

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

August 26, 2024

[REDACTED] ADMINISTRATOR
JUNIPER VILLAGE AT STATE COLLEGE OPERATIONS I LLC
[REDACTED]

RE: JUNIPER VILLAGE AT BROOKLINE -
WELLSPRING MEMORY CARE
610 WEST WHITEHALL ROAD
STATE COLLEGE, PA, 16801
LICENSE/COC#: 24130

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/04/2024 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 BROOKLINE - WELLSRING MEMORY CARE License #: 24130 License Expiration: 05/15/2025

Address: 610 WEST WHITEHALL ROAD, STATE COLLEGE, PA 16801

County: CENTRE Region: NORTHEAST

Administrator

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

Legal Entity

Name: JUNIPER VILLAGE AT STATE COLLEGE OPERATIONS I LLC

Address: [REDACTED]

Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP Date: 06/03/1998 Issued By: DLI

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 62 Waking Staff: 47

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:

Reason: Renewal Exit Conference Date: 06/04/2024

Inspection Dates and Department Representative

06/04/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 38 Residents Served: 31

Secured Dementia Care Unit

In Home: Yes Area: Facility Capacity: 38 Residents Served: 31

Hospice

Current Residents: 4

Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 31

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

Have Mobility Need: 31 Have Physical Disability: 0

Inspections / Reviews

06/04/2024 - Full

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 07/06/2024

07/10/2024 - POC Submission

Submitted By: [REDACTED] Date Submitted: 08/23/2024

Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 07/17/2024

Inspections / Reviews (*continued*)

08/09/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 08/23/2024

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 08/14/2024

08/26/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 08/23/2024

Reviewer: [REDACTED]

Follow-Up Type: Not Required

18 - Compliance With Laws

1. Requirements

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

The facility has 4 natural gas furnaces, located at the end of the hallways. There is not a CO detector As per The Care Facility Carbon Monoxide Alarm Standards Act, CO detectors are required in close proximity of but not less than 15 feet from any fossil fuel burning device or appliance.

Plan of Correction

Accept ([REDACTED]) - 08/09/2024)

Review of violations with ESD on on 6/4/24. Co2 detectors placed at the end of each hallway within 5ft from the air handler devices on 7/2/24. See attached photos of placed Co2 detectors. ESD with monitor placement and function weekly and document results on TELS system. ED to review TELS completion monthly.

Licensee's Proposed Overall Completion Date: 07/16/2024

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

28e - Death of a Resident

2. Requirements

2600.

28.e. In the event of a death of a resident under 60 years of age, the administrator shall refund the remainder of previously paid charges to the resident's estate within 30 days from the date the room is cleared of the resident's personal property. In the event of a death of a resident 60 years of age and older, the home shall provide a refund in accordance with the Elder Care Payment Restitution Act (35 P. S. § § 10226.101—10226.107). The home shall keep documentation of the refund in the resident's record.

Description of Violation

Resident #1 passed away on [REDACTED] but was charged for resident care services until [REDACTED] the date that the room was cleaned out. The resident was charged 1430.00 for care and refunded only 369.03.

Plan of Correction

Accept ([REDACTED]) - 08/09/2024)

ED Reviewed regulation and re-educated on regulation requirements with business office manager on day of inspection 6/4/24. Business office manager issued corrected refund amount to POA of the deceased resident on 6/6/24. See attached corrected refund statement. ED and BOM to meet monthly on the 3rd Thursday of each month to review discharges and refunds for accuracy. 10% ample of resident finances to be audited twice a year as part of our best practices quality assurance checklists in the months of April and October annually.

Licensee's Proposed Overall Completion Date: 07/16/2024

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

54a - Direct Care Staff

3. Requirements

2600.

54.a. Direct care staff persons shall have the following qualifications:

- 2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.

Description of Violation

Staff A has a [REDACTED] College Diploma. The diploma is translated. There is no documentation showing this is equivalent to or better than a US High School Diploma. There is also not a waiver in place for this.

54a - Direct Care Staff (continued)

Plan of Correction

Accept () - 08/09/2024

ED reviewed regulation with business office hiring manager and director of wellness on day of inspection 6/4/24. Direct Care Associate moved to housekeeping/laundry department effective 6/4/24 until waiver can be obtained or verification of US High School Diploma equivalency is obtained. Waiver has not yet been initiated. Associate is assisting with gathering needed documents from home country. BOM re-educated to utilize new hire checklist to ensure verification of US HS diploma or GED at time of employment offer. Associate has not worked as a direct care associate since date of inspection 6/4/24. Please see attached timecard for associate indicating no worked hours since inspection date. BOM to complete twice a year quality assurance 10% sample of associate files for regulatory document compliance and review at Best Practice Quality assurance meeting held on the last Thursday of January and July annually.

Licensee's Proposed Overall Completion Date: 07/16/2024

Implemented () - 08/26/2024

82c - Locking Poisonous Materials

4. Requirements

2600.

82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

Description of Violation

Hallway C of the home had an unlocked cupboard cabinet that was available to residents. The cabinet contained a bin of personal hygiene items for the resident in room 115b. The resident's bin contained a 33.8-ounce bottle of Top Care Mouthwash. The warning label on the bottle indicated to avoid drinking and if ingested to get medical help or contact poison control.

Plan of Correction

Accept () - 08/09/2024

ED reviewed regulation and re-education provided on safety needs of our residents with all associates at Monthly town hall meeting on June 19, 2024. All locks checked to ensure proper and functioning condition on ay of inspection 6/4/24. Implementation of cabinet checks daily on all shift changes by direct care team in place. Please see attached cabinet audit check form. Re-education on the safety needs of our residents provided by ED at monthly all associate town hall on 6/19/24. Monthly audit tool to be collected monthly by Director of Wellness and reviewed for compliance. Director of Wellness to do daily walking rounds and random cabinet spot checks for compliance.

Licensee's Proposed Overall Completion Date: 07/16/2024

Implemented () - 08/26/2024

101j7 - Lighting/Operable Lamp

5. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

The Resident in room 101 did not have an operable lamp or other source of lighting that could be turned on at bedside.

Plan of Correction

Accept () - 07/10/2024

ED reviewed regulation with all associates at town hall on June 19, 2024. ED and ESD moved furniture in resident

101j7 - Lighting/Operable Lamp (continued)

room 101 room for bedside lamp to be in reach from the bed and changed batteries in wall mounted press on light. Implemented room checks weekly by the housekeeping department to audit for lights to be within reach from the bed at all times. see attached audit tool and photo of corrected furniture placement.

Licensee's Proposed Overall Completion Date: 07/02/2024

Implemented (█) - 08/26/2024)

103e - Left Overs**6. Requirements**

2600.

103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

Description of Violation

The refrigerator in the main kitchen contained 4 bags of uncooked pork chops in resealable plastic Ziplock bags that did not have a date of first opened or a date of expiration.

Plan of Correction

Accept (█) - 08/09/2024)

ED reviewed regulations with dining director and cooks. Education provided on food safety. Audit completed by ED on day of inspection 6/4/24 to ensure all food items were properly labeled. See attached dining safety quality assurance checklist including proper labeling completed and photo of properly stored and labeled food items. ED provided the kitchen with a supply of permanent markers to properly label food and freezer bags. Dining director to continue to supply needed supplies for proper food storage and labeling. Dining Director to complete daily food safety checklists for compliance. ED to complete kitchen food safety quality assurance check list twice annually in the months of June and December annually.

Licensee's Proposed Overall Completion Date: 07/16/2024

Implemented (█) - 08/26/2024)

185a - Implement Storage Procedures**7. 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

The medication administration record for resident #3 indicated a glucose reading of 97 on 3-31-24 at 8:11am. However, this reading was not able to be located on the resident's glucometer.

Plan of Correction

Accept (█) - 08/09/2024)

ED provided education to Director of Wellness and associate team at town hall meeting on June 19, 2024. Director of Wellness to collect and review completed Weekly MAR to Cart audits to continue to check for glucose reading compliance. Please see attached completed MAR to Cart audit check form. ED to review MAR to Cart audit forms as part of our best practice quality assurance checklists twice annually in the months of February and August.

Licensee's Proposed Overall Completion Date: 07/16/2024

Implemented (█) - 08/26/2024)

187d - Follow Prescriber's Orders

8. Requirements

2600.

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

Description of Violation

Resident #3 has an order for blood glucose readings twice daily. The medication administration record for resident #3 indicated a glucose reading of 97 on 3-31-24 at 8:11am, however no reading was noted in the glucometer.

Plan of Correction

Accept (█ - 08/09/2024)

ED provided education to Director of Wellness and associate team at town hall meeting on June 19, 2024. Director of Wellness to collect and review completed Weekly MAR to Cart audits to continue to check for glucose reading compliance. Please see attached completed MAR to Cart audit check form. ED to review MAR to Cart audit forms as part of our best practice quality assurance checklists twice annually in the months of February and August.

Licensee's Proposed Overall Completion Date: 07/16/2024

Implemented (█ - 08/26/2024)

234d - Support Plan Revision

9. Requirements

2600.

234.d. The support plan shall be revised at least annually and as the resident's condition changes.

Description of Violation

Resident # 2 uses a bedside mobility device. The resident's Resident Assessment Support Plan dated █ does not reflect the specific need for the device, the intended use, any risks associated with the device, the resident's ability to use the device safely for the intended purpose, identification of the specific device to be used and if a cover is required to meet FDA guidelines.

The Resident Assessment Support Plan dated █ for resident # 4 does not include that the resident has a physician's order for thickened liquids.

Plan of Correction

Accept (█ - 08/09/2024)

ED provided education to director of wellness on regulation. Resident #2 RASP updated on day of inspections 6/4/24 to include use of bed enabler bar mobility device, please see attached copy of updated RASP. ED completed audit of all RASPs on 6/5/24 for residents currently utilizing bed enabler bars and updated RASPs to meet current documentation compliance requirements. Director of Wellness to audit and review 10% sample of current RASPs twice annually as part of the Best Practice Quality Assurance process in the months of February and August annually.

Licensee's Proposed Overall Completion Date: 07/16/2024

Implemented (█ - 08/26/2024)