compliance. Audits will begin by 10/1/22
6. Medication listed as not having orders - orders were received 8/26/22 by PCP orders were requested on 8/25/22 by DOW [redacted]
7. [redacted] were obtained 8/24/22. [redacted] provides medications and was brought to the community.

183f - Discontinued Medications

1. Requirements

2600.
183.f. Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

Description of Violation

[redacted] *medications were reviewed for Resident 1 who self-administers. A tube of [redacted] was observed in resident 1's bedroom which showed an expiration date of [redacted]*

Plan of Correction ***Accept***

1. Expired medication was removed from resident room and destroyed 8/24/22 by DOW [redacted]. [redacted] that was not expired was obtained 8/24/22.
2. Resident was counseled by DOW [redacted] and POA by Executive Director [redacted] [redacted] was determined by the home to no longer be able to [redacted]. 8/24/22
3. Wellness staff will be educated by Executive [redacted] in regards to handling of expired medications and evaluation for appropriateness of residents to self medicate by 9/30/22.
4. Staff member [redacted] counseled via phone by DOW [redacted] of expired medication regulation 8/24/22.
5. DOW [redacted] will audit monthly all medications for those residents self medicating starting by 10/1/22.
Completion Date: *10/01/2022*

Document Submission ***Implemented***

1. Expired medication was removed from resident room and destroyed 8/24/22 by DOW [redacted]. [redacted] that was not expired was obtained 8/24/22.
2. Resident was counseled by DOW [redacted] POA by Executive Director [redacted] was determined by the home to no longer be able [redacted]. 8/24/22
3. Wellness staff will be educated by Executive Director [redacted] in regards to handling of expired medications and evaluation for appropriateness of residents to self medicate by 9/30/22.
4. Staff member [redacted] via phone by DOW [redacted] expired medication regulation 8/24/22.
5. [redacted] will audit monthly all medications for those residents self medicating starting by 10/1/22.

185a - Implement Storage Procedures

1. Requirements

2600.

185a - Implement Storage Procedures *(continued)*

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 [redacted] were observed showing dates and times which did not match the MAR for the period [redacted] The [redacted]r was not found to be calibrated to the correct date and time.

Plan of Correction ***Accept***

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