

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

June 12, 2024

[REDACTED], VICE PRESIDENT
JUNIPER VILLAGE AT MONROEVILLE LLC
2589 MOSSIDE BOULEVARD
MONROEVILLE, PA, 15146

RE: JUNIPER VILLAGE AT MONROEVILLE
2589 MOSSIDE BOULEVARD
MONROEVILLE, PA, 15146
LICENSE/COC#: 45263

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/17/2024, 04/18/2024 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 MONROEVILLE License #: 45263 License Expiration: 07/12/2024
 Address: 2589 MOSSIDE BOULEVARD, MONROEVILLE, PA 15146
 County: ALLEGHENY Region: WESTERN

Administrator

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

Legal Entity

Name: JUNIPER VILLAGE AT MONROEVILLE LLC
 Address: 2589 MOSSIDE BOULEVARD, MONROEVILLE, PA, 15146
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP Date: 02/14/1997 Issued By: Labor and Industry
 Type: I-2 Date: 05/30/1997 Issued By: Municipality of Monroeville

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 87 Waking Staff: 65

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal, Complaint Exit Conference Date: 04/18/2024

Inspection Dates and Department Representative

04/17/2024 - On-Site: [REDACTED]
 04/18/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 126 Residents Served: 59
 Secured Dementia Care Unit
 In Home: Yes Area: Wellsprings Capacity: 26 Residents Served: 16
 Hospice
 Current Residents: 12
 Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 59
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 28 Have Physical Disability: 0

Inspections / Reviews

04/17/2024 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 05/10/2024

Inspections / Reviews *(continued)*

05/22/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 06/07/2024

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 05/28/2024

05/29/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 06/07/2024

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 06/07/2024

06/12/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/07/2024

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 4/18/2024 at 11:12 am, a packing slip, dated 4/18/2024, for resident #1's order for Lantus 100 u/ml was unlocked, unattended and accessible on top of the medication cart in the hallway to the right of the activities office.

There was a sheet of paper taped on the glass bulletin board across from the door to the staff "Hub" indicating "Gateway Hospice -- week of 4/1 -- 4/5 ad resident #2's name.

On 4/18/2024 at 5:00 pm, the door to the staff "Hub" was open and confidential resident information written on the dry erase board on the wall could be seen from the hallway including a list of residents who are receiving hospice/home health care, including resident #2, resident #3, resident #4, resident #5, resident #6, and that resident #7 is a 2-person assist.

Plan of Correction

Accept (█) - 05/21/2024)

Packing slip was immediately removed and cart was locked. Resident information was immediately removed from "Hub".

Staff will be re-educated on Record Confidentiality by May 16th

Ongoing compliance will be monitored with daily rounds and recorded on the daily round sheet. Daily rounds record will be completed daily for 30 days, then 3x/week for 3 months then weekly. This will be completed by MOD, ED. DOW or designee and reviewed at stand-up.

Licensee's Proposed Overall Completion Date: 06/14/2024

Implemented (█) - 06/12/2024)

26a - Quality Management Plan

2. Requirements

2600.

26.a. The home shall establish and implement a quality management plan.

Description of Violation

The home does not have a quality management plan.

Plan of Correction

Accept (█) - 05/21/2024)

The home does have a robust Best Practice Assurance Program. The violation is due to preference of how the program is organized. A new form was created to accommodate this request.

New QA agenda will be used at monthly QA meetings that are held on the last Thursday of every month. This will be completed by ED or designee ongoing monthly

Licensee's Proposed Overall Completion Date: 05/16/2024

26a - Quality Management Plan (continued)

Implemented (█) - 06/12/2024)

42s - Privacy

3. Requirements

2600.

42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

Description of Violation

Residents #9 and #10 have Voice-Controlled Electronic Devices in use in their rooms. However, there is no posted notification that the the device is in operation and may be recording conversations, including conversations not intended to be recorded. While the facility may have access to these recorded conversations, the facility will delete the conversation history from any device used by the facility on a regular basis as determined by the facility.

Plan of Correction

Accept (█) - 05/21/2024)

Notification is posted by elevators in our resident rules. This is also included in the resident contract stating that voice recordings are prohibited. The community Alexa devices are Juniper devices and do not record voice or person. Residents who do have "nanny cams" already have signs on their specific rooms. Contracts also include consent for Voice Controlled Device/Smart Speaker.

New posting at the entrance of the building stating Alexa devices are in un use and will remain ongoing.

Licensee's Proposed Overall Completion Date: 05/16/2024

Implemented (█) - 06/12/2024)

65f - Training Topics

4. Requirements

2600.

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

1. Medication self-administration training.
2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.

Description of Violation

Direct care staff person A did not receive training in the following during the 2023 training year:

- * Medication self-administration.
- * Instructions on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.

Direct care staff person B did not receive training in the following during the 2023 training year:

- * Medication self-administration.
- * Instructions on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.

65f - Training Topics (continued)

Plan of Correction

Accept (█) - 05/21/2024

Staff person A and Staff person B Relias template was corrected to include wellness staff requirements.

Staff person A and B will have trainings completed by MAy 16th.

Business office to audit all staff to assure appropriate trainings are listed. This audit will be completed by May 20th and will be done monthly x 3 months.

Licensee's Proposed Overall Completion Date: 05/20/2024

Implemented (█) - 06/12/2024

65g - Annual Training Content

5. 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:

- 1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.

Description of Violation

Staff person C, the Environmental Services Director, has been providing annual fire safety training for the staff for the past 2 years. Staff person C is not a fire safety expert, nor has staff person C been trained to be a trainer by a fire safety expert.

Direct care staff person A did not receive training in fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert in the 2023 training year.

Direct care staff person B did not receive training in fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert in the 2023 training year.

Plan of Correction

Accept (█) - 05/21/2024

Juniper has Annual Training by Fire Safety Solutions in March of every year.

Staff person C immediately enrolled in a Train the Trainer Fire Safety Training to be done on May 15th.

Annual Fire Safety Training to be done by Staff person C on May 16th then annually.

Licensee's Proposed Overall Completion Date: 05/16/2024

Implemented (█) - 06/12/2024

81b - Resident Personal Equipment

6. Requirements

2600.

81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

On 4/18/2024, at 4:25 pm, the "Halo" style enabler bar on resident #9's bed was not well-secured to the bed and

81b - Resident Personal Equipment (continued)

could be moved approximately 3 inches in both directions toward the head and foot of the bed, posing an entrapment and fall hazard.

Plan of Correction

Accept (█) - 05/29/2024

Halo device was immediately secured.

Halo devices will be checked daily with daily rounds sheet daily for 30 days, the 3x/wk for 3 months to be done by ED/DOW/MOD, and will also be added to the MAR to check q shift all residents with devices ongoing

All staff will be educated on entrapment hazards of bedside mobility devices per DHS guide by June 6th 2024 and will be included in communities new hire orientation and annual training

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

Implemented (█) - 06/12/2024

89b - Hot Water Temperature**7. Requirements**

2600.

89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

Description of Violation

On 4/18/2024 at 4:30 pm, the hot water temperature at the sink in room #301 measured 126.1 degrees Fahrenheit.

On 4/18/2024 at 4:35 pm, the hot water temperature at the sink in room #303 measured 124.1 degrees Fahrenheit.

Plan of Correction

Accept (█) - 05/29/2024

ESD immediately corrected the temperatures.

ESD/Designee will monitor hot water temps monthly ongoing. These logs are current and the community has already been keeping records.

Licensee's Proposed Overall Completion Date: 05/28/2024

Implemented (█) - 06/12/2024

91 - Telephone Numbers**8. Requirements**

2600.

91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

Description of Violation

On 4/17/2024 at 11:22 am, there are no emergency telephone numbers to include the nearest hospital and fire department on or by the telephone on the wall by the kitchen in the main dining room.

Plan of Correction

Accept (█) - 05/22/2024

Emergency numbers were immediately place on phone

Emergency numbers will be part of the daily rounds check to be done by ED/MOD/Designee. This will be done

91 - Telephone Numbers (continued)

daily x one month then 3x/week for 3 months then weekly ongoing.

Licensee's Proposed Overall Completion Date: 05/20/2024

Implemented () - 06/12/2024)

96a - First Aid Kit**9. Requirements**

2600.

96.a. The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

Description of Violation

The first aid kit in the ice cream parlor did not include scissors and tweezers.

The first aid kit in the third floor bathtique did not include a thermometer, adhesive tape and a breathing shield.

Plan of Correction

Accept () - 05/22/2024)

First aide kit was immediately updated

First aide kits check will be part of the daily rounds check to be done by ED/MOD/Designee. This will be done daily x one month then 3x/week for 3 months then weekly ongoing.

Licensee's Proposed Overall Completion Date: 05/20/2024

Implemented () - 06/12/2024)

103f - Refrigerator/Freezer Temps**10. Requirements**

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

On 4/17/2024 at 11:14 am, the mini refrigerator/freezer in the activities room did not have a thermometer.

Plan of Correction

Accept () - 05/22/2024)

Refrigerator temps will be part of the daily rounds check to be done by ED/MOD/Designee. This will be done daily x one month then 3x/week for 3 months then weekly ongoing.

Licensee's Proposed Overall Completion Date: 05/20/2024

Implemented () - 06/12/2024)

105g - Lint Removal and Duct Cleaning**11. Requirements**

2600.

105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

Description of Violation

On 4/17/2024, at 11:30 am, there was an approximate 1/4 inch accumulation of lint in the lint trap of the dryer in

105g - Lint Removal and Duct Cleaning (continued)

the secured dementia care unit (SDCU). There were no clothes in the dryer at the time.

On 4/18/2024, at 4:45 pm, there was an approximate 1/4 inch accumulation of lint in the lint trap of the dryer in the third floor laundry room. There were no clothes in the dryer at the time.

Plan of Correction

Accept (█ - 05/29/2024)

Lint was immediately removed

All staff will be educated during Annual Fire Safety Training on May 16th. Logs will be kept to monitor lint removal q shift at each dryer on resident units ongoing. Logs to be updated and initiated May 16th and continue ongoing

Licensee's Proposed Overall Completion Date: 05/28/2024

Implemented (█ - 06/12/2024)

183b - Meds and Syringes Locked**12. Requirements**

2600.

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 4/17/2024 at 11:13 am, a bottle of Tums antacid tablets was unlocked, unattended, and accessible in the top drawer of the desk in the activities room.

On 4/18/2024 at 11:12 am, resident #1's Humalog Kwik pen and glucometer were unlocked, unattended and accessible on top of the medication cart in the hallway to the right of the activities office.

Plan of Correction

Accept (█ - 05/22/2024)

TUMS was immediately removed from activity room desk. Resideint #1 Humalog and glucometer were immediately stored appropriately.

Activity director was immediately educated on CAM and will no longer keep any OTC products in an unlocked area.

Ongoing compliance will be monitored with daily rounds and recorded on the daily round sheet. Daily rounds record will be completed daily for 30 days, then 3x/week for 3 months then weekly. This will be completed by MOD, ED, DOW or designee and reviewed at stand-up.

Licensee's Proposed Overall Completion Date: 05/20/2024

Implemented (█ - 06/12/2024)

227h - Support Plan Refuse Sign**13. Requirements**

2600.

227.h. If a resident or designated person is unable or chooses not to sign the support plan, a notation of inability or refusal to sign shall be documented.

227h - Support Plan Refuse Sign (continued)**Description of Violation**

Resident #11 did not sign the support plan dated [REDACTED] nor is there an indication of [REDACTED] inability or refusal to sign the support plan.

Plan of Correction

Accept ([REDACTED] - 05/22/2024)

Resident support plan was immediately corrected.

DOW/designee will audit all support plans for complete documentation. Resident chart audits will be completed by ED/DOW/MC monthly to include new residents and residents with change in condition.

Licensee's Proposed Overall Completion Date: 05/20/2024

Implemented ([REDACTED] - 06/12/2024)