

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

December 4, 2024

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

RE: JUNIPER VILLAGE AT BROOKLINE -
SENIOR LIVING
1930 CLIFFSIDE DRIVE
STATE COLLEGE, PA, 16801
LICENSE/COC#: 23131

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/31/2024 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]
Human Services Licensing Supervisor

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: JUNIPER VILLAGE AT BROOKLINE - SENIOR LIVING License #: 23131 License Expiration: 11/03/2024
 Address: 1930 CLIFFSIDE DRIVE, STATE COLLEGE, PA 16801
 County: CENTRE Region: NORTHEAST

Administrator

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

Legal Entity

Name: JUNIPER VILLAGE AT STATE COLLEGE OPERATIONS III LLC
 Address: [REDACTED]

Certificate(s) of Occupancy

Type: R-3 Date: 10/23/1985 Issued By: Centre County Code

Staffing Hours

Resident Support Staff: 1 Total Daily Staff: 86 Waking Staff: 65

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal Exit Conference Date: 10/31/2024

Inspection Dates and Department Representative

10/31/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 174 Residents Served: 85
 Secured Dementia Care Unit
 In Home: No Area: Capacity: Residents Served:
 Hospice
 Current Residents: 0
 Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 85
 Diagnosed with Mental Illness: 1 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 0 Have Physical Disability: 1

Inspections / Reviews

10/31/2024 Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 11/28/2024

12/02/2024 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 12/04/2024
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 12/07/2024

Inspections / Reviews *(continued)*

12/04/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/04/2024

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

103f Refrigerator/Freezer Temps

1. Requirements

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

The refrigerator located in the Pine's kitchen, near A Wing, did not have thermometer.

Plan of Correction

Accept () - 12/02/2024)

ED reviewed regulation with dining director on 11/4/24. Thermometer was returned to refrigerator. Dining Director provided education to dining team 11/22/24 at weekly meeting on regulation. Refrigerator is to be checked post meals by cooks daily for compliance with food labeling, dated, storage and thermometer verification. Signature log will be turned into the Dining Director monthly for monitoring. ED to continue to monitor for compliance.

Licensee's Proposed Overall Completion Date: 11/27/2024

Implemented () - 12/04/2024)

103g Storing Food

2. Requirements

2600.

103.g. Food shall be stored in closed or sealed containers.

Description of Violation

A tray of uncovered fruit cups was noted in the refrigerator located on the second floor of "The Pine" building.

Plan of Correction

Accept () - 12/02/2024)

On 11/19/24 ED met with Dining Director to provide education on food storage requiring closed or sealed containers. Dining Director provided education to all dining staff during weekly meeting 11/22/24. Dining Director implemented signature log. All Cooks will check all refrigerators and freezers prior to exiting the kitchen area after meal service 3x daily. Initials will be provided on log placed on refrigerator door indicating all food has been identified as covered, stored correctly and dated, thermometer present. Logs will be turned into dining director monthly for verification. ED will continue to monitor for ongoing compliance.

Licensee's Proposed Overall Completion Date: 11/26/2024

Implemented () - 12/04/2024)

103i Outdated Food

3. Requirements

2600.

103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

The refrigerator located on the second floor of "The Pine" building contained four 5 gallon containers of ice cream that were not labeled or dated to indicate when they were purchased and/or opened.

Plan of Correction

Accept () - 12/02/2024)

On 11/19/24 ED met with Dining Director to provide education on food storage requiring closed or sealed containers. Dining Director provided education to all dining staff during weekly meeting 11/22/24. Dining Director implemented signature log 11/22/24. All Cooks will check all refrigerators and freezers prior to exiting the kitchen

103i Outdated Food (continued)

area after meal service 3x daily. Initials will be provided on log placed on refrigerator door indicating all food has been identified with a label, date opened/ purchased, stored correctly and thermometer present. Logs will be turned into dining director monthly for verification. ED will continue to monitor for ongoing compliance.

Licensee's Proposed Overall Completion Date: 11/26/2024

Implemented (█) - 12/04/2024)

133.2 - Exit Signs Direction**4. Requirements**

2600.

133.2. Exit Signs - The following requirements apply for a home serving nine or more residents: If the exit or way to reach the exit is not immediately visible, access to exits shall be marked with readily visible signs indicating the direction to travel.

Description of Violation

Upon entering the home (the building known as "The Inn"), there are four hallways branching off from the main lobby area. Each hallway leads to an exterior exit door, which is not visible from the lobby. There is no exit signage indicating the accessible egress routes from this location.

Plan of Correction

Accept (█) - 12/02/2024)

ED reviewed violation with environmental service director on 11/1/24 post initial inspection 10/31/24. Education provided on regulation related to exit signage. ESD and ED obtained and placed exit signs at 4 locations off the front entry lobby on 11/4/24. Exit signs were placed in conspicuous locations that can be seen from the front lobby should front entry exit be unavailable. Environmental Service Director will monitor weekly for placement during rounds. ED will continue to monitor for compliance.

Licensee's Proposed Overall Completion Date: 11/26/2024

Implemented (█) - 12/04/2024)

183d - Prescription Current**5. Requirements**

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

█ previously prescribed for Resident #2 was noted in the medication cart. The medication was discontinued on █.

Repeat Violation 10 18 23

Plan of Correction

Accept (█) - 12/02/2024)

ED reviewed Regulation for medication storage and management with DOW on 11/18/24. Director of Wellness provided education to wellness staff and initiated discontinued medication log to be completed when medications are discontinued and require removal from med cart. The LPN on duty will discontinue the medication, and log the removal/destruction of medication per policy on the log. Logs will be turned into the DOW monthly. DOW to work with pharmacy consultant quarterly to review compliance. ED to continue to monitor for compliance.

Licensee's Proposed Overall Completion Date: 11/26/2024

Implemented (█) - 12/04/2024)

187d - Follow Prescriber's Orders

6. Requirements

2600.

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

Description of Violation

Resident #3 is prescribed [REDACTED] for [REDACTED]. The Medication was not on hand.

Plan of Correction

Accept [REDACTED] - 12/02/2024)

Ed provided education to Director of wellness on regulation 187D on 11/19/24. Director of wellness created medication Refill/Renewal Tracking Form and Enrolled in Omnicare ready fill program. MT/LPN"s will log reordering of medication on log monthly indicating date ordered and when medication has been received to ensure medications are available at all times per regulation. Omnicare Ready fill program - weekly Omnicare Pharmacy will send a list of prescriptions that are eligible for refill. DOW to review list with supply on hand and identify/request refill for any participating house pharmacy medication refill. Refill log will be turned in weekly to DOW for compliance monitoring. ED to continue to monitor for compliance.

Licensee's Proposed Overall Completion Date: 11/27/2024

Implemented [REDACTED] - 12/04/2024)

227d - Support Plan Medical/Dental

7. Requirements

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

On [REDACTED], Resident # 1 was ordered to have a regular diet of [REDACTED]. The resident's Assessment and Support plan, dated [REDACTED], documented that the resident's dietary need consisted of a regular diet of [REDACTED] and [REDACTED].

Plan of Correction

Accept [REDACTED] - 12/02/2024)

Review of regulation was provided by the ED to the Director of Wellness. The residents RASP was updated to reflect the correct order for puree diet on 10/31/24 at the close of inspection process. The DOW completed an audit of all Diet order to ensure they matched appropriately with the current RASP and DME. Director of Wellness provided education to wellness team on dietary order updates process at monthly wellness meeting 11/13/24. DOW to will review dietary orders during monthly scorecard completion for accuracy. ED to continue to monitor for compliance.

Licensee's Proposed Overall Completion Date: 11/27/2024

Implemented [REDACTED] - 12/04/2024)