

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

August 12, 2025

[REDACTED] VICE PRESIDENT
JUNIPER VILLAGE AT FOREST HILLS LLC
107 FALL RUN ROAD
PITTSBURGH, PA, 15221

RE: JUNIPER VILLAGE AT FOREST HILLS
107 FALL RUN ROAD
PITTSBURGH, PA, 15221
LICENSE/COC#: 43378

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/03/2025, 06/04/2025, 06/13/2025 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 FOREST HILLS License #: 43378 License Expiration: 09/19/2025
 Address: 107 FALL RUN ROAD, PITTSBURGH, PA 15221
 County: ALLEGHENY Region: WESTERN

Administrator

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

Legal Entity

Name: JUNIPER VILLAGE AT FOREST HILLS LLC
 Address: 107 FALL RUN ROAD, PITTSBURGH, PA, 15221
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP Date: 02/06/1999 Issued By: Labor & Industry

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 88 Waking Staff: 66

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal, Complaint, Incident Exit Conference Date: 06/13/2025

Inspection Dates and Department Representative

06/03/2025 - On-Site: [REDACTED]
 06/04/2025 - On-Site: [REDACTED]
 06/13/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 100 Residents Served: 62

Secured Dementia Care Unit

In Home: No Area: Capacity: Residents Served:

Hospice

Current Residents: 15

Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 64
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 26 Have Physical Disability: 0

Inspections / Reviews

06/03/2025 - Full

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 07/17/2025

Inspections / Reviews (*continued*)

07/18/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 08/08/2025

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 07/23/2025

07/31/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 08/08/2025

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 08/08/2025

08/12/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 08/08/2025

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 6/3/25 at 11:58 a.m., the lab book containing face sheets and confidential information was unlocked, unattended and accessible in the 2nd floor nursing station, to include residents #1, 2 and 3.

Plan of Correction

Accept (█) - 07/18/2025

The following plan of correction is provided for regulatory compliance purposes only and is not an admission of any wrongdoing or violation:

- 1 - Upon notification by the Surveyor, the lab book was immediately removed and placed in the Wellness Director office.
- 2 - The Director of Wellness and Medical Concierge were re-educated regarding Requirement 2600.17. by the Executive Director on 7/14/25.
- 3 - Beginning the week of 7/14/25, the E.D. or designee will perform an audit of 2nd Floor Nursing Station area 1x weekly for 4 weeks to assure compliance.

Licensee's Proposed Overall Completion Date: 08/07/2025

Implemented (█) - 08/12/2025

85a - Sanitary Conditions

2. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On 6/3/25 at 9:35 a.m., approximately a third of the bottom of the freezer was covered with a dried pink substance in the bistro.

On 6/3/25 throughout the morning and afternoon, there were no paper towels, mechanical air blower, individual cloth towels or other means of safe hand drying in the 1st floor common bathroom

Plan of Correction

Accept (█) - 07/18/2025

- 1 - Upon notification by the Surveyor, the dried, pink substance in the freezer in the Bistro was determined to be a melted ice cream bar, due to the freezer door not being fully closed after use. It was immediately cleaned by staff, and the ice cream moved to the kitchen for storage/distribution to prevent this moving forward.
- 2 - There is a mechanical paper towel holder in the 1st floor common bathroom. However, on 6/3/25, the paper towels were jammed, requiring the use of the non-mechanical turning knob on the side. As a precaution to prevent recurrence, the paper towel dispenser was fully replaced on 7/17/25 by the Maintenance Manager.
- 3 - Beginning the week of 7/14/25, the E.D. or designee will conduct an audit of these two areas 1x weekly for 4 weeks to assure continued compliance.

85a - Sanitary Conditions (continued)

Licensee's Proposed Overall Completion Date: 08/07/2025

Implemented () - 08/12/2025

103d - Storing Food Off Floor

3. Requirements

2600.

103.d. Food shall be stored off the floor.

Description of Violation

On 6/13/25 at approximately 2:00 p.m., there were four 10lb boxes of Tyson chicken breast fillets and four 24lb boxes of various vegetables stored on the floor in the deep freezer.

Plan of Correction

Accept () - 07/18/2025

- 1 – On 6/13/25, the food order arrived via delivery truck, and though appropriately placed in the freezer, several boxes had not yet been fully inventoried and put on shelves in the freezer. Upon discovery, the boxes were unpacked and put onto shelves.
- 2 – Dining staff will be re-educated regarding Requirement 103.d by the Dining Manager.
- 3 – Beginning the week of 7/14/25, an audit will be conducted 1 x weekly for 4 weeks by the E.D. or designee to assure continued compliance.

Licensee's Proposed Overall Completion Date: 08/07/2025

Implemented () - 08/12/2025

105g - Lint Removal and Duct Cleaning

4. Requirements

2600.

105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

Description of Violation

On 6/3/25 at 9:30 a.m., there was approximately 1/4" of lint in the dryer located in the 1st floor laundry room.

Plan of Correction

Accept () - 07/18/2025

- 1 – Upon notification, the lint was removed from the dryer in the 1st floor personal laundry room.
- 2 – Resident will be re-educated during the July Resident Council meeting to empty the lint trap after use, and a sign posted above the dryer as a reminder.
- 3 – Beginning the week of 7/14/25, an audit will be conducted 1 x weekly for 4 weeks by the E.D. or designee to assure continued compliance.

Licensee's Proposed Overall Completion Date: 08/07/2025

Implemented () - 08/12/2025

123b - Emergency Procedures Posted

5. Requirements

123b - Emergency Procedures Posted (continued)

2600.

123.b. Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

Description of Violation

The home does not have a copy of the emergency procedures for the local municipality; therefore, none is posted.

Repeat Violation: 6/27/24

Plan of Correction

Accept (█) - 07/18/2025

1 - Upon notification from the Surveyor, the E.D. printed the emergency procedures for Allegheny County and placed them in the Emergency Binder, as witnessed by the Surveyor.

2 - This information was brought to the home's Safety Committee meeting on 6/30/25 for review and education by the E.D.

3 - Beginning the week of 7/14/25, an audit will be conducted 1 x weekly for 4 weeks by the E.D. or designee to assure continued compliance.

Licensee's Proposed Overall Completion Date: 08/07/2025

Implemented (█) - 08/12/2025

182b - Prescription Medication

6. Requirements

2600.

182.b. Prescription medication that is not self-administered by a resident shall be administered by one of the following:

1. A physician, licensed dentist, licensed physician's assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic.
2. A graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the home.
3. A student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the home.
4. A staff person who has completed the medication administration training as specified in § 2600.190 (relating to medication administration training) for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

Description of Violation

Resident #8 is prescribed Trulicity, 0.75/.05, inject 0.5ml subcutaneously once weekly on Tuesdays. This medication is not insulin. Staff person A administered this medication to resident #8 on 6/3/25 and staff person B administered it on 6/10/25. Staff persons A and B are not licensed medical professionals as indicated in 2600.182b, and the home has not completed all of the requirements to have unlicensed staff administer the medication.

Plan of Correction

Accept (█) - 07/31/2025

1 - Upon notification by the Surveyor, Requirement 2600.182.b was reviewed with the Director of Wellness (LPN) by the E.D., who in turn, reviewed with the home's Medication Technicians. The Director of Wellness (LPN) or other licensed staff will administer these medications.

2 - Resident #8 is the only resident on this type of medication in the home.

3 - E.D. will begin the process of applying for a waiver to this requirement.

182b - Prescription Medication (continued)

4 – Beginning the week of 7/14/25, the E.D. or designee will conduct a MAR audit for Resident #8 1x weekly for 4 weeks to assure compliance.

5 - Until a waiver is approved, should the Director of Wellness (LPN) be unavailable, the medication will be administered by the home's contracted Nurse Practitioner.

Licensee's Proposed Overall Completion Date: 08/07/2025

Implemented (█) - 08/12/2025)

187a - Medication Record**7. Requirements**

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

14. Name and initials of the staff person administering the medication.

Description of Violation

Resident #5 is ordered Cyanocobalamin injection 1000mcg/ml, inject 1ml intramuscularly once a month. According to staff person, █ administered the medication to resident #5 on 6/5/25; however, staff person D, initialed the medication administration record (MAR) on 6/5/25 indicating █ administered the medication.

Repeat Violation: 4/8/24, 6/27/24

Plan of Correction

Accept (█) - 07/18/2025)

1 – Staff person D was re-educated by the E.D. that per requirement the person administering a medication must sign the MAR.

2 – The home's Medication Technicians will be re-educated as to this requirement.

3 - Beginning the week of 7/14/25, the E.D. or designee will conduct a MAR audit for Resident #5 1x weekly for 4 weeks to assure compliance.

Licensee's Proposed Overall Completion Date: 08/07/2025

Implemented (█) - 08/12/2025)

225c - Additional Assessment**8. Requirements**

2600.

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

1. Annually.

Description of Violation

Resident #6 is ordered honey thick liquids and pureed food, as per physician's diet order dated █. however, the resident's assessment, dated █ only indicates a diet "soft" foods, not pureed, and does not mention honey thickened liquids.

225c - Additional Assessment (continued)

Plan of Correction

Accept (█ - 07/31/2025)

- 1 – The RASP for resident #6 was updated on 7/10/25 by the Director of Wellness to correctly reflect the order.
- 2- As of 7/17/25, no other residents in the home are on a puree diet or honey thick liquids.
- 3 - Staff will be educated on Resident #6's diet, including how to prepare both the food and the beverage.

Licensee's Proposed Overall Completion Date: 08/07/2025

Implemented (█ - 08/12/2025)

227d - Support Plan Medical/Dental

9. 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

Resident #7 has an enabler attached to █ bed; however, the resident's support plan does not indicate:

- o The specific need for the device
- o The intended use and any risks associated with the use
- o The resident's ability to use the device safely for the purpose it was intended
- o Identification of the specific device to be used and whether a cover is required to meet FDA guidelines

Plan of Correction

Accept (█ - 07/31/2025)

- 1 – The support plan for resident #7 was updated on 7/10/25 by the Director Wellness to reflect the need for, and use of, an enabler bar including its intended use, risks, and that it has a cover, per FD guidelines.
- 2 – Beginning the week of 7/14/25, the E.D. or designee will conduct an audit 1x weekly for 4 weeks of residents who are newly added an enabler bar.
- 3 - Ongoing, enabler bards will be monitored monthly by the Director of Wellness or designee to assure they are both secured and covered.

Licensee's Proposed Overall Completion Date: 08/07/2025

Implemented (█ - 08/12/2025)