

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

March 17, 2023

[REDACTED], ADMINISTRATOR
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 02/01/2023 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

Facility Information

Name: JUNIPER VILLAGE AT BROOKLINE - SENIOR LIVING **License #:** 23131 **License Expiration:** 11/03/2023

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

Phone: [REDACTED] **Email:** [REDACTED]

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 76 **Waking Staff:** 57

Inspection Information

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

Reason: Complaint **Exit Conference Date:** 02/01/2023

Inspection Dates and Department Representative

02/01/2023 - On-Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 174 **Residents Served:** 76

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:** 76

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

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

Inspections / Reviews

02/01/2023 Partial

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 03/10/2023

03/09/2023 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 03/16/2023

Reviewer: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 03/15/2023

Inspections / Reviews *(continued)*

03/13/2023 POC Submission

Submitted By: [REDACTED] Date Submitted: 03/16/2023

Reviewer: [REDACTED] Follow Up Type: Document Submission Follow Up Date: 03/17/2023

03/17/2023 Document Submission

Submitted By: [REDACTED] Date Submitted: 03/16/2023

Reviewer: [REDACTED] Follow Up Type: Not Required

184a - Resident's Meds Labeled

1. Requirements

2600.

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

Description of Violation

Resident #1 is prescribed [REDACTED], one order to administer 1x scoop in liquid every 2 days and a second order to administer 1x scoop in liquid every 24 hours PRN. The medication was only labeled with the order to administer 1x scoop in liquid every 2 days.

Plan of Correction

Accept [REDACTED] - 03/13/2023)

Education completed during monthly wellness meeting (between dates 2/14/23-2/17/23). See attachment. All associates: LPN/Med Tech educated on Medication Administration, and regulation 184a. Night Shift to complete MAR to CART (2/18/23) audit to verify labels and compliance. DOW will monitor for compliance. DOW started reviews audits 2/20/23

ED started review for on going compliance 2/28/23

Licensee's Proposed Overall Completion Date: 03/10/2023

Implemented [REDACTED] - 03/17/2023)

184b - Labeling OTC/CAM

2. 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 #1 has an over-the-counter [REDACTED] eye drop .5% that was not labeled with the resident's name. It was labeled with the resident's room number only.

Plan of Correction

Accept [REDACTED] - 03/13/2023)

Medication orders immediately corrected (2/1/23). Education completed during monthly wellness meeting between dates 2/14/23-2/17/23. See attachment. All associates: LPN/Med Tech educated on Medication Administration, and regulation 184b. Night Shift to complete MAR to CART audit.(2/18/23) Once audit is completed, DOW will monitor for compliance 2/20/23.

ED will review for on going compliance. (2/28/23)

Licensee's Proposed Overall Completion Date: 03/10/2023

Implemented [REDACTED] - 03/17/2023)

185a - Implement Storage Procedures

3. 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 #1 is prescribed [REDACTED]. This medication was not available in the home.

Plan of Correction

Accept [REDACTED] - 03/13/2023)

DOW reviewed regulation 185a with Wellness Team during monthly education meeting (2/14/23-2/17/23 see sign

185a Implement Storage Procedures (continued)

in attached). Night Shift to complete MAR to CART audit to verify all medication is available in house. Once audit is completed, DOW will monitor for compliance 2/20/23.

ED will review for on going compliance. (2/28/23)

Licensee's Proposed Overall Completion Date: 03/10/2023

Implemented [REDACTED] - 03/17/2023)

187a - Medication Record

4. Requirements

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

Description of Violation

Resident #1 is prescribed [REDACTED] with 2 orders, one order to administer [REDACTED] tabs once daily, and a second order to administer [REDACTED] tab twice daily. The home has been administering [REDACTED] tabs to fulfill the [REDACTED] once daily order as they do not have a [REDACTED] dose of the medication.

Resident #2 is prescribed [REDACTED]. It was determined that this medication was not administered on [REDACTED] at [REDACTED]. However, Resident #2's medication administration record was signed to indicate that this medication was administered at the aforementioned date and time.

Plan of Correction

Accept [REDACTED] - 03/13/2023)

Medication corrected [REDACTED]. Education on Regulation 187a was provided during monthly wellness meeting to all wellness associates (2/14/23 2/17/23). Night shift to complete MAR to CART audit. DOW for monitoring compliance 2/20/23

ED to continue to monitor for ongoing compliance. (2/28/23)

Licensee's Proposed Overall Completion Date: 03/10/2023

Implemented [REDACTED] - 03/17/2023)

187d - Follow Prescriber's Orders

5. Requirements

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #1 is prescribed [REDACTED] once daily at [REDACTED] and [REDACTED] every 6 hours PRN. Resident #1 was incorrectly administered [REDACTED] as a PRN dose [REDACTED] at [REDACTED]

Resident #1 is prescribed [REDACTED] 1x daily. The medication was not found in the home. Per the medication administration record, Resident #1 did not receive this medication on [REDACTED] through [REDACTED]; [REDACTED] through [REDACTED], and [REDACTED] through [REDACTED]

Resident #2 is prescribed [REDACTED]. It was determined that this medication was not administered on [REDACTED] at [REDACTED]

187d Follow Prescriber's Orders (continued)

Plan of Correction

Accept (█) - 03/13/2023)

Medication arrived 2/1/23.

Education on Regulation 187d was provided by DOW during monthly wellness meeting to all wellness associates. (2/14/23 2/17/23 see sign in sheet attached.)

Night shift to complete MAR to CART audit. DOW started monitoring compliance 2/20/23

ED to continue to monitor for ongoing compliance. (2/28/23)

Licensee's Proposed Overall Completion Date: 03/10/2023

Implemented (█) - 03/17/2023)

227d - Support Plan Medical/Dental

6. 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 #2 was sent to the hospital on █ and admitted for a right █ fracture. Resident #2 returned to the facility on █ as non weight bearing and the need to pivot on left lower extremities for transfers. Resident #2's assessment and support plan, dated █, was not updated with these changes until █.

Plan of Correction

Accept (█) - 03/13/2023)

Education provided to all Wellness Team by DOW during monthly meeting to review RASP requirements 2/14/23 2/17/23 (sign in sheet attached). Audit of RASP and addendums to verify all resident services are correctly indicted in plan of care. DOW to complete review of all RASP prior to completion and status change 2/20/23

ED will audit for compliance. 2/28/23

Licensee's Proposed Overall Completion Date: 03/10/2023

Implemented (█) - 03/17/2023)