

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

July 15, 2024

[REDACTED]  
JUNIPER VILLAGE AT FOREST HILLS LLC  
[REDACTED]

RE: JUNIPER VILLAGE AT FOREST HILLS  
107 FALL RUN ROAD  
PITTSBURGH, PA, 15221  
LICENSE/COC#: 43378

[REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/27/2024 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 FOREST HILLS License #: 43378 License Expiration: 09/19/2024  
 Address: 107 FALL RUN ROAD, PITTSBURGH, PA 15221  
 County: ALLEGHENY Region: WESTERN

**Administrator**

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

**Legal Entity**

Name: JUNIPER VILLAGE AT FOREST HILLS LLC  
 Address: [REDACTED]  
 Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: C-2 LP Date: 02/06/1999 Issued By: L&I

**Staffing Hours**

Resident Support Staff: 0 Total Daily Staff: 88 Waking Staff: 66

**Inspection Information**

Type: Partial Notice: Unannounced BHA Docket #:  
 Reason: Monitoring Exit Conference Date: 06/27/2024

**Inspection Dates and Department Representative**

06/27/2024 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: 100 Residents Served: 73  
 Secured Dementia Care Unit  
 In Home: No Area: Capacity: Residents Served:  
 Hospice  
 Current Residents: 14  
 Number of Residents Who:  
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 73  
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0  
 Have Mobility Need: 15 Have Physical Disability: 0

**Inspections / Reviews**

06/27/2024 - Partial  
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 07/05/2024

07/08/2024 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: 07/12/2024  
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 07/12/2024

Inspections / Reviews *(continued)*

07/15/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 07/12/2024

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

3c - Post Current License

1. Requirements

2600.

3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

At approximately 9:25 a.m., the home's current license, effective [REDACTED] most recent inspection summary, dated [REDACTED], and a copy of the chapter 2600 regulations were found behind a closed door in the home's "Discovery Room" and not posted in a public and conspicuous place.

Plan of Correction

Accept [REDACTED] - 07/08/2024)

The following plan of correction is provided for regulatory compliance purposes only and is not an admission of any wrongdoing or violation:

On the survey date, the home's current license was appropriately displayed in the glass case outside of the Dining Room.

Upon notice from the Surveyor on 6/27/24, the E.D. immediately removed the binder containing the most recent inspection survey and a copy of the Chapter 2600 regulations from the Discovery Room and placed them in the Lobby where they are in full view of residents, staff, and visitors.

On 7/3/24, 7/4/24 and 7/5/24, staff were educated by the E.D. as to the location of this information and the requirements of regulation 2600.3.c.

Starting 7/4/24, the E.D. or designee will perform weekly audits for 4 weeks to assure compliance is maintained.

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

Implemented [REDACTED] - 07/15/2024)

123b - Emergency Procedures Posted

2. Requirements

2600.

123.b. Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

Description of Violation

At approximately 9:25 a.m. the home's written emergency preparedness procedures manual was not posted in a public and conspicuous place in the personal care home and was found located in the home's "Discovery Room" behind a closed door.

Plan of Correction

Accept [REDACTED] 07/08/2024)

Upon notice from the Surveyor on 6/27/24, the E.D. immediately removed the red binder containing the home's emergency preparedness manual from the Discovery Room and placed them in the Lobby where they are in full view of residents, staff, and visitors.

On 7/3/24, 7/4/24 and 7/5/24, staff were educated by the E.D. as to the location of this information and the requirements of regulation 2600.123.b.

Starting 7/4/24, the E.D. or designee will perform weekly audits for 4 weeks to assure compliance is maintained.

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

Implemented [REDACTED] - 07/15/2024)

183e - Storing Medications

3. Requirements

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

Resident [redacted] was not labeled with the date that the [redacted] pen was opened.

Plan of Correction

Accept [redacted] - 07/08/2024)

On [redacted], Resident [redacted] was correctly dated by Med Tech with Surveyor present.

On [redacted], an audit of all other open insulin pens on the medication carts was completed, and no others were found to be undated.

Starting 7/5/24, the Medical Concierge or designee will complete a weekly audit for 4 weeks of open insulin pens on the medication carts to assure they are labeled with the date that they were opened.

Director of Wellness and/or Medical Concierge will provide re-education to Med Techs regarding regulation 183e/labeling opened insulin pens by 7/8/24.

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

Implemented [redacted] - 07/15/2024)

184a - Resident's Meds Labeled

4. Requirements

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- 3. The date the prescription was issued.
- 5. The name and title of the prescriber.

Description of Violation

The pharmacy label for resident [redacted] indicated "Give 1 tablet by mouth in the evening every Monday, Wednesday, Friday and Sunday" as well as "Give 2 tablets ([redacted]) by mouth in the evening every Tuesday, Thursday & Saturday." However, resident [redacted] is prescribed [redacted], give 1 tablet by mouth in the evening every Tuesday, Thursday, and Saturday.

The pharmacy label for resident [redacted] indicated "Inject [redacted] in the morning for DM after breakfast." However, resident [redacted] is prescribed [redacted] Inject [redacted] subcutaneously one time a day in the morning before breakfast.

The pharmacy label for resident [redacted] indicated "Inject [redacted] in the afternoon for after lunch." However, resident [redacted] is prescribed [redacted] Inject [redacted] one time a day before lunch at 11:30 a.m.

The pharmacy label for resident [redacted]

184a - Resident's Meds Labeled (continued)

indicated "Inject in the evening for DM." However, resident is prescribed Inject in the evening for DM.

The pharmacy label for resident indicated "Inject as per sliding scale: if 181 – 210 = 1; 211 – 240 = 2; 241 – 270 = 3; 271 – 300 = 4; 301 – 330 = 5; 331 – 360 = 6; 399 – 400 = 1 unit if dexacom reads over 400 check finger stick and administer 1 unit of with meals for Hold insulin if BG < 70." However, resident is prescribed's indicated "Inject as per sliding scale: if 181 – 210 = 1; 211 – 240 = 2; 241 – 270 = 3; 271 – 300 = 4; 301 – 330 = 5; 331 – 360 = 6; > 361 = 7 units, Add 2 units of if capillary is > 400 at 8:45 p.m. (Max daily dose 50 units).

The pharmacy label for resident did not indicate the date the prescription was issued or the name and title of the prescriber.

The pharmacy label for resident indicated "take 1 capsule by mouth daily" and did not indicate as the generic form of the medication.

REPEAT VIOLATION 6/15/22 et. al.

Plan of Correction

Accept - 07/08/2024)

On , the label on Resident was corrected by the Director of Wellness.

On , the labels on Resident medications were audited against their orders by the Director of Wellness, and corrected.

Resident uses an outside pharmacy to obtain medications. On 7/4/24, Resident POA was educated via phone by the Director of Wellness and ED that if they obtain medications from an outside pharmacy they must first come to the Wellness Office to assure medication labels match correctly before they are put on the Medication Cart.

Starting 7/5/24, a weekly audit of Resident will be conducted for 4 weeks to assure compliance labels matching the orders by Medical Concierge or designee.

Starting 7/5/24, a weekly audit of Resident medications will be conducted for 4 weeks to assure compliance with labels matching the orders by Medical Concierge or designee.

Director of Wellness and/or Medical Concierge will provide re-education to Med Techs regarding regulation 184a/medication labels matching orders by 7/8/24.

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

Implemented - 07/15/2024)

185a - Implement Storage Procedures

5. 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 uses a to measure readings three times daily at

185a - Implement Storage Procedures (continued)

meal times. However, the home did not have the ability to access the [REDACTED] measurements to ensure the accuracy of the readings documented on resident [REDACTED] medication administration record for June 2024.

Resident [REDACTED], give one tablet every four hours as needed, was not on the medication cart or in the home to administer if requested by the resident.

REPEAT VIOLATION 6/15/22 et. al.

Plan of Correction

Accept [REDACTED] - 07/08/2024)

On 7/4/24, Resident [REDACTED] POA was advised via phone by the Director of Wellness and E.D. that the home can no longer support the use of the [REDACTED] monitor as the source of resident's [REDACTED] readings, as the home does not have access to the POA's app to record the readings. The home will use the resident's glucometer to measure and record [REDACTED] readings in its place.

There are no other residents using a [REDACTED] CGM in the home.

On 6/27/24, Resident [REDACTED] was D/C'ed by the resident's Hospice provider. Hospice provider was re-educated by the Director of Wellness that all ordered PRNs must be present onsite for use if resident requests.

On 7/5/24, a weekly audit will be conducted for 4 weeks of all Hospice residents with PRNs to assure compliance with medications being on site by Medical Concierge or designee.

The Director of Wellness and/or Medical Concierge will provide re-education to Med Techs regarding regulation 185a/storing PRN medications by 7/8/24.

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

Implemented [REDACTED] - 07/15/2024)

187a - Medication Record

6. Requirements

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

4. Strength.

6. Dose.

Description of Violation

Resident [REDACTED] June 2024 medication administration record indicated "[REDACTED] Give [REDACTED] by mouth one time a day for bone health 2 tabs by mouth once a day" and did not indicate the medication's prescribed dosage of 50mcg.

Resident [REDACTED] June 2024 medication administration record indicated "[REDACTED]), Insert 1 suppository rectally every 24 hours as needed" and did not indicate the medication's prescribed strength of [REDACTED]

Resident [REDACTED] June 2024 medication administration record indicated [REDACTED]) Apply to buttocks topically as needed" and did not indicate the medication's prescribed strength of 20%.

Resident [REDACTED] medication administration record for June 2024 indicated "[REDACTED]

187a - Medication Record (continued)

Give [REDACTED] by mouth two times a day" and did not indicate the medication's prescribed strength of [REDACTED]

**Plan of Correction**

Accept [REDACTED] - 07/08/2024)

On 6/28/24, Resident [REDACTED] MAR was updated to indicate the correct prescribed dose of [REDACTED] by Director of Wellness.

On 6/28/24, Resident [REDACTED] MAR was updated to indicate the correct prescribed dose of [REDACTED] and [REDACTED] (topical) by Director of Wellness.

On 6/28/24, Resident [REDACTED] MAR was updated to indicate the correct prescribed dose and strength of [REDACTED] by Director of Wellness.

On 7/4/24, all resident MARs were audited to assure strength and dose were present by Med Tech.

Starting 7/4/24, all resident MARs will be audited weekly for 4 weeks by Medical Concierge or designee to assure continued compliance with strength and dose being present on the MARs.

The Director of Wellness and/or Medical Concierge will provide re-education to the Med Techs regarding the regulation 187.a/MARs indicating strength and dosage.

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

Implemented [REDACTED] 07/15/2024)

187b - Date/Time of Medication Admin.

**7. 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 [REDACTED] is prescribed two orders of [REDACTED] [REDACTED] Give 1 tablet by mouth at bedtime. However, from 6/1/24 through 6/26/24, resident [REDACTED] was administered both of the [REDACTED] [REDACTED], but the second tablet was not documented on the medication administration record at the time of administration.

Resident [REDACTED] is prescribed [REDACTED] [REDACTED] [REDACTED], give one tablet by mouth at bedtime. However, from 6/1/24 through 6/26/24, resident [REDACTED] was administered the [REDACTED] Tablet but it was not documented in the resident's June 2024 medication administration record at the time of administration.

**Plan of Correction**

Accept [REDACTED] 07/08/2024)

On 6/27/24, Med Techs were informed by the Director of Wellness that Resident [REDACTED] bedtime [REDACTED] must be documented as two individual doses when administered to accurately reflect in the MAR. An audit conducted 7/4/24 by the Medical Concierge revealed compliance with documentation since that day.

On 6/27/24, Med Techs were informed by the Director of Wellness that Resident [REDACTED] [REDACTED] must be documented as two individual doses when administered to accurately reflect in the MAR. An audit conducted 7/4/24 by the Medical Concierge revealed compliance with documentation since that day.

Starting 7/4/24, Resident [REDACTED] MAR will be audited weekly for 4 weeks to assure continued compliance.

By 7/8/24, the Director of Wellness and/or Medical Concierge will provide re-education to the Med Techs regarding the regulation 187b/documentation of time of medication administration.

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

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

*Implemented* [REDACTED] - 07/15/2024)