

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

January 26, 2024

[REDACTED]
JUNIPER VILLAGE AT LEBANON LLC
[REDACTED]

RE: JUNIPER VILLAGE AT LEBANON I
1125 BIRCH ROAD
LEBANON, PA, 17042
LICENSE/COC#: 33005

[REDACTED],
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 12/20/2023, 12/21/2023 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 LEBANON I License #: 33005 License Expiration: 03/14/2024
 Address: 1125 BIRCH ROAD, LEBANON, PA 17042
 County: LEBANON Region: CENTRAL

Administrator

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

Legal Entity

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

Certificate(s) of Occupancy

Type: C-2 LP Date: 05/17/1996 Issued By: Department of Labor and Industry
 Type: C-2 LP Date: 11/12/2018 Issued By: Lebanon Municipality

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 67 Waking Staff: 50

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal, Complaint Exit Conference Date: 12/21/2023

Inspection Dates and Department Representative

12/20/2023 - On-Site: [REDACTED]
 12/21/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 70 Residents Served: 57

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: 57
 Diagnosed with Mental Illness: 1 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 10 Have Physical Disability: 1

Inspections / Reviews

12/20/2023 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 01/06/2024

Inspections / Reviews (*continued*)

01/08/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 01/16/2024

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 01/15/2024

01/12/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 01/16/2024

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 01/19/2024

01/26/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/16/2024

Reviewer: [REDACTED]

Follow-Up Type: Not Required

16c - Written Incident Report

1. Requirements

2600.

16.c. The home shall report the incident or condition to the Department’s personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On [REDACTED], Resident [REDACTED] did not receive medication as prescribed by the physician. The home did not report this incident to the Department until [REDACTED].

Plan of Correction

Accept [REDACTED] - 01/12/2024)

- 1. Executive Director [REDACTED] provided education to wellness staff on [REDACTED].
- 2. Additional staff members [REDACTED], Medical Concierge, and [REDACTED], LPN, were trained to do reportable when DOW and ED are not immediately available on [REDACTED].
- 3. ED, [REDACTED], will audit reportable monthly to ensure compliance. findings will be presented at monthly quality compliance meetings. Quality meetings are the 4th wednesday of each month with the next being 1/24/24. Audits will begin 1/5/24
- 4. All Med techs were trained 1/8/24 to review medications at the end of each med pass and to report any discrepancies or errors to the LPN, Medical Concierge, DOW or ED. Start date will be 1/9/2024

Licensee's Proposed Overall Completion Date: 01/10/2024

Implemented [REDACTED] - 01/26/2024)

51 - Criminal Background Check

2. 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

Staff Member A, hired on [REDACTED], did not have a State Police Criminal Background Check or a report of federal criminal history record information from the Federal Bureau of Investigation; Staff Member A has not held permanent residency in Pennsylvania for two consecutive years prior to being employed.

Plan of Correction

Accept [REDACTED] - 01/08/2024)

- 1. Executive Director, [REDACTED], completed an education for HR staff involving requirements for employee background checks [REDACTED].
- 2. [REDACTED], HR employee, conducted an audit on all staff and their background checks any findings were updated. This audit was completed. [REDACTED].
- 3. [REDACTED], HR employee, will conduct monthly audits of all new employees to ensure compliance with background checks ongoing. These results will be shared at monthly quality compliance meetings which occur the 4th wed of each month with the next being 1/24/24. Audit began with first new employee [REDACTED].
- 4. Employee [REDACTED] is no longer employed at Juniper however background check was run to maintain compliance on 1/4/24.

Licensee's Proposed Overall Completion Date: 01/06/2024

Implemented [REDACTED] - 01/23/2024)

82a - Poisonous Materials

3. Requirements

2600.

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

Description of Violation

On [REDACTED] at approximately [REDACTED] there were two 26-ounce spray bottles with a label of Enviorex H2Orange 2 cleaner. One spray bottle was filled with a blue liquid and had an orange marker labeling the bottle as Zep. The second bottle had light, yellow liquid inside with a black marker labeling the bottle as Pine Sol.

Plan of Correction

Accept [REDACTED] - 01/08/2024)

1. [REDACTED], ED, provided education to staff regarding the requirements for poisonous materials 12/24/23.
2. An immediate inspection 12/21/23 for all department areas was conducted by each department manager and no items were found. Managers [REDACTED], [REDACTED] will conduct monthly audits until 12/31/24 of their departments to identified any poisonous materials improperly stored. This audit will be reviewed each month at safety meeting which occurs the 4th wed of each month with the next meeting being 1/24/24 audits began 1/2/24.
3. employee who left the identified spray bottles is no longer employed at Juniper.
4. Items identified in violation were immediately removed.

Licensee's Proposed Overall Completion Date: 01/04/2024

Implemented [REDACTED] - 01/23/2024)

132e - Fire Drill Sleeping Hours

4. Requirements

2600.

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

Description of Violation

The last fire drill conducted during sleeping hours was on [REDACTED] at [REDACTED]. The previous sleeping hours fire drill was conducted on [REDACTED] at [REDACTED].

Plan of Correction

Accept [REDACTED] - 01/08/2024)

1. 11-7 Fire drill completed 12/27/23 1140pm.
2. [REDACTED], Executive Director, will audit fire drills monthly until 1/1/25 and review findings at monthly safety meetings which occurs the 4th wed of each month with the next being 1/24/24. Audits began 1/2/24.
3. EVS Director [REDACTED], inputted 11-7 fire drills schedule into electronic maintenance system TELS on 1/2/24 for reminder and requirement to sign off on the 11-7 fire drill every 6 months.
4. [REDACTED], Executive Director, Provided education to EVS staff regarding requirements of Fire Drills on 12/24/23.
5. [REDACTED], ED, met with [REDACTED], EVS Director to review how the violation occurred involving 11-7 fire drill requirements. In review an 11-7 fire drill was scheduled that month however the annual fire expert arrived for their drill and the drill was changed to 7-3. EVS Director, [REDACTED], re-arranged dates so this does not occur in the future.

Licensee's Proposed Overall Completion Date: 01/04/2024

Implemented [REDACTED] - 01/26/2024)

141b1 - Annual Medical Evaluation

5. Requirements

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident [REDACTED]'s most recent medical evaluation was completed on [REDACTED]. The medical evaluation did not include the Medical Professional License Number.

Plan of Correction

Directed [REDACTED] - 01/12/2024)

1. ED, [REDACTED], Provided education for all wellness staff 12/24/23.
2. ED [REDACTED] spoke with provider [REDACTED] and reviewed the requirements of the DME. on 12/26/23.
3. ED [REDACTED] will audit all DME's monthly for any new admits until [REDACTED] to ensure compliance. Monthly audits will be reviewed at quality compliance meeting monthly which occurs the 4th wed of each month with the next being 1/24/24. Audits will begin 1/5/24
4. ED [REDACTED] performed an immediate audit of the DME's. All DME's are within regulatory compliance on 1/3/24.
5. ED [REDACTED] obtained license number [REDACTED] on 12/26/23

Proposed Overall Completion Date: 01/10/2024

(Directed)

1. ED, [REDACTED], Provided education for all wellness staff 12/24/23.
2. ED [REDACTED] spoke with provider [REDACTED] and reviewed the requirements of the DME. on 12/26/23.
3. ED [REDACTED] will audit all DME's monthly for any new admits until [REDACTED] to ensure compliance. Monthly audits will be reviewed at quality compliance meeting monthly which occurs the 4th wed of each month with the next being 1/24/24. Audits will begin 1/5/24
4. ED [REDACTED] performed an immediate audit of the DME's. All DME's are within regulatory compliance on 1/3/24.
5. ED [REDACTED] obtained license number [REDACTED] on 12/26/23 for Resident [REDACTED]'s DME.

Directed Completion Date: 01/10/2024

Implemented [REDACTED] - 01/26/2024)

171b4 - Staff Training

6. Requirements

2600.

171.b. The following requirements apply whenever staff persons or volunteers of the home provide transportation for the resident:

4. At least one staff member transporting or accompanying the residents shall have completed the initial new hire direct care staff person training as specified in § 2600.65 (relating to direct care staff training and orientation).

Description of Violation

Staff Member B provides transportation for the residents without accompanying staff. However, Staff Member B has not completed the initial new hire direct care staff person training.

Plan of Correction

Accept [REDACTED] - 01/12/2024)

1. [REDACTED], ED, provided education for EVS staff 12/24/23.
2. [REDACTED], ED, will audit any new hired transportation position to ensure compliance upon hire beginning [REDACTED]. ED will audit within 5 days after hire to ensure compliance with direct caregiver training requirements. Transportation department members will not drive without someone that has the Direct Caregiver Training until they have personally obtained the training

171b4 - Staff Training (continued)

3. Employee [REDACTED], Driver, completed the direct caregiver course [REDACTED]
4. [REDACTED] ED, audited all individuals transporting residents on 12/24/23 and identified none had the director caregiver course. Those employees are [REDACTED].
5. [REDACTED] completed the direct caregiver course [REDACTED]
6. [REDACTED] completed the direct caregiver course [REDACTED]
7. [REDACTED] completed the direct caregiver course [REDACTED]

Licensee's Proposed Overall Completion Date: 01/09/2024

Implemented [REDACTED] 01/23/2024)

184a - Resident's Meds Labeled

7. Requirements

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

4. The prescribed dosage and instructions for administration.

Description of Violation

On [REDACTED] around [REDACTED], the [REDACTED] for Resident [REDACTED] was not dated when opened, per manufacturer's instructions to ensure it was not used beyond the expiration date.

On [REDACTED], the pharmacy label for Resident [REDACTED] does not include the current instructions for administration. The pharmacy label includes instructions to take [REDACTED] twice a day. However, the current physician's order states to take [REDACTED] by mouth in the morning.

On [REDACTED], the pharmacy label for Resident [REDACTED] does not include the current instructions for administration. The pharmacy label includes instructions to take [REDACTED] every evening. However, the current physician's order states to take [REDACTED] by mouth in the morning.

Plan of Correction

Accept [REDACTED] - 01/12/2024)

1. [REDACTED] audit of all medications was performed by DOW [REDACTED] and all medications are within compliance this included [REDACTED] as well as orders matching medication labels.
2. [REDACTED] DOW will conduct monthly audits beginning [REDACTED] of the medication carts to ensure compliance with medication labels until [REDACTED]. These audits will be presented at monthly safety meeting. These audits will include [REDACTED] for dates opened.
3. Pharmacy was informed of packets of medications with improper labeling by [REDACTED], ED, [REDACTED]
4. ED [REDACTED] completed education with wellness staff 12/24/24.
5. Ann Gates medication administration trainer conducted hands on training with all med techs by 1/6/24. This training included how to report medication errors, what should be on a DME document, Proper labeling of medications, Proper recording of the MAR, administering medications as ordered, what needs to be on a prescreen and date requirements, RASP requirements. Additionally [REDACTED] watched eat med tech on a med pass.

Proposed Overall Completion Date: 01/10/2024

Licensee's Proposed Overall Completion Date: 01/10/2024

Implemented [REDACTED] - 01/23/2024)

187b - Date/Time of Medication Admin.

8. 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 [redacted] has physician's orders to receive [redacted] take one tablet by mouth in the evening. On 7/2/2023, Resident [redacted] did not receive this medication as ordered and the Department was notified on 7/5/2023. However, the Medication Administration Record for July 2023 indicates the medication was administered.

Resident [redacted] has a physician's order to receive [redacted] by mouth two times daily. Resident [redacted] did not receive this medication as ordered on [redacted] at [redacted] [redacted] at [redacted] or [redacted] at [redacted] the Department was notified. However, the Medication Administration Record for June 2023 indicates the medication was administered.

Resident [redacted] has a physician's order to receive [redacted] -by mouth two times a day. Resident [redacted] did not receive this medication as ordered on 7/10/2023 at 9:00 PM; the Department was notified. However, the Medication Administration Record for July 2023 indicates the medication was administered.

Plan of Correction

Accept [redacted] - 01/12/2024)

1. DOW [redacted] will audit those staff performing medication administration monthly to ensure compliance until 12/31/24. This audit will be reviewed at monthly safety meeting.
2. Pharmacy was informed of packets of medications with improper labeling by [redacted] ED on 12/28/23.
3. ED [redacted] completed education with wellness staff 12/24/24.
4. [redacted] medication administration trainer conducted hands on training with all med techs by 1/6/24.
5. Policy reviewed with DOW and LPN on 1/10/24 for medication administration and procedure. Staff provided education regarding this policy on 1/12/24 by DOW.
6. ED completed audit of all incident reports back to June 2023 on 1/10/24. MAR and administration type was updated by LPN [redacted] 1/11/24. The EMAR system indicates the number 9 when medication not given. For those reportable since December the EMAR was updated electronically. The system does not permit going back further so those EMARS were printed updated via hand written and scanned into the system. Progress notes in the chart were performed to indicate as such.
7. LPN [redacted] will be responsible for monitoring medication errors and proper reflection on the MAR moving forward Staff were educated on this process 1/11/24 to begin effective the same day 1/11/24.

Licensee's Proposed Overall Completion Date: 01/12/2024

Implemented [redacted] - 01/26/2024)

187d - Follow Prescriber's Orders

9. Requirements

2600.

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

Description of Violation

Resident [redacted] has physician's orders to receive [redacted] -take one tablet by mouth in the evening. On 7/2/2023, Resident [redacted] did not receive this medication as ordered.

Resident [redacted] has a physician's order to receive [redacted] let by mouth two times daily. Resident # [redacted] did not did

187d - Follow Prescriber's Orders (continued)

not receive this medication as ordered on [REDACTED] at [REDACTED], [REDACTED] at [REDACTED] or [REDACTED] at [REDACTED]

Resident [REDACTED] has a physician's order to receive [REDACTED]-by mouth two times a day. Resident [REDACTED] did not receive this medication as ordered on [REDACTED] at [REDACTED]

On [REDACTED], an order was received to discontinue Resident [REDACTED]'s [REDACTED]-give [REDACTED] tablet by mouth one time a day. This medication continued to be administered to Resident [REDACTED] on [REDACTED], [REDACTED] and [REDACTED].

Plan of Correction

Accept [REDACTED] - 01/12/2024)

1. DOW [REDACTED] will audit those staff performing medication administration monthly to ensure compliance until 12/31/24. This audit will be reviewed at monthly safety meeting which occurs the 4th wed of each month with the next being 1/24/24. Audit will begin 1/2/24
2. ED [REDACTED] completed education with wellness staff 12/24/24.
3. [REDACTED] medication administration trainer conducted hands on training with all med techs by 1/6/24 this education included prompt removal of discontinued medications from the med cart upon receipt of discontinue orders as well as administering medications per Phyician order.
4. [REDACTED], Medical Concierge, will receive discontinued orders and ensure they are being followed by reviewing EMAR and the medication cart beginning 1/10/24.

Licensee's Proposed Overall Completion Date: 01/10/2024

Implemented [REDACTED] - 01/23/2024)

224a - Preadmission Screen Form

10. Requirements

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident [REDACTED] was admitted to the home on [REDACTED]; however, the resident's preadmission screening was completed on [REDACTED].

Resident [REDACTED] was admitted to the home on [REDACTED]; however, the resident's preadmission screening was completed on [REDACTED].

Resident [REDACTED] was admitted to the home on [REDACTED]; however, the resident's preadmission screening was completed on [REDACTED].

Repeated Violation - 8/23/2022

Plan of Correction

Accept [REDACTED] - 01/12/2024)

1. ED [REDACTED] provided education for all wellness staff 12/24/23.
2. ED [REDACTED] performed an audit of all pre-admit screens to ensure compliance [REDACTED]
3. ED [REDACTED] will audit monthly all new admissions to ensure preadmit screens are completed within

224a - Preadmission Screen Form (continued)

compliance until 12/31/24. These findings will be reviewed at monthly quality improvement meetings which occurs the 4th wed of each month with the next one being 1/24/24. Audits will begin 1/2/24

4. ED [REDACTED] or designee [REDACTED] DOW, will review at pre-admission screens within 24 hours of admission to ensure completion beginning [REDACTED].

Licensee's Proposed Overall Completion Date: 01/10/2024

Implemented [REDACTED] - 01/23/2024)

227d - Support Plan Medical/Dental**11. 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

The assessment and support plan for Resident [REDACTED], dated [REDACTED], does not reflect the resident's alternate sleeping arrangement as the resident uses a recliner due to CHF.

Plan of Correction

Accept [REDACTED] - 01/12/2024)

1. ED [REDACTED] provided education to wellness staff 12/24/23.

2. ED [REDACTED] will audit RASP of all new residents monthly to ensure compliance until [REDACTED]. Findings will be reviewed at monthly quality improvement meetings which occur the 4th wed of each month with the next being 1/24/24. Audits will begin 1/2/24

3. Employee [REDACTED] and [REDACTED] were taught on [REDACTED] how to complete RASP update forms to ensure that careplans are accurate and timely updates are indicated.

4. ED [REDACTED] completed an audit of all current RASP [REDACTED] to ensure compliance.

5. RASP update completed by [REDACTED]

6. 20 percent of resident RASP's will be audited monthly by ED [REDACTED] to ensure compliance and that needs are documented and supports are being provided. Audits will begin 1/10/24 until 12/31/24.

Licensee's Proposed Overall Completion Date: 01/10/2024

Implemented [REDACTED] - 01/26/2024)