

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

December 4, 2024

[REDACTED], ADMINISTRATOR
JUNIPER VILLAGE AT LEBANON LLC
[REDACTED]

RE: JUNIPER VILLAGE AT LEBANON II
101 HEARTHSTONE LANE
LEBANON, PA, 17042
LICENSE/COC#: 33006

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/07/2024 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 LEBANON II License #: 33006 License Expiration: 03/14/2025
 Address: 101 HEARTHSTONE LANE, LEBANON, PA 17042
 County: LEBANON Region: CENTRAL

Administrator

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

Legal Entity

Name: JUNIPER VILLAGE AT LEBANON LLC
 Address: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP Date: 04/02/2002 Issued By: Labor and Industry

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 23 Waking Staff: 17

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal, Complaint, Incident Exit Conference Date: 11/07/2024

Inspection Dates and Department Representative

11/07/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 25 Residents Served: 22
 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: 22
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 1 Have Physical Disability: 0

Inspections / Reviews

11/07/2024 Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 12/02/2024

11/21/2024 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 11/29/2024
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 12/02/2024

Inspections / Reviews *(continued)*

12/04/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/29/2024

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

51 - Criminal Background Check

1. Requirements

2600.

51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

Staff A was hired on [REDACTED], however, the criminal history background check was not requested until [REDACTED]

Plan of Correction

Accept ([REDACTED] - 11/21/2024)

- 1. Staff member A is no longer employed by Juniper.
- 2. HR team and leadership will receive training on the requirements of having a background check requested prior to the start of hire date by the Executive Director by 11/27/24.
- 3. An audit of all staff files will be completed by 12/1/24 by the BOM to ensure compliance with background checks.
- 4. An audit will be completed by BOM monthly beginning 12/1/24 for all new staff members to ensure compliance with background checks. Results will be reviewed at monthly safety meeting and quality management meeting that occurs the last Wednesday of each month.

Licensee's Proposed Overall Completion Date: 12/01/2024

Implemented ([REDACTED] - 12/04/2024)

54a - Direct Care Staff

2. 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

Direct care staff person A does not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.

Plan of Correction

Accept ([REDACTED] 11/21/2024)

- 1. Staff member A was requested to provide the HS diploma or GED on 11/7/24. They were unable to provide the required document and are no longer employed by Juniper.
- 2. HR team and leadership will receive training on the requirements of having a HS diploma or GED for direct care staff persons by the Executive Director by 11/27/24.
- 3. An audit of all staff files will be completed by 12/1/24 by the BOM to ensure compliance with GED, HS Diploma or CNA.
- 4. An audit will be completed by BOM monthly beginning 12/1/24 for all new direct care staff members have a HS Diploma, GED or CNA. Results will be reviewed at monthly safety meeting and quality management meeting that occurs the last Wednesday of each month.

Licensee's Proposed Overall Completion Date: 12/01/2024

Implemented ([REDACTED] - 12/04/2024)

65d - Initial Direct Care Training

3. Requirements

2600.

65d - Initial Direct Care Training (continued)

65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:

- 1. Training that includes a demonstration of job duties, followed by supervised practice.

Description of Violation

Direct care staff person B, hired on [REDACTED], began providing unsupervised ADL services on [REDACTED], however, the staff person did not complete training that included a demonstration of job duties followed by supervised practice.

Plan of Correction

Accept [REDACTED] - 11/21/2024)

- 1. HR and leadership will receive training by the executive director, on requirements for training and the requirements for demonstration of job duties followed by supervised practice by 11/27/24.
- 2. BOM manager will conduct an audit monthly of 25% of staff to ensure that the required training documentation is completed and within compliance beginning 12/1/24. Results will be reviewed at monthly safety meeting and quality management meeting that occurs the last Wednesday of each month.
- 3. Staff member B will receive the required training with documented demonstration of job duties, followed by supervised practice conducted by the Director of Wellness, by 12/1/24

Licensee's Proposed Overall Completion Date: 12/01/2024

Implemented [REDACTED] - 12/04/2024)

124 - Notice to Fire Department

4. Requirements

2600.

124. The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.

Description of Violation

The local fire department was last notified on 3/20/24 of the address and capacity of the home, however, the notification does not include a general description of the mobility needs of the residents served. The home currently serves 1 resident who requires assistance evacuating in an emergency.

Plan of Correction

Accept [REDACTED] - 11/21/2024)

- 1. Environmental Service leadership will receive training by the executive director, on requirements for notification of the local fire department including a general description of the mobility needs of the residents served by 11/27/24.
- 2. Executive Director will monitor annually for the notification of the fire department containing the required documentation to include mobility needs beginning 11/27/24
- 3. Executive Director provided notification to the local fire department including information regarding mobility needs on 11/12/24.

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

Implemented [REDACTED] - 12/04/2024)

190a - Completion Medication Course

5. Requirements

2600.

190a Completion Medication Course (continued)

190.a. A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department’s performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

Description of Violation

Staff C, who has not successfully completed the Department approved medications administration course, administered medications to residents including [REDACTED] to Resident 1 on [REDACTED]

Staff D is not currently certified to pass medications as she has not received medication administration record reviews or medication observations since initial certification on 8/31/23. Staff C administered medications to Resident 2 on [REDACTED].

Plan of Correction

Accept [REDACTED] - 11/21/2024)

1. An audit of medication technicians will be completed by 11/27/24 by the Director of Wellness to ensure that all medication technicians have successfully completed the department approved medication administration course. This will include medication administration reviews and medication observations.
2. The Director of Wellness and Nursing Supervisor will receive training regarding the requirements of Medication Administration by the Executive Director by 11/27/24.
3. Staff member C was removed from completing medication administration immediately following the notification that she was not in compliance 11/6/24.
4. Staff member C will complete the required medication administration course by 11/27/24.
5. The executive Director will complete monthly audits of the Medication Administration requirements beginning 12/1/24 to ensure ongoing compliance. Results will be reviewed at monthly safety meeting and quality management meeting that occurs the last Wednesday of each month.

Licensee's Proposed Overall Completion Date: 12/01/2024

Implemented [REDACTED] - 12/04/2024)