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

July 16, 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 05/23/2024 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**: *65* **Waking Staff**: *49*

Inspection Information

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

Reason: *Complaint, Incident* **Exit Conference Date**: *05/23/2024*

Inspection Dates and Department Representative

05/23/2024 - On-Site:

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *96* **Residents Served**: *45*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *Third floor* **Capacity**: *26* **Residents Served**: *14*

Hospice

Current Residents: *8*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *45*
Diagnosed with Mental Illness: *0* **Diagnosed with Intellectual Disability**: *0*
Have Mobility Need: *20* **Have Physical Disability**: *0*

Inspections / Reviews

05/23/2024 - Partial

Lead Inspector: **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *07/01/2024*

07/02/2024 - POC Submission

Submitted By: **Date Submitted**: *07/12/2024*

Reviewer: **Follow-Up Type**: *Document Submission* **Follow-Up Date**: *07/12/2024*

Inspections / Reviews *(continued)*

07/16/2024 - Document Submission

Submitted By: [redacted]
Date Submitted: *07/12/2024*
Reviewer: [redacted]
Follow-Up Type: *Not Required*

15a - Resident Abuse Report

1. Requirements

2600.
15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

On at approximately 1:30 p.m., staff person A observed resident sitting on the couch next to resident in the common area of the home's secured dementia care unit. Resident had one hand under resident shirt caressing breast and other hand was down pants. However, the allegation of abuse was not reported to the local Area Agency on Aging Protective Services until 5/7/24 at 6:31 p.m.

Plan of Correction ***Accept - 07/02/2024)***

-By 7/8/2024, all staff will be reeducated by Executive Director/Director of Wellness on abuse/neglect reporting per Regulation 2600.15a.

-Starting on 7/8/2024, Executive Director will interview five residents weekly for eight weeks to ensure compliance.

Licensee's Proposed Overall Completion Date: *07/08/2024*

Implemented - 07/16/2024)

16c - Written Incident Report

2. 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 at approximately 1:30 p.m., staff person A observed resident sitting on the couch next to resident in the common area of the home's secured dementia care unit. Resident had one hand under resident shirt caressing breast and other hand was down pants. However, the incident was not reported to The Department until 5/9/24 at 4:00 p.m.

Plan of Correction ***Accept - 07/02/2024)***

-On 7/3/2024, Executive Director will reeducate Director of Wellness and Medical Concierge on Regulation 2600.16a to ensure timely reporting.

-Starting 7/8/2024, Executive Director, Director of Wellness, and Medical Concierge will review incidents daily during daily stand up meeting and via phone call/text during non-working hours and report within 24 hours of the incident.

Licensee's Proposed Overall Completion Date: *07/08/2024*

Implemented 07/16/2024)

42b - Abuse

3. Requirements

2600.

42b - Abuse *(continued)*

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On at approximately 1:30 p.m., staff person A observed resident sitting on the couch next to resident in the common area of the home's secured dementia care unit. Resident had one hand under resident shirt caressing breast and other hand was down pants. Resident , who was admitted to the home on 3/2/24, had been observed engaging in similar behaviors prior to this incident including incidents documented in the resident's electronic progress notes as follows:
**3/21/24 – "resident noted to be following closely to resident through shift... numerous reminders to resident to not touch others inappropriately … At approximately 2040, resident walked up behind resident and grabbed her right breast …"*
**4/5/24 – "approx 0705 resident noted sitting in TV room with resident and resident had hand down the front of shirt touching breast …"*
**4/6/24 – "Resident had increased wondering … approx. 2200 asking DCS [direct care staff] for directions to garage and asking for car. Attempting to get resident to go with to garage to leave"*
**4/26/24 – "resident was hugging another resident and kissed other resident on cheek."*
**5/4/24 –incident being cited: "staff person A was walking from 316 towards the dinning room and found resident with hand down resident pants. …"*
**5/6/24 – " resident was found in residents room, sitting in chair, with the door locked."*
According to staff interviews, there were additional incidents of inappropriate behavior which were not documented in resident progress notes including an incident when resident was standing in front of resident unzipping pants, and pushing resident head toward privates. Although behaviors were originally targeted toward several residents, resident focused attention on resident when the other residents were resistant to . Staff interviews indicate that resident was unable to say no to resident based on cognitive level of functioning. Staff interview also indicates that resident had an understanding that was not to engage in these behaviors as was indicated by looking around to see if staff were watching prior to engaging in inappropriate touching. According to resident assessment completed on , resident requires extensive supervision, is only oriented to self, has impaired judgement, has minimal problem with communication of needs and minimal problem with understanding instruction. According to the assessment completed , resident is assessed as requiring extensive supervision and is only oriented to self, has no problem communicating needs and has no problem understanding instructions. The home failed to provide sufficient supervision to protect resident from resident .

Plan of Correction ***Accept - 07/02/2024)***

-Resident was discharged from the facility on .
-By 7/8/2024, all staff will be reeducated by Executive Director/Director of Wellness on Regulation 2600.42b to ensure residents are not neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.
-Starting on 7/8/2024, Executive Director will interview five residents weekly for eight weeks to ensure compliance.

Licensee's Proposed Overall Completion Date: *07/08/2024*

Implemented 07/16/2024)

225a - Assessment 15 Days

4. Requirements

225a - Assessment 15 Days *(continued)*

2600.
225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

On [redacted] at approximately 1:30 p.m., staff person A observed resident [redacted] sitting on the couch next to resident [redacted] in the common area of the home's secured dementia care unit. Resident [redacted] had one hand under resident [redacted] shirt caressing [redacted] breast and [redacted] other hand was down [redacted] pants. Resident [redacted], who was admitted to the home on [redacted], had been observed engaging in similar behaviors prior to this incident including incidents documented in the resident's electronic progress notes that occurred on 3/21/24, 4/5/24, and 4/26/24. However, resident [redacted] assessment completed 3/2/24 was not updated to address these behaviors and the necessary plan of supervision to protect other residents.

According to resident [redacted]s electronic progress notes, as early as 5/9/24, resident [redacted] had skin breakdown on buttocks and left hip. However, the resident's assessment completed on 5/2/24 was not updated to address these needs.

Plan of Correction ***Accept [redacted] - 07/02/2024)***

-Resident [redacted] was discharged from the facility on [redacted]
-Resident [redacted] was discharged from the facility on [redacted].
-On 7/3/2024, Executive Director reeducated Director of Wellness and Medical Concierge on Regulation 2600.225a to ensure compliance.
-By 7/12/2024, All current resident RASPs will be audited by Director of Wellness and Medical Concierge for accuracy and compliance.
-Starting 7/15/2024, Executive Director or member of community leadership will audit five RASPs weekly for four weeks for accuracy and compliance.

Licensee's Proposed Overall Completion Date: *07/12/2024*

Implemented [redacted] 07/16/2024)