

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

June 15, 2023

[REDACTED], EXECUTIVE DIRECTOR
JUNIPER VILLAGE AT BENSLEM OPERATIONS LLC
[REDACTED]

RE: JUNIPER VILLAGE AT BUCKS
COUNTY SENIOR LIVING
3200 BENSLEM BOULEVARD
BENSLEM, PA, 19020
LICENSE/COC#: 14246

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/29/2023 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 BUCKS COUNTY SENIOR LIVING License #: 14246 License Expiration: 11/30/2023
 Address: 3200 BENSLEM BOULEVARD, BENSLEM, PA 19020
 County: BUCKS Region: SOUTHEAST

Administrator

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

Legal Entity

Name: JUNIPER VILLAGE AT BENSLEM OPERATIONS LLC
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: C 2 LP Date: 04/28/1993 Issued By: Dept. of Labor and Industries

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 63 Waking Staff: 47

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #: [REDACTED]
 Reason: Complaint Exit Conference Date: 03/29/2023

Inspection Dates and Department Representative

03/29/2023 On Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 60 Residents Served: 44

Secured Dementia Care Unit
 In Home: Yes Area: Well Spring Capacity: 21 Residents Served: 16

Hospice
 Current Residents: 3

Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 44
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 1
 Have Mobility Need: 19 Have Physical Disability: 3

Inspections / Reviews

03/29/2023 - Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 04/22/2023

04/27/2023 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 06/14/2023
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 05/01/2023

Inspections / Reviews *(continued)*

05/03/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 06/14/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 06/01/2023

06/15/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/14/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

54a - Direct Care Staff

1. Requirements

2600.

54.a. Direct care staff persons shall have the following qualifications:

- 2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.

Description of Violation

Direct care staff person A does not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.

Plan of Correction

Accept (████) - 05/03/2023)

Staff A will be taken off the schedule until high school diploma is received.

New Human Resource director will be educated to ensure each direct care staff person shall have hs diploma, GED or active registry status on the PA nurse aide registry. Completion day will be 5/12/23.

Audit will be conducted by Administrator to ensure all employees have high school diploma, ged or active registry status. Completion date will be 5/21/23

Licensee's Proposed Overall Completion Date: 05/21/2023

Implemented (████) - 06/15/2023)

65a - FS Orientation 1st Day

2. 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:

- 1. Evacuation procedures.
- 2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
- 3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
- 4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
- 5. The location and use of fire extinguishers.
- 6. Smoke detectors and fire alarms.
- 7. Telephone use and notification of emergency services.

Description of Violation

Staff person B, whose first day of work was █████ did not receive orientation on the following topics: evacuation procedures, staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable, the designated meeting place outside the building or within the fire-safe area in the event of an actual fire, smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable, the location and use of fire extinguishers, smoke detectors and fire alarms, telephone use and notification of emergency services.

Repeat Violation Date: 6/29/21 et al.

Plan of Correction

Accept (████) - 05/03/2023)

Staff person B will be oriented on general fire safety and emergency preparedness by 5/12/23 by Maintenance Department.

All staff records are under review as of 4/13/23 for the above by Administrator. Date of completion will be 5/21/23.

New HR manager hired will be educated that orientation for general fire safety and emergency preparedness is to

65a - FS Orientation 1st Day (continued)

be conducted prior or during the first work day. Date of completion will be 5/12/23

Administrator will audit new hire files monthly for three months to ensure each employee receives orientation on general fire safety and emergency preparedness

Licensee's Proposed Overall Completion Date: 05/21/2023

Implemented (████) - 06/15/2023)

65b - Rights/Abuse 40 Hours**3. 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:

1. Resident rights.
2. Emergency medical plan.
3. Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
4. Reporting of reportable incidents and conditions.

Description of Violation

Staff person B completed his/her 40th scheduled work hour on 02/15/22. However, this staff person did not complete training in the following topics: resident rights, emergency medical plan, mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102), reporting of reportable incidents and conditions.

Repeat Violation Date: 6/29/21 et al.

Plan of Correction

Accept (████) - 05/03/2023)

Staff person B will be trained in the following topics: resident rights, emergency medical plan and mandatory reporting of abuse and neglect by 5/21/23.

All staff records are under review by the Administrator as of 4/13/23 for the above. Date of completion will be 5/21/23.

New HR manager hired will be educated that all staff are to be trained in the following topics: resident rights, emergency medical plan and mandatory reporting of abuse and neglect within 40 scheduled working hours.

Administrator will audit new hire files monthly for three months to ensure each employee receives orientation on resident rights, emergency medical plan, mandatory reporting of abuse and neglect and reporting of reportable incidents and conditions.

Licensee's Proposed Overall Completion Date: 05/21/2023

Implemented (████) 06/15/2023)

65d - Initial Direct Care Training**4. Requirements**

2600.

65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:

2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.

65d - Initial Direct Care Training (continued)

Description of Violation

Direct care staff person A, hired on [REDACTED], began providing unsupervised ADL services on [REDACTED]. However, the staff person did not complete and pass the Department-approved direct care training course and pass the competency.

Direct care staff person B, hired on [REDACTED], began providing unsupervised ADL services on 02/15/22. However, the staff person did not complete and pass the Department-approved direct care training course and pass the competency.

Repeat Violation Date: 6/29/21 et al.

Plan of Correction

Accept ([REDACTED] - 05/03/2023)

Direct care staff person A and B will be taken off the schedule until home has certificate of staff person completing and passing the department-approved direct care training course and pass the competency.

New Human Resource manager will be educate to ensure all direct care staff persons have completed the above before providing unsupervised ADL services. Completion date will be 5/12/23.

Administrator will audit direct staff person to ensure each person has a certificate completing the training course and competency. Completion date will be 5/21/23

Licensee's Proposed Overall Completion Date: 05/21/2023

Implemented ([REDACTED] - 06/15/2023)

81b - Resident Personal Equipment

5. Requirements

2600.

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 3/29/23, Resident 4's bed has an attached enabler bar that was uncovered, creating a hazardous condition for the resident.

Plan of Correction

Accept ([REDACTED] - 05/03/2023)

Enabler bar was covered immediately. Director of Wellness and Administrator will be educated that enabler bars are to be covered. Date of completion will be 5/12/2023. Monthly audits starting 5/12/23 for three months will be completed by Director of Wellness to ensure all enabler bars are covered.

Licensee's Proposed Overall Completion Date: 07/13/2023

Implemented ([REDACTED] - 06/15/2023)

85a - Sanitary Conditions

6. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On 03/29/23 at 9:30 am, resident#1's room had a strong smell of feces. When entering the room there was a pair of pants and underwear on the floor next to resident#1's bed with feces that the home had not cleaned up.

85a - Sanitary Conditions (continued)

Plan of Correction

Accept [redacted] - 05/03/2023)

Room was cleaned immediately after the resident was escorted from their room after incident. Housekeeping will be educated that sanitary conditions are to be met at all times. Date of completion will be 5/12/23. Monthly audits beginning 5/12/23 for 3 months will be completed by Administrator to ensure sanitary conditions are being maintained.

Licensee's Proposed Overall Completion Date: 07/13/2023

Implemented [redacted] - 06/15/2023)

95 - Furniture and Equipment

7. Requirements

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

On 3/29/23, the p-tac heating unit in resident 2's was not working. During an interview Resident#2 reported that it has not been working for two weeks.

On 3/29/23, the activity room p-tac heating unit was not working. Residents were observed wearing sweaters during activities.

Plan of Correction

Accept [redacted] - 05/03/2023)

P-tac heating unit in resident 2's room and activity room p-tac were immediately fixed by maintenance department. Random audit of p-tacs will be conducted monthly for 3 months by Administrator to ensure p-tacs are in working order.

Licensee's Proposed Overall Completion Date: 07/13/2023

Implemented [redacted] - 06/15/2023)

142a - Secure Medical Care

8. Requirements

2600.

142.a. The home shall assist the resident to secure medical care if a resident's health status declines. The home shall document the resident's need for the medical care, including updating the resident's assessment and support plan.

Description of Violation

Resident 3's last dental appointment was on [redacted] The home has not assisted the resident to secure additional dental appointments to address dental needs despite the residents most recent dental visit indicating that follow up treatment would be needed.

Plan of Correction

Accept [redacted] - 05/03/2023)

7/28/22 dental recommendations by dental provider was "all tx prn @ out patient surgery". Resident or staff did not report any further issues needing dental follow-up for resident. Dentist will be in home in May 2023 which resident will be seen for annual cleaning and exam.

142a - Secure Medical Care (continued)

Dental provider comes to home on routine basis and as needed. Staff complete mouth care daily and report any abnormalities to the nurse on duty. At this time, no residents are needing dental care. Monthly audits beginning 5/8/23 for three months will be completed by Director of Wellness to ensure all residents who need dental care will be seen by home's dental provider.

Licensee's Proposed Overall Completion Date: 07/13/2023

Implemented [REDACTED] - 06/15/2023)

161e - Dietary Alternatives**9. Requirements**

2600.

161.e. Dietary alternatives shall be available for a resident who has special health needs or religious beliefs regarding dietary restrictions.

Description of Violation

On 3/29/23, the home did not provide a dietary alternative to the cornbread with chilli beans served at the lunch meal for resident 3. The resident requires a IDDSI-Soft & Bite sized diet due to health care needs.

Plan of Correction

Accept [REDACTED] - 05/03/2023)

Alternative was available at meal service; however, staff was unaware.

Staff will be in-serviced on the requirements for IDDSI diets. Date of completion will be 5/12/23. Quarterly audits beginning 5/12/23 for 6 months will be completed by Administrator to ensure alternatives are available for all dietary requirements. Compliance with audits will be based on meal observations.

Licensee's Proposed Overall Completion Date: 07/13/2023

Implemented [REDACTED] - 06/15/2023)

225c - Additional Assessment**10. Requirements**

2600.

225.c. The resident shall have additional assessments as follows:

1. Annually.

Description of Violation

Resident #4's most recent assessment was completed on [REDACTED].

Plan of Correction

Accept [REDACTED] - 05/03/2023)

The residents most recent assessment was dated [REDACTED], the annual RASP which was in the resident's electronic medical record. Surveyor only requested the paper chart, and the EMR had the completed RASP.

Licensee's Proposed Overall Completion Date: 05/01/2023

Implemented [REDACTED] - 06/15/2023)

11. Requirements

2600.

225.c. The resident shall have additional assessments as follows:

3. At the request of the Department upon cause to believe that an update is required.

Description of Violation

Resident #4's assessment, dated [REDACTED], does not include the resident's need for an enabler bar on their bed.

225c - Additional Assessment (continued)

Plan of Correction

Accept (MS - 05/03/2023)

The residents most recent assessment was dated [REDACTED], the annual RASP which was in the resident's electronic medical record. Surveyor only requested the paper chart, and the EMR had the completed RASP, which included an order for an enabler bar to assist with bed mobility and transferring.

Licensee's Proposed Overall Completion Date: 05/01/2023

Implemented (MS - 06/15/2023)

231b - Medical Evaluation

12. Requirements

2600.

231.b. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit.

Description of Violation

Resident #1 was admitted to the Secure Dementia Care Unit (SDCU) on [REDACTED] however, the resident's medical evaluation was completed on [REDACTED].

Plan of Correction

Accept (MS - 05/03/2023)

Medical Evaluation was completed on [REDACTED] Director of Wellness will be educated by the Administrator that a resident must have medical evaluation completed within 60 days prior to admission. Beginning 5/8/23 monthly audits for 3 months will be conducted by Director of Wellness to ensure all new admission receive a Medical Evaluation within 60 days prior to admission.

Licensee's Proposed Overall Completion Date: 07/13/2023

Implemented (MS - 06/15/2023)

252 - Record Content

13. 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 #3's record does not include a photograph of the resident that is no more than 2 years old.

Plan of Correction

Accept (MS - 05/03/2023)

All resident's photographs to be updated by 5/12/23 by Director of Wellness. Director of Wellness to be educated that a photograph of the resident must not be more than 2 years old in the resident's medical record. Date of completion will be 5/12/23. Beginning 5/8/23 monthly audits for 3 months will be conducted by the Administrator to ensure compliance with pictures.

Licensee's Proposed Overall Completion Date: 07/13/2023

Implemented (MS - 06/15/2023)