

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

June 30, 2023

[REDACTED]
JUNIPER VILLAGE AT STATE COLLEGE OPERATIONS I LLC
[REDACTED]

RE: JUNIPER VILLAGE AT BROOKLINE -
WELLSPRING MEMORY CARE
610 WEST WHITEHALL ROAD
STATE COLLEGE, PA, 16801
LICENSE/COC#: 24130

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/23/2023, 05/24/2023 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]
Human Services Licensing Supervisor

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: JUNIPER VILLAGE AT BROOKLINE WELLSRING MEMORY CARE **License #:** 24130 **License Expiration:** 05/15/2024

Address: 610 WEST WHITEHALL ROAD, STATE COLLEGE, PA 16801

County: CENTRE **Region:** NORTHEAST

Administrator

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

Legal Entity

Name: JUNIPER VILLAGE AT STATE COLLEGE OPERATIONS I LLC

Address: [REDACTED]

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

Certificate(s) of Occupancy

Type: C 2 LP **Date:** 06/03/1998 **Issued By:** L&I

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 68 **Waking Staff:** 51

Inspection Information

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

Reason: Renewal **Exit Conference Date:** 05/24/2023

Inspection Dates and Department Representative

05/23/2023 On Site [REDACTED]

05/24/2023 On Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 38 **Residents Served:** 34

Secured Dementia Care Unit

In Home: Yes **Area:** whole home **Capacity:** 38 **Residents Served:** 34

Hospice

Current Residents: 1

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 34

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

Have Mobility Need: 34 **Have Physical Disability:** 0

Inspections / Reviews

05/23/2023 - Full

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 06/23/2023

Inspections / Reviews *(continued)*

06/23/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 06/27/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 06/28/2023

06/30/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/27/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

65f - Training Topics

1. Requirements

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

- 1. Medication self-administration training.

Description of Violation

Direct care staff person A, B, and C, did not receive training in medication self-administration during training year 2022.

Plan of Correction

Accept (████) - 06/23/2023)

Above associates in addition to all wellspring associates were provided training on Self Medication and Medication Management on 6/1/23.

Associates are provided in person and online training annually. To meet required annual training content for in person sessions, associates will sign into training on group sign in sheets, and in addition a new individual annual required training document, indicating the topic, date of training, the associate initial and ED initials. Group sign in sheets are kept with training binder - contents include annual training plan/ group sign in sheet and content materials. Individual Annual Required Training documents will be filed with the associates file and reviewed quarterly for continued compliance by the ED.

Licensee's Proposed Overall Completion Date: 06/22/2023

Implemented (████) - 06/30/2023)

65g - Annual Training Content

2. Requirements

2600.

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- 3. Resident rights.

Description of Violation

Direct care staff person A, B, and C, did not receive training in resident rights during training year 2022.

Plan of Correction

Accept (████) - 06/23/2023)

Above associates in addition to all wellspring associates were provided training on Resident Rights on 6/1/23.

Associates are provided in person and online training annually. To meet required annual training content for in person sessions, associates will sign into training on group sign in sheets, and in addition a new individual annual required training document, indicating the topic, date of training, the associate initial and ED initials. Group sign in sheets are kept with training binder - contents include annual training plan/ group sign in sheet and content materials. Individual Annual Required Training documents will be filed with the associates file and reviewed quarterly for continued compliance by the ED.

Licensee's Proposed Overall Completion Date: 06/22/2023

Implemented (████) - 06/30/2023)

182b - Prescription Medication

3. Requirements

2600.

182b - Prescription Medication (continued)

182.b. Prescription medication that is not self-administered by a resident shall be administered by one of the following:

Description of Violation

Staff B completed medication observation #1 and #2 on [redacted]/21 and observation #3 and #4 on [redacted]/21 for the initial MedTech training. However, the trainer did not date the certification and indicate with a pass or fail.

Plan of Correction

Accept ([redacted] - 06/23/2023)

DOW and ED reviewed Med Tech regulations for annual and quarterly observation/ training. All current Med Tech files were pulled and reviewed for completion/ accuracy. Please see attached quarterly re-certification as verification. ED to monitor for continued compliance.

Licensee's Proposed Overall Completion Date: 06/22/2023

Implemented ([redacted] - 06/30/2023)

184b - Labeling OTC/CAM

4. 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 5/25/23, bottles of over the counter medication [redacted], [redacted] and [redacted] were discovered in the med cart and were not labeled with a residents name. Staff identified the medications belonged to resident #1.

Plan of Correction

Accept ([redacted] - 06/23/2023)

6/1/23 TownHall conducted on Medication Management and Self Medication Management to include review of regulations 181-189 with all associates. Following townhall Wellness Med techs/lpns were provided additional nstruction on night MAR to Cart Audit process, including labeling of OTC/CAM/Sample medications. Please see the attached night audit including signature and verification of required medication management policies. MT/LPN will review at a minimum 3 residents/nights and repeat- ongoing monitoring in place. ED to monitor for continued compliance.

Licensee's Proposed Overall Completion Date: 06/22/2023

Implemented ([redacted] - 06/30/2023)