

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

January 4, 2024

[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 10/18/2023, 10/19/2023 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 - 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
 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: 79 Waking Staff: 59

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal Exit Conference Date: 10/19/2023

Inspection Dates and Department Representative

10/18/2023 - On-Site: [REDACTED]
 10/19/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 174 Residents Served: 79

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: 79
 Diagnosed with Mental Illness: 1 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 0 Have Physical Disability: 0

Inspections / Reviews

10/18/2023 - Full

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 11/19/2023

11/28/2023 - POC Submission

Submitted By: [REDACTED] fa Date Submitted: 01/03/2024
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 12/05/2023

Inspections / Reviews *(continued)*

12/12/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 01/03/2024

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 01/01/2024

01/04/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/03/2024

Reviewer: [REDACTED]

Follow-Up Type: Not Required

3c - Post Current License

1. Requirements

2600.

3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

Licensing Inspection Summaries from 2/1/2023 and 6/15/2023 were not posted in a public conspicuous area of the home.

Plan of Correction

Accept () - 12/12/2023)

Inspections summaries for 2/1/2023 and 6/15/2023 were printed immediately and were reposted by Executive Director on 10/23/23.

ED to audit posting monthly to ensure compliance. ED will audit postings by the 30th of each month to ensure current license is psoted.

ED to continue to montior for ongoing complaince.

Licensee's Proposed Overall Completion Date: 12/05/2023

Implemented () - 01/03/2024)

17 - Record Confidentiality

2. Requirements

2600.

17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

In the Pines building, there were 2 medication carts in the lobby area. Both medication carts had the Narcotic Logs hung on the side of the cart. There were no staff in the area of the carts, allowing anyone access to confidential resident information.

Plan of Correction

Accept () - 12/12/2023)

Narcotic log was immediately placed in a secure and locked location by Director of Wellness on 10/23/23.

Wellness team members were educated by DOW during Wellness training on regulation 2600.17 on 10/30/23.

Narcotic log to be kept in located med charts.

DOW will continue to do monthly audit for complaince. Audit will be completed by the 30th of each month.

ED will continue to monitor for on going complaince.

Licensee's Proposed Overall Completion Date: 12/05/2023

Implemented () - 01/04/2024)

18 - Compliance With Laws

3. Requirements

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

18 - Compliance With Laws (continued)

Description of Violation

In the common area on the second floor of the Pines, there is a natural gas fireplace and no Carbon Monoxide (CO) detector at least 15 feet from the fossil fuel burning device as required by The Care Facility Carbon Monoxide Alarm Standards Act.

Plan of Correction

Accepted [redacted] - 12/12/2023)

*Carbon Monoxide detector was moved immediately by Environment Service Director on 10/23/23.
Director of Environmental Services provided re-education 10/24/23 on regulation 2600.18 by Executive Director.
Director of Environment Services will audit all carbon monoxide detectors monthly for compliance. Audit will be conducted by the 30th of each month.
ED will continue to monitor for on going compliance.*

Licensee's Proposed Overall Completion Date: 12/05/2023

Implemented [redacted] - 01/04/2024)

82a - Poisonous Materials

4. Requirements

2600.
82.a. Poisonous materials shall be stored in their original, labeled containers.

Description of Violation

Under the sink in the kitchen there was an unlabeled spray bottle of liquid. The liquid was identified by a staff person as Orange-2-0. The spray bottle did not have the original manufacturer's label attached.

Plan of Correction

Accepted [redacted] - 12/12/2023)

*Unlabeled spray bottle of liquid was removed immediately on 10/23/23 by Dining Director.
Dining team re-educated by Executive Chef on regulation 26.00 82a on 11/1/23.
Executive Chef to audit cleaning schedule for compliance. Audit will be completed by the 30th of each month to monitor for compliance.
ED to continue to monitor for on going compliance.*

Licensee's Proposed Overall Completion Date: 12/05/2023

Implemented [redacted] 01/04/2024)

85d - Trash Receptacles

5. Requirements

2600.
85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

Description of Violation

The trash receptacle in the 2nd floor public bathroom next to the Pines Activity Room is not covered.

Plan of Correction

Accepted [redacted] - 12/12/2023)

Lid was immediately placed on top of trash receptacle by Housekeeping Supervisor on 10/23/23.

85d - Trash Receptacles (continued)

Housekeeping Supervisor educated housekeeping team on regulation 2600.85d on 11/1/23.
 Housekeeping Supervisor will audit bathrooms and common areas to ensure compliance. Audit will happen by the 30th of each month to monitor compliance.
 ED will continue to monitor for ongoing compliance.

Licensee's Proposed Overall Completion Date: 12/05/2023

Implemented (████) - 01/04/2024)

132e - Fire Drill Sleeping Hours

6. Requirements

2600.
 132.e. A fire drill shall be held during sleeping hours once every 6 months.

Description of Violation

A sleeping hours fire drill has not been held at least once every 6 months in the Pines building as the last two sleeping hours drills were held 9/11/2023 and 2/27/2023.

Plan of Correction

Accept (████) 12/12/2023)

Environmental Service Director reeducated Environmental Service team on regulation 2600.132e on 10/25/23.
 Environmental Service Director reviewed monthly calendar and assigned each month on which shift fire drill will be conducted to ensure compliance.
 Environmental Service will audit by the 30th of each month to ensure compliance and fire drill schedule.
 ED will continue to monitor for ongoing compliance.

The home will complete a sleeping hours fire drill in the pines by 12/31/23. █████

Proposed Overall Completion Date: 12/05/2023

Licensee's Proposed Overall Completion Date: 12/05/2023

Implemented (████) 01/04/2024)

183d - Prescription Current

7. Requirements

2600.
 183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

Prescribed stool softener 100mg for RESIDENT #1, which was discontinued 3/26/2023 was stored in the medication cart.

Plan of Correction

Accept (████) - 12/12/2023)

Medication order for resident #1 immediately removed from med cart and disposed of accordingly by Director of Wellness on 10/23/23.
 Education completed during monthly wellness meeting on regulation 2600.183d 10/30/23 by Director of Wellness.
 Night shift to complete night MAR to Cart audit. All results will be given to DOW for monitoring compliance.
 ED to continue to monitor for on going compliance.

183d - Prescription Current (continued)

Licensee's Proposed Overall Completion Date: 12/05/2023

Implemented [redacted] - 01/04/2024)

184a - Resident's Meds Labeled

8. 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 #2 had an open Levemir Flexpen that did not have the pharmacy label on it or the initials of the staff person that opened it.

Repeat 2/1/2023

Plan of Correction

Accept [redacted] - 12/12/2023)

Levemir Flexpen immediatley removed from cart by Director of Wellness, 10.23.23. New Levemir Flexpen labeled and itinialed.

Education completed during monthly wellness meeting on regulation 2600.184a 10/30/23 by Director of Wellness.

Night shift to complete night MAR to Cart audit. All results will be given to DOW for monitoring compliance.

ED to continue to monitor for on going compliance.

Licensee's Proposed Overall Completion Date: 12/05/2023

Implemented [redacted] - 01/04/2024)

185a - Implement Storage Procedures

9. 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 reading on 10/16/2023 was recorded incorrectly on the Medication Administration Record (MAR). The Glucometer reading was 92, and 97 was recorded on the MAR.

RESIDENT # 2's glucometer reading on 10/10/2023 was recorded incorrectly on the Medication Administration Record (MAR). The glucometer reading was 123, and 128 was recorded on the MAR.

Repeat 11/2/2022

Plan of Correction

Accept [redacted] - 12/12/2023)

Director of Wellness providing education to Wellness Team on regulation 185.a during monthly meeting on 10/30/23.

Night shift LPN to provide weekly control test of glucometer and will audit for calibration of date adn time.

Audit tool will be kept in wellness station and audited by DOW monthly and montioered by the 30th of the each month.

ED to continued to monitor for ongoing compliance.

185a - Implement Storage Procedures (continued)

Licensee's Proposed Overall Completion Date: 12/05/2023

Implemented [REDACTED] 01/04/2024)

187a - Medication Record

10. Requirements

2600.

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

6. Dose.

Description of Violation

The Medication Administration Record (MAR) for RESIDENT # 4 indicates that this resident is prescribed Levothyroxine Sodium 100 mg. The medication in the medication cart and the correct dosage is for 112mcg.

Repeat Violation 2/1/2023.

Plan of Correction

Accept [REDACTED] - 12/12/2023)

Medication order for resident #4 immediately corrected on 10/23/23 by Director of Wellness.

Education completed during monthly wellness meeting on regulation 2600.187a 10/30/23 by Director of Wellness.

Night shift to complete night MAR to Cart audit.

All results will be given to DOW for monitoring compliance.

ED to continue to monitor for on going compliance.

Licensee's Proposed Overall Completion Date: 12/05/2023

Implemented [REDACTED] - 01/04/2024)

187d - Follow Prescriber's Orders

11. Requirements

2600.

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

Description of Violation

RESIDENT # 5's Medication Administration Record (MAR) indicated [REDACTED] Ditalizem HCl ER Oral Cap dosage is 240mg.

The Prescription label on the medication package stated 360mg. It was determined by the prescriber the 240mg dosage on the MAR is correct, and the facility was administering the incorrect dosage to the resident.

Repeat Violation 2/1/2023

Plan of Correction

Accept [REDACTED] - 12/12/2023)

Medication order for resident #5 immediately corrected by Director of Wellness on 10/23/23.

Education completed during monthly wellness meeting on regulation 2600.187d 10/30/23 by Director of Wellness.

Night shift to complete night MAR to Cart audit. All results will be given to DOW for monitoring compliance.

ED to continue to monitor for on going compliance.

Licensee's Proposed Overall Completion Date: 12/05/2023

Implemented [REDACTED] - 01/04/2024)