

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

June 30, 2025

[REDACTED]
JUNIPER VILLAGE AT MOUNT JOY LLC
[REDACTED]

RE: JUNIPER VILLAGE AT MOUNT JOY
607 HEARTHSTONE LANE
MOUNT JOY, PA, 17552
LICENSE/COC#: 33004

[REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/29/2025 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 MOUNT JOY License #: 33004 License Expiration: 03/14/2026
 Address: 607 HEARTHSTONE LANE, MOUNT JOY, PA 17552
 County: LANCASTER Region: CENTRAL

Administrator

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

Legal Entity

Name: JUNIPER VILLAGE AT MOUNT JOY LLC
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP Date: 03/08/2020 Issued By: Department of Labor & Industry

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 59 Waking Staff: 44

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Incident Exit Conference Date: 05/29/2025

Inspection Dates and Department Representative

05/29/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 72 Residents Served: 58
 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: 58
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 1 Have Physical Disability: 0

Inspections / Reviews

05/29/2025 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 06/19/2025

06/12/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 06/25/2025
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 06/26/2025

Inspections / Reviews *(continued)*

06/30/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/25/2025

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

187d - Follow Prescriber's Orders

1. Requirements

2600.

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

Description of Violation

Resident [REDACTED] is prescribed the following medications:

- [REDACTED], give 1 tablet by mouth one time a day for [REDACTED].
- [REDACTED] give 1 capsule orally one time a day for [REDACTED].

On [REDACTED] at 7:00am staff discovered these medications in the top drawer of the 300-hallway medication cart in a paper cup with resident's name written on them. These medications were determined to be resident [REDACTED] 8:00am medications from [REDACTED] that were not administered to resident [REDACTED].

Resident [REDACTED] is prescribed the following medications:

- [REDACTED] tab give 2 tablets orally one time a day for [REDACTED].
- [REDACTED] give 1 tablet by mouth 1 time a day for [REDACTED].
- [REDACTED] give 1 tablet orally two times a day for [REDACTED] for 7 days.
- [REDACTED] give 1 tablet by mouth one time a day for [REDACTED].

On 1/20/25 at 7:00am staff discovered these medications in the top drawer of the 300-hallway medication cart. The medications were in a paper cup with resident [REDACTED] name on them. These medications were determined to be the 8:00am medications from 1/19/25 that were not administered to resident # [REDACTED].

Resident [REDACTED] is prescribed the following medications at 8:00pm; however, on 1/25/25 these medications were administered to the resident at 8:00am:

- [REDACTED], take 1 tablet by mouth two times a day for iron deficiency.
- [REDACTED] take 1 tablet by mouth at bedtime for gout.

Resident [REDACTED] is prescribed the following medications; however, on 5/8/25 at 10:00pm, resident [REDACTED] was not administered medications:

- [REDACTED], take 1 tablet by mouth one time a day for [REDACTED].
- [REDACTED] take 1 tablet by mouth two times a day for [REDACTED].
- [REDACTED] take 2 tablets by mouth two times a day for [REDACTED].

Resident [REDACTED] is prescribed the following medication and on 5/13/2025 at 8:00pm resident [REDACTED] was not administered these medications:

- [REDACTED], take tablet orally at bedtime for [REDACTED].
- [REDACTED], take tablet orally at bedtime for [REDACTED].

Resident [REDACTED] is prescribed [REDACTED], take 2 tablets orally 3 times a day for [REDACTED]. On [REDACTED] and [REDACTED] at 10:00pm, resident [REDACTED] was not administered these medications.

Plan of Correction

Accept [REDACTED] - 06/12/2025)

1. Medication errors were reported to PCP, POA and DHS immediately upon discovery. Medication Technicians responsible for the errors were disciplined. One medication technician who was responsible for 3 of the 6 errors is no longer employed by Juniper Communities.
2. Director of Wellness will provide live training on medication administration with specific focus on the

187d - Follow Prescriber's Orders (continued)

circumstances that occurred in these errors to medication associates at monthly mandatory Wellness meeting scheduled for June 25th at 7am and 2:30 pm.

3. ED to complete secondary audit of DOW monthly MAR audit of 10% of resident population beginning July 2025.
4. A weekly observation audit of medication administration of 10% of the resident population will be performed beginning 6/16/25 by DOW or designee.

Licensee's Proposed Overall Completion Date: 06/25/2025

Implemented [REDACTED] - 06/30/2025)

225a - Assessment 15 Days**2. Requirements**

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

Resident [REDACTED] initial assessment dated [REDACTED] does not include an assessment for moderate mobility, as indicated on the resident's initial medical evaluation dated [REDACTED]

Plan of Correction

Accept [REDACTED] - 06/12/2025)

1. 225a concern was not reviewed at exit interview. Resident initial written assessment was completed and documented within 15 days of admission. Assessment did not match information on DME. DME contained errors. PCP contacted to provide corrections and updated DME.
2. Executive Director to provide education on 255a regulation requirements to Director of Wellness, Medical Concierge and LPN by 6/19/25.
3. Audit of all RASPs with DME comparison to be completed by DOW or designee by 6/19/25.
4. Monthly audit of all new RASPs following completion, with DME comparison to be completed by DOW, ED or designee, to begin July 2025.

Licensee's Proposed Overall Completion Date: 06/19/2025

Implemented [REDACTED] - 06/30/2025)