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

May 30, 2024

JUNIPER VILLAGE AT SOUTH HILLS LLC

RE: JUNIPER VILLAGE AT SOUTH HILLS
1320 GREENTREE ROAD
PITTSBURGH, PA, 15220
LICENSE/COC#: 45265

,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/17/2024, 04/19/2024 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,

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *JUNIPER VILLAGE AT SOUTH HILLS* **License #**: *45265* **License Expiration**: *07/12/2024*

Address: *1320 GREENTREE ROAD, PITTSBURGH, PA 15220*

County: *ALLEGHENY* **Region**: *WESTERN*

Administrator

Name: **Phone**: **Email**:

Legal Entity

Name: *JUNIPER VILLAGE AT SOUTH HILLS LLC*
Address:
Phone: **Email**:

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: **Total Daily Staff**: *83* **Waking Staff**: *62*

Inspection Information

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

Reason: *Incident* **Exit Conference Date**: *04/17/2024*

Inspection Dates and Department Representative

04/17/2024 - On-Site:
04/19/2024 - Off-Site:

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *96* **Residents Served**: *55*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *Third floor* **Capacity**: *26* **Residents Served**: *20*

Hospice

Current Residents: *15*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *55*
Diagnosed with Mental Illness: *0* **Diagnosed with Intellectual Disability**: *0*
Have Mobility Need: *28* **Have Physical Disability**: *0*

Inspections / Reviews

04/17/2024 - Partial

Lead Inspector: **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *05/11/2024*

05/13/2024 - POC Submission

Submitted By: **Date Submitted**: *05/30/2024*

Reviewer: **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *05/20/2024*

Inspections / Reviews *(continued)*

05/20/2024 - POC Submission

Submitted By: [redacted]
Date Submitted: *05/30/2024*
Reviewer: [redacted]
Follow-Up Type: *Document Submission* **Follow-Up Date**: *05/30/2024*

05/30/2024 - Document Submission

Submitted By: [redacted]
Date Submitted: *05/30/2024*
Reviewer: [redacted]
Follow-Up Type: *Not Required*

15b - Supervisor Plan

1. Requirements

2600.
15.b. If there is an allegation of abuse of a resident involving a home's staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

Description of Violation

On at 3:00 p.m., the home became aware of an allegation of abuse/neglect of resident by staff person A and suspended staff person A. However, staff person A worked at the home from 11:00 p.m. – 7:00 a.m. on and . The home had not submitted a plan of supervision for staff person A to the Department.

Plan of Correction ***Directed - 05/20/2024)***

Executive Director and Wellness Director completed in-service on proper procedure of Mandatory Abuse/Neglect Reporting on 04/18/2024. Education included review of notification requirement that an employee is suspected to have committed abuse, the facility shall develop and implement an individual plan of supervision which may also include suspension of the employee pending investigation and the facility shall submit the plan of supervision to the AAA & licensing agency for approval. Documentation will be kept in accordance with Regulation 1600.65(i).
By 5/31/2024, all staff persons will complete an in-service on the proper procedure of Mandatory Abuse/Neglect Reporting. Education included review of notification requirement that an employee is suspected to have committed abuse, the facility shall develop and implement an individual plan of supervision which may also include suspension of the employee pending investigation and the facility shall submit the plan of supervision to the AAA & licensing agency for approval. Documentation will be kept in accordance with Regulation 1600.65(i).
Starting 5/20/2024, ED or Designee will interview five residents weekly for four weeks to ensure compliance with Regulation 2600.15(b).
ED or Designee will review ongoingly reported occurrences of suspected abuse/neglect and complete notification accordingly.

Proposed Overall Completion Date: 06/14/2024

DIRECTED
Within 1 calendar day of the receipt of the accepted plan of correction: The administrator shall review any allegations of abuse to ensure compliance with Regulation 2600.15(b) and that a staff person alleged of abuse shall not have access to residents unless the home had developed a plan of supervision approved by the Department and the Area Agency on Aging. /20/24

Within 10 calendar days of the receipt of the accepted plan of correction: The administrator shall implement all aspects of the accepted plan of correction by 5/31/24. 5/20/24

Directed Completion Date: *05/30/2024*

Implemented - 05/30/2024)

65a - FS Orientation 1st Day

2. Requirements

2600.

65a - FS Orientation 1st Day *(continued)*

65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

1. Evacuation procedures.
2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
5. The location and use of fire extinguishers.
6. Smoke detectors and fire alarms.
7. Telephone use and notification of emergency services.

Description of Violation

Staff person B began working for the legal entity at one of its other locations on 2/1/23. Staff person B began working for Juniper Village of South Hills on 3/20/24. However, staff person B did not receive an orientation in general fire safety and emergency preparedness for this location that included the following:

(1) Evacuation procedures.

(2) Staff duties and responsibilities during fire drills ...

(3) The designated meeting place outside the building or within the fire safe area in the event of an actual fire.

(4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.

(5) The location and use of fire extinguishers.

(6) Smoke detectors and fire alarms.

(7) Telephone use and notification of emergency services.

Plan of Correction ***Directed - 05/20/2024)***

Staff person B did not return to the facility after 03/20/2024 and is not employed by the community.

Business Office Manager or designee completed audit to ensure that all staff members were orientated in general fire safety and emergency preparedness.

Starting on 5/20/2024, ED or Designee will complete audit of training records weekly for eight weeks to ensure all staff members were oriented in general fire safety and emergency procedures.

Proposed Overall Completion Date: 06/14/2024

Within 10 calendar days of the receipt of the accepted plan of correction: The administrator shall implement all aspects of the accepted plan of correction by 5/31/24. 5/20/24

Directed Completion Date: *05/30/2024*

Implemented - 05/30/2024)

65i - Training Record

3. Requirements

2600.

65.i. A record of training including the staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.

Description of Violation

Staff person A began working for the home on 2/26/24. However, the training record for the following trainings

65i - Training Record (continued)

completed with staff person A did not include the dates of training for the following topics in 2600.65b:
(1) Resident rights.
(2) Emergency medical plan.
(3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act
(4) Reporting of reportable incidents and conditions.

Plan of Correction ***Directed - 05/20/2024)***

It was verified Staff person A completed the training, but the dates of training were not recorded correctly due to clerical errors. The training record was updated for Staff person A training record on 03/20/2024 accordingly.
Business Office Manager or designee completed audit to ensure staff members training record is accurate to required orientation topics 2600.65b(1-4) as identified.
Starting on 5/20/2024, ED or Designee will complete audit of training records weekly for eight weeks to ensure staff members received training on Orientation topics 2600.65b(1-4) as identified.

Proposed Overall Completion Date: 06/14/2024

DIRECTED
Within 1 calendar day of receipt of the accepted plan of correction: The administrator shall review all staff training records as part of the quality management review process to ensure all staff training records meet the requirements of Regulation 2600.65(i). Documentation of the review shall be kept. 5/20/24

Within 10 calendar days of the receipt of the accepted plan of correction: The administrator shall implement all aspects of the accepted plan of correction by 5/31/24. 5/20/24

Directed Completion Date: *05/30/2024*

Implemented 05/30/2024)

227g -Support Plan Signatures

4. Requirements

2600.
227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

The support plan for resident completed was not signed by the resident and did not indicate that the resident was unable or chose not to sign the support plan.

The support plan for resident completed was not signed by the resident and did not indicate that the resident was unable or chose not to sign the support plan.

Plan of Correction ***Directed 05/20/2024)***

On 04/19/2024, the Support Plan was updated to reflect Residents and were unable to sign as these residents are not capable/able to sign.
ED or designee complete chart audit completed on 05/01/2024 to review and verify signatures on support plans.
All residents at time of review of support plan or any other document for execution will be provided the opportunity to sign if able. If residents are unable or chose not to sign, this will be documented on the support plan.

227g -Support Plan Signatures (continued)

Starting on 5/20/2024, ED or designee will conduct Monthly audit of resident charts will verify signature / date of support plans by the resident or notation of "unable or chose not to sign" per resident needs.

Proposed Overall Completion Date: 06/14/2024

Within 10 calendar days of the receipt of the accepted plan of correction: The administrator shall implement all aspects of the accepted plan of correction by 5/31/24. [redacted] 5/20/24

Directed Completion Date: *05/30/2024*

Implemented [redacted] - 05/30/2024)