Department of Human Services
Bureau of Human Service Licensing

LICENSING INSPECTION SUMMARY PUBLIC

February 7, 2025

[redacted]
JUNIPER VILLAGE AT MOUNT JOY LLC
[redacted]

RE: JUNIPER VILLAGE AT MOUNT JOY
607 HEARTHSTONE LANE
MOUNT JOY, PA, 17552
LICENSE/COC#: 33004

[redacted]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/08/2025 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 MOUNT JOY* **License #**: *33004* **License Expiration**: *03/14/2025*

Address: *607 HEARTHSTONE LANE, MOUNT JOY, PA 17552*

County: *LANCASTER* **Region**: *CENTRAL*

Administrator

Name: [redacted] **Phone**: [redacted] **Email**: [redacted]

Legal Entity

Name: *JUNIPER VILLAGE AT MOUNT JOY LLC*

Address: [redacted]

Phone: [redacted] **Email**: [redacted]

Certificate(s) of Occupancy

Type: *C-2 LP* **Date**: *03/08/2020* **Issued By**: *Labor and Industry*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *66* **Waking Staff**: *50*

Inspection Information

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

Reason: *Incident* **Exit Conference Date**: *01/08/2025*

Inspection Dates and Department Representative

01/08/2025 - On-Site [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *72* **Residents Served**: *64*

Secured Dementia Care Unit

In Home: *No* **Area**: **Capacity**: **Residents Served**:

Hospice

Current Residents: *1*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *64*

Diagnosed with Mental Illness: *3* **Diagnosed with Intellectual Disability**: *0*

Have Mobility Need: *2* **Have Physical Disability**: *1*

Inspections / Reviews

01/08/2025 Partial

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *01/26/2025*

01/22/2025 - POC Submission

Submitted By: [redacted] **Date Submitted**: *01/30/2025*

Reviewer: [redacted] **Follow-Up Type**: *Document Submission* **Follow-Up Date**: *02/03/2025*

Inspections / Reviews *(continued)*

02/07/2025 Document Submission

Submitted By: [redacted]

Date Submitted: *01/30/2025*

Reviewer: [redacted]

Follow Up Type: *Not Required*

17 - Record Confidentiality

1. 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

On [redacted], at 12:52 PM, the computer on top of the 300-hallway medication cart was unlocked, unattended, and accessible, allowing anyone to view the medication and treatment records for residents of the 300-hallway.

Plan of Correction ***Accept [redacted] 01/22/2025)***

1. On 1/8/25 at 12:52 pm the computer on top of the 300-hallway medication cart was set on PCC's privacy lock screen. Surveyor clicked on password key to awaken screen.
2. DOW will educate medication technicians on requirements of regulation 17 by 1/31/25.
3. DOW will audit medication cart laptops monthly to ensure privacy lock screens are activated when unattended beginning February 2025. Findings will be presented at monthly Best Practice Assurance meetings.

Licensee's Proposed Overall Completion Date: *01/31/2025*

Implemented [redacted] - 02/07/2025)

85a - Sanitary Conditions

2. Requirements

2600.
85.a. Sanitary conditions shall be maintained.

Description of Violation

On [redacted], Staff A was observed using an ungloved hand to count Resident [redacted] tablets.

Plan of Correction ***Accept [redacted] - 01/22/2025)***

1. On 1/8/25 Staff A was immediately educated by DSM to glove before continuing to count medications. Staff A immediately donned gloves before continuing the count.
2. DOW will provide training to medication technicians on utilizing gloves or pill counters when counting medications in accordance with 85a regulations by 1/31/25.
3. DOW will conduct monthly audits of pill counting of 10% of resident population to ensure medication technicians are utilizing gloves or pill counters in accordance with 85a regulations, beginning February 2025. Findings will be presented at monthly Best Practice Assurance meetings.

Licensee's Proposed Overall Completion Date: *01/31/2025*

Implemented [redacted] - 02/07/2025)

183b - Meds and Syringes Locked

3. Requirements

2600.

183b - Meds and Syringes Locked *(continued)*

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

On [redacted] at 9:40 AM, a medication cart containing treatments was unlocked, unattended, and accessible in the corner of the 300-hallway lounge. The cart contained the following items:

Resident [redacted] %
Resident [redacted]
Resident [redacted]
Resident [redacted]
Resident [redacted]
Resident [redacted]
Resident [redacted]
Resident [redacted]
Resident [redacted] suppository

Repeated Violation - [redacted]

Plan of Correction ***Accept [redacted] - 01/22/2025)***

1. On [redacted] the 300-hallway treatment cart was behind a privacy screen in the 300 lounge. The cart was immediately locked by DSM and med tech was immediately verbally educated by DSM.
2. Treatment cart removed from 300 lounge.
3. DOW will provide training to medication technicians on locking treatment carts in accordance with 183b by 1/31/25.
4. DOW will audit treatment carts monthly for secure locking beginning February 2025. Findings will be presented at monthly Best Practice Assurance meetings.

Licensee's Proposed Overall Completion Date: *01/31/2025*

Implemented [redacted] - 02/07/2025)

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 [redacted], a tube of [redacted] and two tubs of [redacted] belonging to Resident [redacted] were not labeled with the resident's name.

Repeated Violation - [redacted]

Plan of Correction ***Accept [redacted] - 01/22/2025)***

1. On [redacted] labels were immediately prepared and placed on medications along with verbal education to medication technician by DSM.
2. DOW will provide training to medication technicians on labeling medications in accordance with 184b by 1/31/25.
3. ED will audit 10% of resident populations OTC medications monthly for properly labeling in accordance with 184b beginning February 2025. Findings will be presented at monthly Best Practice Assurance meetings.

184b - Labeling OTC/CAM *(continued)*

Licensee's Proposed Overall Completion Date: *01/31/2025*

Implemented ***- 02/07/2025)***

187b - Date/Time of Medication Admin.

5. Requirements

2600.
187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident is prescribed ER, give 3 capsules orally five times a day. Resident medication administration record does not include the initials of the staff person who administered this medication on at 0600.

Plan of Correction ***Accept*** ***- 01/22/2025)***

1. DOW will provide training to medication technicians on proper recording of medication administration in accordance with 187b by 1/31/25.
2. DOW will audit 10% of resident population EMAR monthly for missing documentation beginning February 2025. Findings will be presented at monthly Best Practice Assurance meetings.

Licensee's Proposed Overall Completion Date: *01/31/2025*

Implemented ***- 02/07/2025)***