

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

April 11, 2025

[REDACTED]
JUNIPER VILLAGE AT BENSALEM OPERATIONS LLC
[REDACTED]

RE: JUNIPER VILLAGE AT BUCKS
COUNTY SENIOR LIVING
3200 BENSALEM BOULEVARD
BENSALEM, PA, 19020
LICENSE/COC#: 14246

[REDACTED],
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/30/2024, 10/10/2024 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 BUCKS COUNTY SENIOR LIVING **License #:** 14246 **License Expiration:** 02/02/2025
Address: 3200 BENSLEM BOULEVARD, BENSLEM, PA 19020
County: BUCKS **Region:** SOUTHEAST

Administrator

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

Legal Entity

Name: JUNIPER VILLAGE AT BENSLEM OPERATIONS LLC
Address: [REDACTED]
Phone: [REDACTED] **Email:** [REDACTED]

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: **Total Daily Staff:** 68 **Waking Staff:** 51

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Incident, Monitoring **Exit Conference Date:** 10/09/2024

Inspection Dates and Department Representative

09/30/2024 - On-Site: [REDACTED]
10/10/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 60 **Residents Served:** 41

Secured Dementia Care Unit

In Home: Yes **Area:** Wellsprings **Capacity:** 21 **Residents Served:** 12

Hospice

Current Residents: 11

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 41
Diagnosed with Mental Illness: 1 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 27 **Have Physical Disability:** 0

Inspections / Reviews

09/30/2024 Partial

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 11/01/2024

10/31/2024 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 12/02/2024
Reviewer: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 10/05/2024

Inspections / Reviews *(continued)*

11/07/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/02/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 12/02/2024

04/11/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/02/2024

Reviewer: [REDACTED]

Follow Up Type: Not Required

132h - Designated Meeting Place

1. Requirements

2600.

132.h. Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

Description of Violation

During the fire drill held on [redacted] at 08:30 PM, [redacted] at 03:46 AM, [redacted] at 06:46 AM, and [redacted] at 02:19 PM, not all residents evacuated to a designated meeting place away from the building or within the fire-safe area.

Plan of Correction

Accept [redacted] - 11/07/2024)

After a review, no resident was harmed by this deficient practice. Administrator will review regulation 132h with Environmental Service Director to ensure residents are being taken to a fire safe area during fire drills and to document where the fire safe area was during the time of drill by 11/15/2024. If residents refuse to evacuate from their area, then to have documentation on the refusal. Administrator will audit the next six months of fire drill documentation to ensure it is documented where the fire safe area was.

Proposed Overall Completion Date: 11/30/2024

Licensee's Proposed Overall Completion Date: 11/30/2024

Implemented [redacted] 04/02/2025)

161d - Dietary Needs

2. Requirements

2600.

161.d. A resident's special dietary needs as prescribed by a physician, physician's assistant, certified registered nurse practitioner or dietitian shall be met. Documentation of the resident's special dietary needs shall be kept in the resident's record.

Description of Violation

Resident [redacted] most recent support plan dated [redacted] indicates the resident's dietary need as mechanical soft with ground meat with extra sauce and gravy. However, on [redacted] at 12:45 PM, the resident was found choking on a piece of chicken, which was dislodged by the Heimlich maneuver. Neither the resident nor staff member including dietary staff B remembered what texture of food the resident was served but the lunch menu that day was grilled chicken sandwich with lettuce and tomato. Right after the incident, the resident's diet was changed to minced and moist, which provides evidence that the resident's diet order of mechanical soft with ground meat and extra sauce and gravy was not followed on that day.

Plan of Correction

Accept [redacted] - 11/07/2024)

Director of Wellness will conduct an in-service by 11/15/2024 for all scheduled nursing associates on the procedure that is to be followed when there is a new admission or any diet changes. All charts will be audited to ensure the most up to date diet restrictions are in the charts by 11/30/2024. Administrator will audit the diet type report weekly for four weeks for any changes to dietary restrictions. If any changes are made, a review of the chart will be conducted to ensure the most recent diet type is placed in the chart and an addendum is written to be with the support plan. Administrator/designee will monitor one meal per week for four weeks to observe if a resident's special diet is being followed.

Proposed Overall Completion Date: 11/30/2024

161d Dietary Needs (continued)

Licensee's Proposed Overall Completion Date: 11/30/2024

Implemented [redacted] - 04/02/2025)

185a - Implement Storage Procedures

3. 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 [redacted] is prescribed Morphine four times a day. Staff B signed out this medication on [redacted] but failed to document the time it was signed out.

Resident [redacted] is prescribed accucheck once a day. The resident's [redacted] did not have any readings on [redacted] and [redacted]. However, the resident's [redacted] level log was documented as [redacted] and [redacted] on each day by staff C.

Plan of Correction

Accept [redacted] - 11/07/2024)

Director of Wellness will do an in service by 11/15/2024 for all scheduled nursing staff on the proper procedure of documentation when distributing morphine to document the time that it was signed out. The Director of Wellness will educate the night shift nursing staff by 11/15/2024 as to how to review all glucometers and verify the accuracy of the reading data. If there is a miss reading, then night shift will notify the nursing staff associate that was on duty to write a progress note explaining why there was no reading. Director of Wellness will audit narcotic logs weekly for 4 weeks and audit glucometers for 4 weeks after the educations and in services are complete.

Proposed Overall Completion Date: 11/30/2024

Licensee's Proposed Overall Completion Date: 11/30/2024

Implemented [redacted] 04/02/2025)

187d - Follow Prescriber's Orders

4. Requirements

2600.

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

Description of Violation

Resident [redacted] is prescribed [redacted] four times a day at 07:30 AM, 11:30 AM, 04:30 PM, and 09:00 PM. However, the resident was not administered this medication at 04:30 PM on [redacted]

Resident [redacted] is prescribed accucheck once a day. However, the resident's accucheck was not performed on [redacted] and [redacted]

Plan of Correction

Accept [redacted] 11/07/2024)

Director of Wellness will do an in service by 11/15/2024 for all scheduled nursing staff on the proper procedure of documentation if a medication is missed or refused. The Director of Wellness will educate the night shift nursing staff by 11/15/2024 as to how to review all glucometers and verify the accuracy of the reading data. If there is a miss reading, then night shift will notify the nursing staff associate that was on duty to write a progress note explaining

187d - Follow Prescriber's Orders (continued)

why there was no reading. Director of Wellness will audit narcotic logs weekly for 4 weeks and audit glucometers for 4 weeks after the educations and in services are complete.

Proposed Overall Completion Date: 11/30/2024

Licensee's Proposed Overall Completion Date: 11/30/2024

Implemented (████) - 04/02/2025)

225c - Additional Assessment**5. Requirements**

2600.

225.c. The resident shall have additional assessments as follows:

1. Annually.

Description of Violation

Resident █████ annual assessment, dated █████, indicates that the resident has a need for short term memory. However, the home did not perform an assessment. The resident's assessment and support plan also omits an assessment of the need for assistance with long term memory and the ability to safely use or avoid poisonous material.

Plan of Correction

Accept (████) - 11/07/2024)

Administrator will educate the Director of Wellness by 11/15/2024 on ensuring that all required areas pertaining to short term memory, long term memory, and ability to safely use or avoid poisonous materials are filled in on the resident's assessment and support plan including description of service need, plan to meet service need, frequency of service need, and responsible party. Administrator will audit all resident's assessment and support plans by 11/30/2024 to ensure short term memory, long term memory, and ability to safely use or avoid poisonous materials are filled are completed. Administrator will audit all due resident's assessment and support plans for the following three months ensure short term memory, long term memory, and ability to safely use or avoid poisonous materials are filled are completed.

Proposed Overall Completion Date: 11/30/2024

Licensee's Proposed Overall Completion Date: 11/30/2024

Implemented (████) - 04/02/2025)

252 - Record Content**6. Requirements**

2600.

252. Content of Resident Records - Each resident's record must include the following information:

9. Dietary restrictions.

Description of Violation

Resident █████ record does not include (9) Dietary Restrictions prior to the resident's choking incident on █████, when a new order for minced and moist was initiated. The resident's most recent support plan dated █████ indicates the resident's dietary need as mechanical soft with ground meat with extra sauce and gravy. There is no diet communication form on file prior to █████

Repeat Violation: █████

252 - Record Content (continued)

Plan of Correction**Accept** [REDACTED] - 11/07/2024)

Director of Wellness will conduct an in-service by 11/15/2024 for all scheduled nursing associates on the procedure that is to be followed when there is a new admission or any diet changes. All charts will be audited to ensure the most up to date diet restrictions are in the charts by 11/30/2024. Administrator will audit the diet type report weekly for four weeks for any changes to dietary restrictions. If any changes are made, a review of the chart will be conducted to ensure the most recent diet type is placed in the chart.

Proposed Overall Completion Date: 11/30/2024

Licensee's Proposed Overall Completion Date: 11/30/2024

Implemented [REDACTED] - 04/02/2025)