

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

December 14, 2023

[REDACTED], ASSISTANT 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 10/16/2023 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

Inspections / Reviews (*continued*)

11/06/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/14/2023

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 11/11/2023

11/17/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/14/2023

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 11/20/2023

12/14/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/14/2023

Reviewer: [REDACTED]

Follow Up Type: Not Required

51 Criminal Background Check

1. Requirements

2600.

51. Criminal History Checks Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § 10225.101 10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

A criminal background check could not be provided for staff member A, [REDACTED] on [REDACTED]

Plan of Correction

Accept ([REDACTED] - 11/17/2023)

Attached is personal care home administrator's background check. Assistant executive director performed in service with human resources on 10/24/2023 to ensure further compliance with DHS regulations on background checks.

Licensee's Proposed Overall Completion Date: 11/10/2023

Implemented ([REDACTED] - 12/14/2023)

53a Qualifications

2. Requirements

2600.

- 53.a. The administrator shall have one of the following qualifications:
 1. A license as a registered nurse from the Department of State.
 2. An associate's degree or 60 credit hours from an accredited college or university.
 3. A license as a licensed practical nurse from the Department of State and 1 year of work experience in a related field.
 4. A license as a nursing home administrator from the Department of State.
 5. For a home serving 8 or fewer residents, a general education development diploma or high school diploma and 2 years direct care or administrative experience in the human services field.

Description of Violation

On [REDACTED] the home was serving 43 of residents. Staff person A [REDACTED] could not provide a license from the Pennsylvania Department of State as a registered nurse, or a licensed practical nurse with one year of work experience in a related field, an associate's degree, 60 or more credits from an accredited college or university, or a license.

Plan of Correction

Accept ([REDACTED] - 11/06/2023)

Attached is personal care home administrator's degree and nursing home administration license. Assistant executive director performed in service with human resources on 10/24/2023 to ensure further compliance with DHS regulations on qualifications.

Licensee's Proposed Overall Completion Date: 10/31/2023

Implemented ([REDACTED] - 12/14/2023)

56 Admin 20 Hours/Week

3. Requirements

2600.

56. Administrator Staffing The administrator shall be present in the home an average of 20 hours or more per week, in each calendar month.

Description of Violation

Based on the schedule, staff member A, [REDACTED], is not present in the home for an average of 20 hours per week in each calendar month. According to the report, staff member A was at the facility for 10 hours a day on

56 Admin 20 Hours/Week (continued)

the following days:

April 2023: 3 5, 12, and 26

May 2023: 17 19, 23, 25 26, and 30 31

June 2023: 02, 19, 21 22, 26 27, and 29

July 2023: 3 5, 17 19, 21, 24, 26 28, and 31.

September 2023: 19 and 21

October 2023: the 4th and 5th

There was no administrator in the facility for an average of 20 hours a week in the following weeks during business hours:

4/10 4/14, 4/17 4/21, 4/24 4/28

5/1 5/5, 5/8 5/12,

6/5 6/9, 6/12 6/15

7/10 7/14, 7/31 8/4

8/7 8/11, 8/14 8/18, 8/21 8/25, 8/28 9/1

9/4 9/8, 9/11 9/15, 9/25 9/29,

10/9 10/13,

Staff member A was not present at the facility on 10/16/2023 and on site staff was unable to give a date when they would return.

Plan of Correction

Accept (█ - 11/17/2023)

On October 31, 2023 Executive Director did an in service training with the Administrator showing the that █ schedule will be set to work on average of no less than 20 hours per week in a calendar month, starting in November 2023.

Assistant executive director is assigned as designee in absence of administrator upon meeting the average 20 hours a week. With designee assigned and administrator reeducation violation will not reoccur.

Licensee's Proposed Overall Completion Date:

Implemented █ - 12/14/2023)

64a - Admin Training**4. Requirements**

2600.

64.a. Prior to initial employment as an administrator, a candidate shall successfully complete the following:

1. An orientation program approved and administered by the Department.
2. A 100-hour standardized Department-approved administrator training course.
3. A Department-approved competency-based training test with a passing score.
4. Paragraphs (1), (2) and (3) do not apply to an administrator hired or promoted prior to October 24, 2005.

Description of Violation

Staff member A, █ for the personal care and memory care units of the facility, did not provide documentation of completion of the 100 hour standardized Department approved administrator training course.

Plan of Correction

Accept █ - 11/06/2023)

Dispute: Competency test passing certificate that is required for nursing home administrator's to take when

64a Admin Training (continued)

applying for a personal care home administrator license was provide to surveyors.

POC: Attached is personal care home administrator's passing competency exam. Assistant executive director performed in service with human resources on 10/24/2023 to ensure further compliance with DHS regulations on admin training.

Licensee's Proposed Overall Completion Date: 10/31/2023

Implemented () - 12/14/2023)

64c - Annual Training**5. Requirements**

2600.

64.c. An administrator shall have at least 24 hours of annual training relating to the job duties. The Department-approved administrator training course specified in subsection (a) fulfills the annual training requirement for the first year.

Description of Violation

Staff member A () for the personal care and memory units of the facility, did not provide documentation of 24 hours of annual training. The last training provided was from May 2022.

Plan of Correction

Accept () - 11/17/2023)

Dispute: per facility policy, the home's administrator's annual training hours are in compliance as the facility opted to have the training be the calendar year (January December).

POC: Annual training hours have been met per company policy. Personal care home administrator will complete required hours by December 31,2023 to stay in compliance with company policy on training hours. In service education done with administrator on the importance of annual training hours and the due date for them. Per company policy and reeducation violation will not reoccur.

Licensee's Proposed Overall Completion Date:

Implemented () - 12/14/2023)

82c - Locking Poisonous Materials**6. Requirements**

2600.

82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

Description of Violation

2 bottles of McKesson Premium Hand Sanitizer, with a manufacture's label indicating "Please keep out of reach of children; please contact the poison control center", was unlocked, unattended, and accessible to residents in the SDCU. Not all the residents of the home, have been assessed capable of recognizing and using poisons safely.

Plan of Correction

Accept () - 11/06/2023)

Assistant executive director performed in service with director care staff on 10/31/2023 on keeping items labeled "Please keep out of reach of children; please contact the poison control center" inaccessible to residents. Assistant executive director will conduct weekly audit x2 then monthly x2 with 100% compliance.

82c - Locking Poisonous Materials (continued)

Licensee's Proposed Overall Completion Date: 01/16/2024

Implemented (█) - 12/14/2023)

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

The scale that is used to weight all of the personal care and memory care unit residents has been broken since July 2023.

Plan of Correction

Accept (█) - 11/17/2023)

Scale was ordered by the maintenance department on 10/10/2023 and arrived on 10/23/2023. Scale was set up after being delivered to ensure all resident weights completed as of 10/30/2023. With new scale in place it will prevent this violation from recurring.

In addition to the above plan of correction: The administrator or designated staff will check weekly to ensure the homes equipment is in good repair. If any equipment is not in good repairs staff will inform management immediately for repair or replacement in a timely manner. (█)

Licensee's Proposed Overall Completion Date: 11/10/2023

Implemented (█) - 12/14/2023)

227d - Support Plan Medical/Dental

8. 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 1, RASP dated (█) specifies that resident 1 is unable to do his/her own laundry. However, it is unclear how the facility is going to meet the need for this service.

Plan of Correction

Accept (█) 11/17/2023)

The Director of Wellness updated the support plan for Resident #1 on 10/17/2023 to include how the facility meets the need for laundry service. Performed an in service with the Director of Wellness on the importance of updating all areas of the support plan to ensure it is demonstrate on how resident's needs will be met.

Licensee's Proposed Overall Completion Date: 11/10/2023

Implemented (█) - 12/14/2023)

233c Key Locking Devices

9. Requirements

2600.

233.c. If key locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

Description of Violation

On 10/16/2023, there were no directions posted in a conspicuous place near the main entrance to the memory care unit

Plan of Correction

Accept (█ - 11/17/2023)

Dispute: per the regulation, it states that directions must be posted for immediate egress which means immediate access to exit the facility. Directions were posted to exit facility but not posted to enter. The regulation does not state that directions are needed to enter facility. Posting directions to enter facility does pose a threat to staff and residents.

POC: Directions were posted by Assistant Executive Director in a conspicuous place near the main entrance on 10/24/2023 to comply with regulation. Signs will be kept in place to prevent violation from recurring.

In addition to the above plan of correction: The administrator or designated staff will check during each shift that the code is posted in a conspicuous place near the device. █

Licensee's Proposed Overall Completion Date: 11/10/2023

Implemented (█ - 12/14/2023)

252 Record Content

10. Requirements

2600.

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

1. Name, gender, admission date, birth date and Social Security number.
2. Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks.
3. A photograph of the resident that is no more than 2 years old.
4. Language or means of communication spoken or used by the resident.
5. The name, address, telephone number and relationship of a designated person to be contacted in case of an emergency.
6. The name, address and telephone number of the resident's physician or source of health care.
7. The current and previous 2 years' physician's examination reports, including copies of the medical evaluation forms.
8. A list of prescribed medications, OTC medications and CAM.
9. Dietary restrictions.
10. A record of incident reports for the individual resident.
11. A list of allergies.
12. The documentation of health care services and orders, including orders for the services of visiting nurse or home health agencies.

252 - Record Content (continued)

- 13. The preadmission screening, initial intake assessment and the most current version of the annual assessment.
- 14. A support plan.
- 15. Applicable court order, if any.
- 16. The resident’s medical insurance information.
- 17. The date of entrance into the home, relocations and discharges, including the transfer of the resident to other homes owned by the same legal entity.
- 18. An inventory of the resident’s personal property as voluntarily declared by the resident upon admission and voluntarily updated.
- 19. An inventory of the resident’s property entrusted to the administrator for safekeeping.
- 20. The financial records of residents receiving assistance with financial management.
- 21. The reason for termination of services or transfer of the resident, the date of transfer and the destination.
- 22. Copies of transfer and discharge summaries from hospitals, if available.
- 23. If the resident dies in the home, a copy of the official death certificate.
- 24. Signed notification of rights, grievance procedures and applicable consent to treatment protections specified in § 2600.41 (relating to notification of rights and complaint procedures).
- 25. A copy of the resident-home contract.
- 26. A termination notice, if any.

Description of Violation

Resident 1's face sheet is missing eye and hair color.

Plan of Correction

Accept ([redacted] - 11/17/2023)

Resident #1 face sheet did include eye and hair color in the EMAR system. Face sheets from the EMAR system were printed by Director of Wellness and residents paper charts were updated by [redacted]. With EMAR system in place, all paper charts will be up to date moving forward.

Licensee's Proposed Overall Completion Date: 11/10/2023

Implemented ([redacted] 12/14/2023)