



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to **JUNIPER VILLAGE AT BENSLEM OPERATIONS LLC**
LEGAL ENTITY

To operate **JUNIPER VILLAGE AT BUCKS COUNTY SENIOR LIVING**
NAME OF FACILITY OR AGENCY

Located at **3200 BENSLEM BOULEVARD, BENSLEM, PA 19020**
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

To provide **Personal Care Homes**
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed **60**
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller. (MAXIMUM CAPACITY)

Restrictions: **Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 21**

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from **April 18, 2025** until **April 18, 2026**,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **142460**

Janette Biderup
ISSUING OFFICER

Juliet Marsala
DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Emailing date: April 18, 2025

[REDACTED]
[REDACTED]
Juniper Village at Bensalem Operations, LLC
[REDACTED]
[REDACTED]

RE: Juniper Village at Bucks County Senior Living
3200 Bensalem Boulevard
Bensalem, Pennsylvania 19020
License #: 142460

Dear [REDACTED]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing (Department), licensing inspections on September 30 and October 10, 2024, December 16, 2024, and February 20, 2025, we have found the above facility to be in compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes). Therefore, a regular license is being issued. Your license is enclosed.

Sincerely,

A handwritten signature in black ink that reads "Juliet Marsala".

Juliet Marsala
Deputy Secretary
Office of Long-term Living

Enclosures
License
Licensing Inspection Summary

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

April 11, 2025

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

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

Dear [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]

Legal Entity

Name: JUNIPER VILLAGE AT BENSLEM OPERATIONS LLC
Address: [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 09/13/2024 at 08:30 PM, 08/16/2024 at 03:46 AM, 06/28/2024 at 06:46 AM, and 05/31/2024 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 #1's most recent support plan dated [redacted]/2024 indicates the resident's dietary need as mechanical soft with ground meat with extra sauce and gravy. However, on 08/28/2024 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 #2 is prescribed Morphine four times a day. Staff B signed out this medication on 09/25/2024 but failed to document the time it was signed out.

Resident #3 is prescribed accucheck once a day. The resident's glucometer did not have any readings on 09/29/2024 and 09/28/2024. However, the resident's blood glucose level log was documented as 129 and 112 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 #2 is prescribed Morphine 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 09/25/2024.

Resident #3 is prescribed accucheck once a day. However, the resident's accucheck was not performed on 09/29/2024 and 09/28/2024.

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 [REDACTED] - 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 #4's annual assessment, dated [REDACTED]/2024, 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 [REDACTED] 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 [REDACTED] - 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 #1's record does not include (9) Dietary Restrictions prior to the resident's choking incident on 08/28/2024, when a new order for minced and moist was initiated. The resident's most recent support plan dated 01/11/2024 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 08/28/2024.

Repeat Violation: 10/16/2023

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)

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

April 11, 2025

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

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

Dear Ms. [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 12/16/2024 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]

Legal Entity

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

Certificate(s) of Occupancy

Type: C-2 LP Date: 04/28/1993 Issued By: L & I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 69 Waking Staff: 52

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
Reason: Renewal, Provisional Exit Conference Date: 12/16/2024

Inspection Dates and Department Representative

12/16/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information			
License Capacity: 60	Residents Served: 43		
Secured Dementia Care Unit			
In Home: Yes	Area: Wellspring	Capacity: 21	Residents Served: 15
Hospice			
Current Residents: 6			
Number of Residents Who:			
Receive Supplemental Security Income: 0	Are 60 Years of Age or Older: 43		
Diagnosed with Mental Illness: 0	Diagnosed with Intellectual Disability: 0		
Have Mobility Need: 26	Have Physical Disability: 0		

Inspections / Reviews

12/16/2024 - Full
Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 01/16/2025

Inspections / Reviews (*continued*)

01/21/2025 - POC Submission

Submitted By: [REDACTED] Date Submitted: 02/14/2025
Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 01/26/2025

01/28/2025 - POC Submission

Submitted By: [REDACTED] Date Submitted: 02/14/2025
Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 02/14/2025

04/11/2025 - Document Submission

Submitted By: [REDACTED] Date Submitted: 02/14/2025
Reviewer: [REDACTED] Follow-Up Type: Not Required

17 - Record Confidentiality

1. Requirements

2600.

17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

On 12/16/24, at 9:00 A.M. , two binders with Resident's care information and lab results were unlocked, unattended, and accessible on the top of the receptionist desk in the Wellspring unit.

Plan of Correction

Accept ([redacted] - 01/28/2025)

All binders containing resident care information and lab results will be moved to the locked medication room by the administrator by 1/13/2025. Administrator will educate all scheduled wellness associates to keep resident care information in medication room or to not leave resident information unattended by 1/31/2025.

Administrator/designee will audit that there is no resident information left on top of the receptionist desk for four weeks starting 2/1/2025, following the completion date of the education.

Licensee's Proposed Overall Completion Date: 02/07/2025

Implemented ([redacted] 04/11/2025)

18 - Compliance With Laws

2. 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

CARE FACILITY CARBON MONOXIDE ALARMS STANDARDS ACT - ENACTMENT Act of Jun. 23, 2016 Carbon monoxide alarms must be installed in proximity of, but not less than 15 feet from any fossil-fuel burning device or appliance. On 12/16/24 at 10:45am, the carbon monoxide alarm was located approximately 8 feet from the boiler.

Plan of Correction

Accept ([redacted] - 01/28/2025)

The carbon monoxide alarm was relocated by an Environmental Service Associate on 12/17/2024. To prevent recurrence of this issue, that carbon monoxide alarm will not be moved as it is properly installed now.

Administrator/designee will audit that the carbon monoxide alarm was not moved monthly for three months starting in the month of February.

Licensee's Proposed Overall Completion Date: 02/07/2025

Implemented ([redacted] - 04/02/2025)

25b - Contract Signatures

3. Requirements

2600.

25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

25b - Contract Signatures (continued)

Description of Violation

The resident-home contract, dated [REDACTED] 24, for Resident # 1 was not signed by the resident.

Plan of Correction

Accept [REDACTED] - 01/28/2025)

Administrator will have Resident #1 sign the contract by 1/14/2025. Administrator will audit all contracts to ensure that they are signed by the resident by 1/31/2025. Administrator/designee will audit all new contracts monthly for 3 months starting in February to ensure that they are being signed by the resident.

Licensee's Proposed Overall Completion Date: 02/07/2025

Implemented [REDACTED] - 04/02/2025)

41e - Signed Statement

4. Requirements

2600.

41.e. A statement signed by the resident and, if applicable, the resident's designated person acknowledging receipt of a copy of the information specified in subsection (d), or documentation of efforts made to obtain signature, shall be kept in the resident's record.

Description of Violation

Resident #1's record did not contain a statement signed by the resident acknowledging receipt of a copy of the resident rights and complaint procedures.

Plan of Correction

Accept [REDACTED] - 01/28/2025)

Administrator will have Resident #1 sign a statement acknowledging receipt of a copy of the resident rights and complaint procedure by 1/14/2025. Administrator will audit all records to ensure that they have a copy of a signed statement acknowledging that they received a copy of the resident rights and complaint procedure by 1/31/2025. Administrator/designee will audit all new admissions monthly for 3 months starting in February to ensure that they have a signed statement acknowledging that they received a copy of the resident rights and complaint procedure.

Licensee's Proposed Overall Completion Date: 02/07/2025

Implemented [REDACTED] - 04/02/2025)

54a - Direct Care Staff

5. 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] - 01/28/2025)

Direct care staff person had a foreign high school diploma and will not be providing direct care services until the waiver is granted or requirements are met. Associate has been reassigned to another department during this time. Administrator will work on obtaining waiver for foreign, out-of-country diploma. Administrator will audit all direct care staff associate files to ensure that each file has a high school diploma, GED, or active registry status on the

54a - Direct Care Staff (continued)

Pennsylvania nurse aide registry by 1/17/2025. Administrator will audit monthly for the following three months starting in the month of February any new direct care staff hires to ensure that they provide a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry prior to starting orientation.

Licensee's Proposed Overall Completion Date: 02/07/2025

Implemented [REDACTED] - 04/02/2025)

81a - Accommodation**6. Requirements**

2600.

81.a. The home shall provide or arrange for physical site accommodations and equipment necessary to meet the health and safety needs of a resident with a disability and to allow safe movement within the home and exiting from the home.

Description of Violation

On 12/16/23 at 4:31 P.M. a bedside mobility device with 6 inches of open space between the railings and 10 inches of open space between the mattress and the railing. The bedside mobility device was attached to the bedframe and covered by a pillow case in resident bedroom [REDACTED]

Plan of Correction

Accept [REDACTED] - 01/28/2025)

Pillow case was removed and proper cover was placed on bedside mobility device for this resident. Order for additional proper enabler bar covers was placed. Administrator will conduct an audit of all residents that have bedside mobility device by 1/17/2025 to ensure that they have proper spacing of 4 3/4 inches between the bed and proper covers on. Administrator or designee will audit bedside mobility bars once a week for four weeks starting on the week of 1/19/2025 to ensure the spacing is no greater than 4 3/4 and that there are proper covers on it.

Licensee's Proposed Overall Completion Date: 02/07/2025

Implemented [REDACTED] - 04/11/2025)

85d - Trash Receptacles**7. Requirements**

2600.

85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

Description of Violation

On 12/16/24 at 10:55 A.M. there was a 1/4 full, uncovered, unattended trash can in the Wellspring kitchenette.

Plan of Correction

Accept [REDACTED] - 01/28/2025)

The lid was put back on the trashcans. Administrator will educate all scheduled wellness and dining associates to keep the trashcans in the kitchens covered when unattended by 1/31/2025. Administrator/designee will audit the Wellspring kitchenette once a week for four weeks starting the week of 2/2/2025 following the educational end date to ensure that the trash can is covered when left unattended.

Licensee's Proposed Overall Completion Date: 02/07/2025

85d - Trash Receptacles (continued)

Implemented (████) - 04/02/2025)

85e - Trash Outside Home

8. Requirements

2600.

85.e. Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

Description of Violation

On 12/16/24 at 9:00 A.M. there was an uncovered dumpster with trash filled to the top and a mattress, box spring, three recliners, and a side table outside next to the dumpster.

Plan of Correction

Accept (████) - 01/28/2025)

Trash was removed from the side of the dumpster and the dumpster was covered again. Administrator will educate all scheduled wellness, environmental, and housekeeping associates to not leave the dumpster uncovered or to leave trash on the side of the dumpster by 1/31/2025. Administrator/designee will audit the dumpster once a week for four weeks starting the week of 2/2/2025 following educational end date to ensure that the dumpster is covered and that there is not trash left next to the dumpster.

Licensee's Proposed Overall Completion Date: 02/07/2025

Implemented (████) - 04/02/2025)

103e - Left Overs

9. 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

There were unlabeled, undated peaches in the personal care kitchenette. There was an unlabeled, undated white substance in the memory care kitchenette.

Plan of Correction

Accept (████) - 01/28/2025)

Food in question was removed immediately after findings. Administrator will educate all scheduled wellness and dining associates to label and date any food that is in the personal care and memory care kitchenettes by 1/31/2025. Dining associates that are serving dinner will go through the kitchenettes daily and remove any unlabeled/undated foods starting the week of 2/2/2025, following the educational end date. Night shift wellness associates will audit fridges daily to ensure all unlabeled/undated foods were removed starting the week of 2/2/2025, following the educational end date. Administrator/designee will audit kitchenettes once a week for four weeks starting the week of 2/2/2025 to ensure that all food is labeled and dated.

Licensee's Proposed Overall Completion Date: 02/07/2025

Implemented (████) - 04/02/2025)

132a - Monthly Fire Drill

10. Requirements

2600.

132.a. An unannounced fire drill shall be held at least once a month.

Description of Violation

On 2/29/24 at 3:45P.M. a fire drill was held in the personal care unit. On 2/29/24 at 3:50 P.M. a fire drill was held in the Wellspring unit was known in advance.

On 7/17/24 at 2:00 P.M. a fire drill was held in the Wellspring unit. On 7/17/24 at 2:15 P.M. a fire drill was held in the personal care unit was known in advance.

On 10/31/24 at 3:40 P.M. a fire drill was held in the Wellspring unit. On 10/31/24 at 3:50 P.M. a fire drill was held in the personal care unit was known in advance.

Repeat Violation: 1/8/24

Plan of Correction

Accept (████) - 01/28/2025)

Deficient practice cannot be retroactively corrected. Administrator will educate the Environmental Service associated designated to hold fire drills that drills need to be held at least once a month unannounced and the documentation needs to reflect that by 1/31/2025. Administrator/designee will audit the fire drill documentation after the fire drill is complete to ensure that fire drills are held unannounced for the following three months starting in the month of February.

Licensee's Proposed Overall Completion Date: 02/14/2025

Implemented (████) - 04/02/2025)

132c - Fire Drill Records

11. Requirements

2600.

132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Description of Violation

The fire drill record for the drill conducted on 3/28/24 and 5/31/24 does not include the exit routes used.

The fire drill record for the drill conducted on 7/17/24 does not include the correct number of residents present in the home. The home had 40 residents listed in the home on 7/17/24 on the fire drill record. The home had two residents listed as out of the building on this date on the fire drill record. The home only had 38 residents present in the home on 7/17/24.

Repeat Violation: 1/8/24

Plan of Correction

Accept (████) 01/28/2025)

Deficient practice cannot be retroactively corrected. Administrator will educate the Environmental Service associated designated to hold fire drills the requirements for documentation on a fire drill by 1/31/2025.

Administrator/designee will audit fire drill documentation after the fire drill is complete to ensure that fire drills are

132c - Fire Drill Records (continued)

contain the proper documentation including date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative for the following three months starting in the month of February.

Licensee's Proposed Overall Completion Date: 02/14/2025

Implemented (█) - 04/02/2025)

132i - Testing Fire Alarm**13. Requirements**

2600.

132.i. A fire alarm or smoke detector shall be set off during each fire drill.

Description of Violation

The fire drill record for the drill held 3/28/24 and 4/6/24 noted that the fire alarm was not activated.

The fire drill record for the drill held 10/31/24 noted the fire alarm was not operative.

Plan of Correction

Accept (█) - 01/28/2025)

Deficient practice cannot be retroactively corrected. Administrator will educate the Environmental Service associated designated to hold fire drills that each drill the fire alarm must be activated by 1/31/2025. Administrator/designee will audit fire drill documentation after the fire drill is complete to ensure that the fire alarm was activated during each fire drill for the following three months starting in the month of February.

Licensee's Proposed Overall Completion Date: 02/14/2025

Implemented (█) - 04/02/2025)

183e - Storing Medications**14. 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

On 12/16/24 at 3:10 P.M. 5 loose pills of various shapes and sizes were observed in the Wellspring medication cart.

Plan of Correction

Accept (█) - 01/28/2025)

Medications were discarded by the Director of Wellness on 12/16/2024. The Director of Wellness will conduct an education with all trained wellness associates on ensuring that 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 by 1/31/2025. Night shift trained wellness associate will audit medication carts once a week for four weeks starting on the week of 2/2/2025, following the educational end date, to ensure that there are no loose pulls in the medication carts.

Licensee's Proposed Overall Completion Date: 02/07/2025

Implemented (█) - 04/02/2025)

191 - Resident Right to Refuse

15. Requirements

2600.

191. Resident Education - The home shall educate the resident of the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

Description of Violation

Resident # 1, admitted [REDACTED] 24, has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

Plan of Correction

Accept ([REDACTED] - 01/28/2025)

Administrator will educate Resident #1 on the right to refuse medication if the resident believes that there may be a medication error by 1/14/2025. Administrator will audit all records to ensure that all residents were educated on the right to refuse medication if the resident believes that there may be a medication error by 1/31/2025.

Administrator/designee will audit all new admissions for 3 months starting in the month of February to ensure that they have been educated on the right to refuse medication if the resident believes that there may be a medication error.

Licensee's Proposed Overall Completion Date: 02/07/2025

Implemented ([REDACTED] - 04/02/2025)

231e - No Objection Statement

16. Requirements

2600.

231.e. Each resident record must have documentation that the resident and the resident's designated person have not objected to the resident's admission or transfer to the secured dementia care unit.

Description of Violation

Resident # 2 was admitted to the Secure Dementia Care Unit (SDCU) on [REDACTED]/24. The home has no documentation that the resident and the resident's designated person have not objected to the admission.

Plan of Correction

Accept ([REDACTED] - 01/28/2025)

Resident #2 did have documentation in place signed by resident and resident designated person stating that there was not an objection to the admission. Administrator will audit all resident contracts that resident in the secure dementia care unit to ensure that they have signed addendums stating no objection to their admission to the neighborhood by 1/31/2025. Administrator/designee will audit all new admissions to the secured dementia care unit to ensure that they have a signed addendum stating no objection to their admission to the neighborhood for the three months starting in the month of February.

Licensee's Proposed Overall Completion Date: 02/07/2025

Implemented ([REDACTED] 04/02/2025)

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

April 11, 2025

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

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

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/20/2025 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]

Legal Entity

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

Certificate(s) of Occupancy

Type: C-2 LP Date: 04/28/1993 Issued By: L&I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 68 Waking Staff: 51

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Monitoring Exit Conference Date: 02/20/2025

Inspection Dates and Department Representative

02/20/2025 - 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: Wellspring Capacity: 21 Residents Served: 13

Hospice

Current Residents: 6

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

02/20/2025 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 03/17/2025

Inspections / Reviews *(continued)*

03/19/2025 - POC Submission

Submitted By: [REDACTED] Date Submitted: 04/04/2025

Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 04/05/2025

04/11/2025 - Document Submission

Submitted By: [REDACTED] Date Submitted: 04/04/2025

Reviewer: [REDACTED] Follow-Up Type: Not Required

17 - Record Confidentiality

1. Requirements

2600.

- 17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

On 2/20/25, at 9:00am, hourly checks for Resident #1 were unlocked, unattended and accessible to all residents, staff and visitors on the reception desk in the Wellspring Unit.

Plan of Correction

Accept [redacted] - 03/19/2025)

Resident hourly checks was taken off the nursing station by the nurse during the survey process. Administrator/designee will conduct an education with all wellness staff that are scheduled within the allotted time frame about ensuring that resident information is in an area that is not accessible to anyone other than the resident, the resident's designated person, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's [redacted] for health care or health care proxy or a resident's designated person, or if a court orders disclosure by 3/31/2025. Administrator/ designee will audit the common areas to ensure no resident information is left unattended for 6 weeks starting the week of 3/31/2025.

Licensee's Proposed Overall Completion Date: 04/04/2025

Implemented [redacted] - 04/11/2025)

81a - Accomodation

2. Requirements

2600.

- 81.a. The home shall provide or arrange for physical site accommodations and equipment necessary to meet the health and safety needs of a resident with a disability and to allow safe movement within the home and exiting from the home.

Description of Violation

The bedside mobility device in resident room [redacted] did not have a proper cover. The bedside mobility device was covered with a stocking-like material which could be pulled down through an expandable hole at the top of the fabric leaving the opening of approximately 10 inches wide by 20 inches high uncovered.

Plan of Correction

Accept [redacted] - 03/19/2025)

Stocking-like material will stay on the enabler bars until proper covers are received. Proper covers were ordered and have an estimated delivery date of 3/17/2025. Administrator/ designee will audit the enabler bars to ensure they have proper covers for 6 weeks starting the week of 3/17/2025.

Licensee's Proposed Overall Completion Date: 03/28/2025

Implemented [redacted] - 04/11/2025)

183e - Storing Medications

3. Requirements

2600.

183e - Storing Medications (continued)

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

On 2/20/25, the following medication cards were observed to have a punctured blister foil with the medication still present in the spot- exposing it to contamination or improper sanitation:

- Resident #2's Bumetanide 0.5mg tab
- Resident #3's Metolazone 5mg tab

Plan of Correction

Accept [REDACTED] - 03/19/2025)

Director of Wellness destroyed the medication that was in the exposed blisters. Director of Wellness will educate all nurses and med techs that are scheduled within the allotted time frame to double check the back of each blister pack that is pulled that it does not have punctured areas exposing medication that is still in the blister pack by 3/29/2025. Director of Wellness will pull 20 blister packs from each cart weekly for 6 weeks to monitor if there are any blister packs that have punctured blister foil exposing medication starting the week of 3/31/2025.

Licensee's Proposed Overall Completion Date: 04/04/2025

Implemented [REDACTED] - 04/11/2025)

184b - Labeling OTC/CAM

4. Requirements

2600.

184.b. If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

Description of Violation

At 2pm on 2/20/25, a bottle of Periguard Ointment was found in the Cottonwood medication cart. It was not labeled with any resident's name or room number.

Plan of Correction

Accept [REDACTED] 03/19/2025)

Director of Wellness discarded the bottle of Periguard Ointment as it could not be identified. Director of Wellness will educate all nurses and med techs that are scheduled within the allotted time frame to label any bottles that go into the medication carts with the resident's name or room number by 3/29/2025. Director of Wellness will pull a 20% sample from each cart weekly for 6 weeks to monitor that the bottles are labeled with either the resident's name or room number starting the week of 3/31/2025.

Licensee's Proposed Overall Completion Date: 04/04/2025

Implemented [REDACTED] - 04/11/2025)