

Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY - PUBLIC

December 16, 2022

[REDACTED]
JUNIPER VILLAGE AT STATE COLLEGE OPERATIONS III LLC
[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 11/02/2022, 11/03/2022, 11/04/2022 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]
Human Services Licensing Supervisor

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: JUNIPER VILLAGE AT BROOKLINE SENIOR LIVING **License #:** 23131 **License Expiration:** 11/03/2022

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 County Code

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 81 **Waking Staff:** 61

Inspection Information

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

Reason: Renewal **Exit Conference Date:** 11/04/2022

Inspection Dates and Department Representative

11/02/2022 On Site [REDACTED]

11/03/2022 On Site [REDACTED]

11/04/2022 On Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 174 **Residents Served:** 81

Secured Dementia Care Unit

In Home: No **Area:** **Capacity:** **Residents Served:**

Hospice

Current Residents: 3

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 81

Diagnosed with Mental Illness: 1 **Diagnosed with Intellectual Disability:** 0

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

Inspections / Reviews

11/02/2022 - Full

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 11/26/2022

Inspections / Reviews *(continued)*

12/08/2022 - POC Submission

Submitted By: [REDACTED] Date Submitted: 12/15/2022

Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 12/15/2022

12/16/2022 - Document Submission

Submitted By: [REDACTED] Date Submitted: 12/15/2022

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

91 - Telephone Numbers

1. Requirements

2600.

91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

Description of Violation

The telephone numbers required by this regulation were not posted by the phones located in room [REDACTED]

Plan of Correction

Accept [REDACTED] - 12/08/2022

ED provided education to Environmental and Housekeeping Team during monthly meeting and reviewed Regulation 91. All staff educated to look for telephone numbers which is placed on "hot pink" paper, placed in frames permanently posted by call box in resident room. All frames mounted to wall by 11/24/22.

Housekeeping Supervisor to monitor for on going compliance we weekly walking round spot checks. ED to monitor audit sheets.

Licensee's Proposed Overall Completion Date: 11/26/2022

Implemented [REDACTED] - 12/16/2022

101j7 - Lighting/Operable Lamp

2. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

Resident in room [REDACTED] did not have an operable lamp or other source of lighting that could be turned on at bedside.

Plan of Correction

Accept [REDACTED] - 12/08/2022

ED provided education to Environmental and Housekeeping Team during monthly meeting and reviewed Regulation 101j7. All staff educated to ensure there is a lamp/push light next to resident bed that can be turned on. All team members educated to check light source to ensure that it is operating.

Housekeeping Supervisor to monitor for on going compliance we weekly walking round spot checks. ED to monitor audit sheets.

Licensee's Proposed Overall Completion Date: 11/26/2022

Implemented [REDACTED] - 12/16/2022

103i - Outdated Food

3. Requirements

2600.

103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

Located in the can storage rack in the kitchen was a #10 can of Bush's Baked beans with a large dent. In the first-floor dining room freezer was a bad of PF Chang's Beef and Broccoli with an expiration date of 8/2022 and 2 bags of frozen cranberries with no date indicating when they there received.

Plan of Correction

Accept [REDACTED] - 12/08/2022

ED provided education to Dining Team/Connection Team during monthly meeting and reviewed Regulation 103i.

103i - Outdated Food (continued)

All staff educated to exam food for dents and expiration dates.

Dining Manager and Connection Director will monitor for on going compliance we weekly walking round spot checks for all areas we keep food stored.

ED to monitor audit sheets.

Licensee's Proposed Overall Completion Date: 11/26/2022

Implemented (██████) 12/16/2022)

123a E it Doors**4. Requirements**

2600.

123.a. E it doors must be equipped so that they can be easily opened by residents from the inside without the use of a key or other manual device that can be removed, misplaced or lost.

Description of Violation

The exit door located at the end of the C hallway, in the Pines, would not open without an excessive amount of force used, preventing immediate egress in the event of an emergency.

Plan of Correction

Accept (██████) 12/08/2022)

This violation was corrected immediately..

ED provided education to Environmental and Housekeeping during monthly meeting and reviewed Regulation 123a.

All staff educated to open all doors when cleaning location. If door is not easily opened, associates are to immediately contact the Environmental Service team.

Housekeeping Supervisor to monitor for on going compliance we weekly walking round spot checks.

ED to monitor audit sheets.

Licensee's Proposed Overall Completion Date: 11/26/2022

Implemented (██████) - 12/16/2022)

132g - Fire Drills Days/Times**5. Requirements**

2600.

132.g. Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

Description of Violation

A review of the home's fire drill log from 12/21 to 10/22 indicates that the fire drills are routinely being conducted between the 23rd and 31st of the month.

Plan of Correction

Accept (██████) 12/08/2022)

ED provided education to Environmental team during monthly meeting and reviewed Regulation 132.g. We reviewed staggering the fire drills throughout the month during different shifts/time of day.

ED to monitor fire drill sheets.

Licensee's Proposed Overall Completion Date: 11/26/2022

Implemented (██████) - 12/16/2022)

141b1 - Annual Medical Evaluation

6. Requirements

2600.

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

Description of Violation

Resident #1's most recent medical evaluation was completed on [REDACTED]/22. The resident's previous medical evaluation was completed on [REDACTED]/21. Resident 2's most recent medical evaluation was completed on [REDACTED]/22. The resident's previous medical evaluation was completed on [REDACTED] 20. There was not a record of an evaluation for Resident #2 in 2021.

Plan of Correction

Accepted ([REDACTED] - 12/08/2022)

DOW completed audit of all medical evaluations for compliance. Education completed at Monthly wellness meeting regarding regulations for medical evaluations. DOW created an audit tool to keep annual DME in compliance. Moving forward all DME will be provided to DOW for review of completion and filing.

ED to continue to monitor for ongoing compliance.

Licensee's Proposed Overall Completion Date: 11/26/2022

Implemented ([REDACTED] - 12/16/2022)

184b - Labeling OTC/CAM

7. 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

Resident #4 Medication Administration Record indicates resident #4 takes [REDACTED].52gm take 1 capsule by mouth once a day. However, the medication bottle indicates the capsules are .4gms.

Resident #5 is prescribed [REDACTED] 1 packets mixed with 8 oz of water 1 time per day. However, the resident does not have [REDACTED] packets in the med cart. Instead, Resident had a bottle of [REDACTED] with the label indicating mix 17g with 8 oz of water.

Resident #10, Medication Administration Record indicates that the resident takes [REDACTED] 5mg, give 1/2 tablet one time a day. The medication bottle states 2.5mg take 1 tablet one time a day.

Plan of Correction

Accepted ([REDACTED] - 12/08/2022)

Medication orders immediately corrected. Education completed during monthly wellness meeting. All wellness associates: LPN/MED TECH assigned Juniper University course Medication Administration: Avoiding Common Errors, due 12/05/22 for compliance. Night shift to complete night MAR to CART audit, will send results to DOW for monitoring compliance.

ED to continue for ongoing compliance.

Licensee's Proposed Overall Completion Date: 11/26/2022

Implemented ([REDACTED] 12/16/2022)

185a - Implement Storage Procedures

8. 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 #3's glucometer was not calibrated to the correct hour. The home did not properly maintain the Medication Administration Record (MAR) of the indicated resident due to staff incorrectly transcribing of the blood glucose test results in the individual glucometer. Resident #3 - At 4:30pm on 10/29/22, the glucometer reading was [REDACTED] and the Medical Administration Record, MAR, was incorrectly transcribed as [REDACTED]. Resident #6 is prescribed [REDACTED] 325mg and [REDACTED] one time per day. On 11/4/22, these medications were not on hand.

Plan of Correction

Accept ([REDACTED] - 12/08/2022)

DOW reviewed 185a with Wellness Team during monthly education meeting. Blood glucose monitors audited for calibration. 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.

Licensee's Proposed Overall Completion Date: 11/26/2022

Implemented ([REDACTED] - 12/16/2022)

227d - Support Plan Medical/Dental

9. 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

Resident #7's DME, dated [REDACTED]/22, indicated that resident is [REDACTED], [REDACTED], and uses assistive devices (wheelchair and walker) for ambulation. Assessment and support plan, dated [REDACTED] 22 indicates the resident ambulates independently without any assistive devices.

Plan of Correction

Accept ([REDACTED] - 12/08/2022)

Resident #7 RASP updated immediately. Education provided to all Wellness team at Monthly meeting for review of RASP requirements. Audit of RASPs completed to verify all residents services are correctly indicated in plan of care. DOW to complete review of all RASP prior to completion. ED will audit for compliance.

Licensee's Proposed Overall Completion Date: 11/26/2022

Implemented ([REDACTED] 12/16/2022)

227g -Support Plan Signatures

10. Requirements

2600.

227g -Support Plan Signatures (continued)

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident #8's assessment and support plan, dated [REDACTED]/22, was not signed by the resident or a mark indicating that the resident refused/declined.

Plan of Correction

Accept (MM - 12/08/2022)

Resident #8 RASP signature updated immediately. Education provided to all Wellness team at Monthly meeting for review of RASP requirements. Audit of RASPs completed to verify that residents signed, date, or mark as refusal/declined.

DOW to complete review for resident signatures.

ED will audit for compliance.

Licensee's Proposed Overall Completion Date: 11/26/2022

Implemented ([REDACTED] - 12/16/2022)

252 - Record Content

11. Requirements

2600.

252. Content of Resident Records - Each resident's record must include the following information:

- 3. A photograph of the resident that is no more than 2 years old.

Description of Violation

Resident #9 picture on file was dated [REDACTED]/20.

Plan of Correction

Accept ([REDACTED] - 12/08/2022)

Resident #9 picture taken immediately and uploaded to resident profile.

All resident photos taken annually moving forward.

Audit tool created to ensure compliance.

ED will audit for compliance.

Licensee's Proposed Overall Completion Date: 11/26/2022

Implemented ([REDACTED] - 12/16/2022)