

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

August 26, 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 05/16/2024, 06/14/2024 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:** 99 **Waking Staff:** 74

Inspection Information

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

Reason: Complaint **Exit Conference Date:** 06/14/2024

Inspection Dates and Department Representative

05/16/2024 - On-Site: [REDACTED]

06/14/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 126 **Residents Served:** 69

Secured Dementia Care Unit

In Home: Yes **Area:** Wellsprings **Capacity:** 21 **Residents Served:** 17

Hospice

Current Residents: 20

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 69

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

Have Mobility Need: 30 **Have Physical Disability:** 0

Inspections / Reviews

05/16/2024 Partial

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 07/03/2024

Inspections / Reviews *(continued)*

07/03/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 08/16/2024

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 07/09/2024

07/17/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 08/16/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 08/12/2024

08/26/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 08/16/2024

Reviewer: [REDACTED]

Follow Up Type: Not Required

185a Implement Storage Procedures

1. 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 is prescribed [redacted] by mouth every 2 hours as needed for sever pain; however, on [redacted], this medication was not available in the home for administration.

Plan of Correction

Directed [redacted] - 07/16/2024)

Orders were immediately verified with hospice and pharmacy. [redacted] was ordered to be delivered same day.

Hospice Emergency Kit Policy was verbally reviewed with med techs on duty the day of inspection. All med techs will receive education with completion date 7/23/24 (DIRECTED: Documentation of the staff education shall be kept in accordance with 2600.65i. [redacted] 7/16/24)

Ongoing compliance will be maintained with review of policy quarterly by director of wellness/CRNP/MD/or designee

Med cart audits to be done weekly by DOW/ED/MC for one month then monthly ongoing and reviewed monthly at QA meetings held the 4th Thursday of every month. Next meeting is July 25th. (DIRECTED: Documentation of the quality management review shall be kept. [redacted] 7/16/24)

DIRECTED: Beginning on 7/21/24: A designated staff person qualified to administer medications shall review the medications for at least 5 different residents weekly for 1 month then monthly thereafter to ensure all prescribed medications are present in the home and available for administration. Documentation of the audits shall be kept for 1 month. [redacted] 7/16/24

All med techs to have medication competency check (this is done annually but will add additional one) done by DOW/MC/LPN by July 23rd and continue annually per Juniper regulations.

DIRECTED: By 7/23/24: The administrator shall re-educate all staff persons qualified to administer medications on the home's procedures for reordering medications prior to the depletion of the current supply. Documentation of the staff education shall be kept in accordance with 260.65i. [redacted] 7/16/24).

Please see attached P and P and audits

Proposed Overall Completion Date: 07/23/2024

Directed Completion Date: 08/12/2024

Implemented [redacted] - 08/26/2024)

185b Medication Procedures

2. Requirements

185b - Medication Procedures (continued)

2600.

185.b. At a minimum, the procedures must include:

1. Documentation of the receipt of controlled substances and prescription medications.
2. A process to investigate and account for missing medications and medication errors.
3. Limited access to medication storage areas.
4. Documentation of the administration of prescription medications, OTC medications and CAM for residents who receive medication administration services or assistance with self-administration. This requirement does not apply to a resident who self-administers medication without the assistance of a staff person and stores the medication in his room.

Description of Violation

The home's controlled substances policy indicates staff persons will document the administration of a controlled substance on the resident's medication administration record (MAR) and the narcotic count sheet at the time of medication administration.

Resident #2 is prescribed [REDACTED] tablet-Take 1 tablet by mouth once a day as needed. According to resident #2's May 2024 MAR, staff person A administered this medication to resident #2 on [REDACTED] and on [REDACTED] at [REDACTED]; however, the narcotic count sheet for this medication indicates the medication was only administered once to resident #2 on [REDACTED]. Resident #2's [REDACTED] MAR also indicates staff person A administered this medication to resident #2 on [REDACTED], on [REDACTED] and on [REDACTED], however, resident #2's narcotic count sheet indicates the medication was only administered twice on [REDACTED].

Resident #4 is prescribed [REDACTED] tablet-Take 1 tablet by mouth every 8 hours as needed. According to resident #4's May 2024 MAR, this medication was administered to resident #4 on [REDACTED] and on [REDACTED] at [REDACTED]; however, the narcotic count sheet for this medication indicates the medication was only administered once to resident #4 on [REDACTED].

Resident #5 is prescribed [REDACTED] tablet-Take 1 tablet by mouth every 8 hours as needed. According to resident #5's May 2024 MAR, staff person A administered this medication to resident #5 on [REDACTED] and on [REDACTED]; however, the narcotic count sheet for this medication indicates the medication was only administered once to resident #5 on [REDACTED]. Resident #5's [REDACTED] MAR also indicates staff person A administered this medication to resident #5 on [REDACTED] and on [REDACTED]; however, resident #5's narcotic count sheet indicates the medication was only administered once on [REDACTED].

Resident #6 is prescribed [REDACTED] tablet-Take 1 tablet by mouth every 12 hours as needed. According to resident #6's May 2024 MAR, staff person A administered this medication to resident #6 on [REDACTED], on [REDACTED] at [REDACTED]; however, none of these medication administrations are documented on resident #6's narcotic count sheet.

Resident #7 is prescribed [REDACTED] tablet-Take 1 tablet by mouth every 6 hours as needed. According to resident #7's [REDACTED] MAR, staff person A administered this medication to resident #7 on [REDACTED]; however, this administration is not documented on resident #7's narcotic count sheet.

Plan of Correction**Directed [REDACTED] - 07/16/2024)**

Staff member A was immediately removed indefinitely from passing medications. on [REDACTED] (this was a multi day inspection [REDACTED] was removed day of exit when the problem was identified and communicated to ED. This was NOT communicated to ED that there was data confirming the issue until exit conference).

185b - Medication Procedures (continued)

MAR's for residents on controlled substances were reviewed for accuracy. MAR was compared to narcotic sheet. PRN medication was reviewed against MD orders and administration.

Ongoing compliance will be maintained Q day x 30 days, then 3 x/week for 30 days then monthly. This will be done on the narcotic audit form by the DOW/Med Leads/MC/ or designee and reviewed monthly at QA meetings held the last Thursday of the month (next one July 25th) (DIRECTED: Documentation of the quality management review shall be kept. [REDACTED] 7/16/24)

DIRECTED: Beginning on 7/21/24: A designated staff person qualified to administer medications shall review the medication administration records and the narcotic count sheets for all residents prescribed a controlled substance daily for 1 week, weekly for 1 month then monthly thereafter to ensure accurate and complete documentation is present for the administration of a controlled substance. Documentation of the audits shall be kept for 1 month. [REDACTED] 7/16/24.

All med techs will be re-educated on controlled substance policies by July 23rd, (see attached) 2024 then quarterly by DOW/CRNP/ or designee (DIRECTED: Documentation of the staff education shall be kept in accordance with 2600.65i [REDACTED] 7/16/24).

All med techs will be evaluated for competency by July 23rd, 2024 by the Medical concierge/DOW/med tech leads then annually per Juniper policies

See attached from 185A

Proposed Overall Completion Date: 07/23/2024

Directed Completion Date: 08/12/2024

Implemented ([REDACTED] - 08/26/2024)

187b - Date/Time of Medication Admin.**3. 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 #2 is prescribed [REDACTED] tablet-Take 1 tablet by mouth once a day as needed. According to resident #2's narcotic count sheet, staff person A administered this medication to resident #2 on [REDACTED]; however, this medication was not documented as administered on resident #2's [REDACTED] MAR.

Resident #5 is prescribed [REDACTED] tablet-Take 1 tablet by mouth every 8 hours as needed. According to resident #5's narcotic count sheet, staff person A administered this medication to resident #5 on [REDACTED] however, this medication was not documented as administered on resident #5's [REDACTED] MAR.

187b - Date/Time of Medication Admin. (continued)

Resident #6 is prescribed [REDACTED] tablet-Take 1 tablet by mouth every 12 hours as needed. According to resident #6's narcotic count sheet, staff person A administered this medication to resident #6 on the following dates and times; however, none of these medication administrations were documented as administered on resident #6's May 2024 MAR:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

Resident #7 is prescribed [REDACTED] tablet-Take 1 tablet by mouth every 6 hours as needed. According to resident #7's narcotic count sheet, staff person A administered this medication to resident #7 on [REDACTED]; however, this medication was not documented as administered on resident #7's [REDACTED] MAR.

Plan of Correction

Directed [REDACTED] - 07/16/2024)

Staff member A was immediately removed indefinitely from passing medications. on 6/14/24 (this was a multi day inspection he was removed day of exit when the problem was identified and communicated to ED. This was NOT communicated to ED that there was data confirming the issue until exit conference).

MAR's for residents on controlled substances were reviewed for accuracy. MAR was compared to narcotic sheet. PRN medication was reviewed against MD orders and administration.

Ongoing compliance will be maintained Q day x 30 days, then 3 x/week for 30 days then monthly. This will be done on the narcotic audit form by the DOW/Med Leads/MC/ or designee and reviewed monthly at QA meetings held the last Thursday of the month (next one July 25th) (DIRECTED: Documentation of the quality management review shall be kept. [REDACTED] 7/16/24)

DIRECTED: Beginning on 7/21/24: A designated staff person qualified to administer medications shall review the medication administration records and the narcotic count sheets for all residents prescribed a controlled substance daily for 1 week, weekly for 1 month then monthly thereafter to ensure accurate and complete documentation is present for the administration of a controlled substance. Documentation of the audits shall be kept for 1 month. [REDACTED] 7/16/24.

All med techs will be re-educated on controlled substance policies by July 23rd, (see attached) 2024 then quarterly by DOW/CRNP/ or designee (DIRECTED: The staff education shall also include re-education of the home's procedures for medication administration documentation to ensure resident medication administration records are documented at the time of medication administration. Documentation of the education shall be kept in accordance with 2600.65i. [REDACTED] 7/16/24)

187b - Date/Time of Medication Admin. (continued)

All med techs will be evaluated for competency by July 23rd, 2024 by the Medical concierge/DOW/med tech leads then annually per Juniper policies
See attached from 185A

Proposed Overall Completion Date: 07/23/2024

Directed Completion Date: 08/12/2024

Implemented [REDACTED] - 08/26/2024)

187d - Follow Prescriber's Orders

4. Requirements

2600.

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

Description of Violation

Resident #2 is prescribed [REDACTED] tablet-Take 1 tablet by mouth every day as needed. However, resident #2's May 2024 MAR indicates staff person A administered this medication to resident #2 numerous times in one day, to include the following dates and times:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

Resident #2 is prescribed [REDACTED] tablet-Take 1 tablet by mouth every day as needed. According to

187d - Follow Prescriber's Orders (continued)

resident #2's May 2024 MAR, another staff person administered this medication to resident #2 on [REDACTED]; however, staff person A also administered the medication to resident #2 on [REDACTED].

Resident #4 is prescribed [REDACTED] tablet-Take 1 tablet by mouth every 8 hours as needed. According to resident #4's May 2024 MAR, this medication was administered to resident #4 on [REDACTED], then was administered to resident #4 again on [REDACTED].

Resident #6 is prescribed [REDACTED] tablet-Take 1 tablet by mouth every 12 hours as needed. According to resident #6's narcotic count sheet for this medication, staff person A administered this medication to resident #6 on [REDACTED], then administered the medication again to resident #6 on [REDACTED].

Plan of Correction**Directed [REDACTED] - 07/16/2024)**

Staff member A was immediately removed indefinitely from passing medications. on 6/14/24 (this was a multi day inspection [REDACTED] was removed day of exit when the problem was identified and communicated to ED. This was NOT communicated to ED that there was data confirming the issue until exit conference).

MAR's for residents on controlled substances were reviewed for accuracy. MAR was compared to narcotic sheet. PRN medication was reviewed against MD orders and administration.

Ongoing compliance will be maintained Q day x 30 days, then 3 x/week for 30 days then monthly. This will be done on the narcotic audit form by the DOW/Med Leads/MC/ or designee and reviewed monthly at QA meetings held the last Thursday of the month (next one July 25th) (DIRECTED: Documentation of the quality management review shall be kept. [REDACTED] 7/16/24)

DIRECTED: Beginning on 7/21/24: A designated staff person qualified to administer medications shall review the medication administration records and the narcotic count sheets for all residents prescribed a controlled substance daily for 1 week, weekly for 1 month then monthly thereafter to ensure accurate and complete documentation is present for the administration of a controlled substance and to ensure the directions of the prescriber are followed. Documentation of the audits shall be kept for 1 month. [REDACTED] 7/16/24.

All med techs will be re-educated on controlled substance policies by July 23rd, (see attached) 2024 then quarterly by DOW/CRNP/ or designee (DIRECTED: The staff education shall also include re-education on all the home's medication administration procedures to ensure the directions of the prescriber are followed. Documentation of the staff education shall be kept in accordance with 2600.65i. [REDACTED] 7/16/24).

All med techs will be evaluated for competency by July 23rd, 2024 by the Medical concierge/DOW/med tech leads then annually per Juniper policies

See attached from 185A

187d Follow Prescriber's Orders (continued)

Proposed Overall Completion Date: 07/23/2024

Directed Completion Date: 08/12/2024

Implemented (█) - 08/26/2024)

228b - Discharge or Transfer

5. Requirements

2600.

228.b. If the home initiates a discharge or transfer of a resident, or if the legal entity chooses to close the home, the home shall provide a 30-day advance written notice to the resident, the resident's designated person and the referral agent citing the reasons for the discharge or transfer. This shall be stipulated in the resident-home contract. A 30-day advance written notice is not required if a delay in discharge or transfer would jeopardize the health, safety or well-being of the resident or others in the home, as certified by a physician or the Department. This may occur when the resident needs psychiatric or long-term care or is abused in the home, or the Department initiates closure of the home.

Description of Violation

On █, a 30 day discharge notice was emailed by the home's administrator to resident #1's designated person indicating resident #1 was being discharged from the home due to "increasing behaviors"; however, the home did not issue a written 30 day notice to the resident.

Plan of Correction

Directed █ - 07/17/2024)

The 30 day notice was sent via email. Resident is in our secured memory care unit and not capable of understanding document. Regulation does not state that email is prohibited. This is the main form of communication with POA for resident 1.

Community will issue 30 day notice on Juniper Letterhead and attach via email or verbally issue and send via regular mail. Log will be kept of 30 day notice issuance ongoing. This is done by the ED
30 day notices are reviewed monthly at QA meetings (held the 4th Thursday next on July 25th, 2024). (DIRECTED: Documentation of the quality management review shall be kept. █/7/17/24).

DIRECTED: Immediately: If the home initiates a discharge or transfer of a resident the administrator shall ensure

228b - Discharge or Transfer (continued)

the resident and their designated person are provided a 30-day advance written notice, which include the reasons for the discharge or transfer in accordance with 2600.228b. Copies of notification to the residents and their designated persons shall be kept in each resident's record in accordance with 2600.252. All staff persons involved in the process of transferring or discharging a resident shall be educated on this requirement by 7/22/24. Documentation of the education shall be kept in accordance with 2600.65i [REDACTED] 7/17/24

Proposed Overall Completion Date: 07/23/2024

Directed Completion Date: 07/25/2024

Implemented [REDACTED] - 08/26/2024)

228h - Grounds Discharge/Transfer**6. Requirements**

2600.

228.h. The only grounds for discharge or transfer of a resident from a home are for the following conditions:

1. If a resident is a danger to himself or others.
2. If the legal entity chooses to voluntarily close the home, or a portion of the home.
3. If a home determines that a resident's functional level has advanced or declined so that the resident's needs cannot be met in the home. If a resident or the resident's designated person disagrees with the home's decision to discharge or transfer, consultation with an appropriate assessment agency or the resident's physician shall be made to determine if the resident needs a higher level of care. A plan for other placement shall be made as soon as possible by the administrator in conjunction with the resident and the resident's designated person, if any. If assistance with relocation is needed, the administrator shall contact appropriate local agencies, such as the area agency on aging, county mental health/intellectual disability program or drug and alcohol program, for assistance. The administrator shall also contact the Department's personal care home regional office.
4. If meeting the resident's needs would require a fundamental alteration in the home's program or building site, or would create an undue financial or programmatic burden on the home.
5. If the resident has failed to pay after reasonable documented efforts by the home to obtain payment.
6. If closure of the home is initiated by the Department.
7. Documented, repeated violation of the home rules.

Description of Violation

On [REDACTED], a 30-day discharge notice was emailed by the home's administrator to resident #1's designated person indicating resident #1 was being discharged from the home due to "increasing behaviors"; however, the grounds for discharge indicated in the 30-day notice do not meet any of the conditions specified in 2600.228(h).

Plan of Correction

Directed [REDACTED] - 07/17/2024)

30-day notice does state the grounds for discharge and there are 3 documentations to support. This is also based on staff interviews and observation.

Community will issue 30-day notice on Juniper Letterhead and attach via email or verbally issue and send via regular mail. Log will be kept of 30-day notice issuance ongoing. This is done by the ED

30-day notices are reviewed monthly at QA meetings (held the 4th Thursday next on July 25th, 2024). (DIRECTED: Documentation of the quality management review shall be kept. [REDACTED] 7/17/24).

DIRECTED: Immediately: Prior to a resident and their designated person being issued a written 30-day notice to discharge or transfer a resident, the administrator shall ensure one of the criteria specified in 2600.228h are

228h - Grounds Discharge/Transfer (continued)

present prior to the issuance of the notice. Documentation of the reason for discharge shall be kept in each resident's record and shall be provided to an agent of the Department immediately upon request. All staff persons involved in the process of transferring or discharging a resident shall be educated on this requirement by 7/22/24. Documentation of the education shall be kept in accordance with 2600.65i. [REDACTED] 7/17/24

We feel we had grounds for discharge.

Proposed Overall Completion Date: 07/23/2024

Directed Completion Date: 07/25/2024

Implemented ([REDACTED] - 08/26/2024)