

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

September 29, 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 06/30/2025, 07/02/2025 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: 03/08/2020

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 60 Waking Staff: 45

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Complaint Exit Conference Date: 07/02/2025

Inspection Dates and Department Representative

06/30/2025 - On-Site: [REDACTED]
 07/02/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 72 Residents Served: 59
 Secured Dementia Care Unit
 In Home: No Area: Capacity: Residents Served:
 Hospice
 Current Residents: 5
 Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 59
 Diagnosed with Mental Illness: 1 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 1 Have Physical Disability: 0

Inspections / Reviews

06/30/2025 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 08/11/2025
 08/18/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 08/29/2025
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 09/01/2025

Inspections / Reviews *(continued)*

09/29/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 08/29/2025

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

23a - Activities of Daily Living Assistance

1. Requirements

2600.

23.a. A home shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.

Description of Violation

Resident [redacted] assessment and support plan was updated on [redacted] following an elopement on [redacted]. The assessment and support plan addendum placed resident [redacted] on 15 minute checks to monitor safety and awareness. On [redacted] at approximately 4:45pm, resident [redacted] could not be located in the home, and was last seen at 3:15pm. Resident [redacted] was discovered by a member of a search party at approximately 8:37pm in a field approximately 1 mile from the home.

Staff did not complete 15-minute checks on resident [redacted] on the following dates and times:

- [redacted]
- [redacted]

Resident [redacted] assessment and support plan was updated on [redacted] following an elopement on that date. On [redacted] at 6:00pm, resident [redacted] was placed on 15-minute checks to monitor safety and awareness.

Staff did not complete 15-minute checks on resident [redacted] on the following dates and times:

- [redacted]
- [redacted]
- [redacted]

Resident [redacted] assessment and support plan was updated on [redacted] following an elopement on [redacted]. The assessment and support plan addendum placed resident [redacted] on 15 minute checks to monitor safety and awareness. On [redacted] at approximately 2:00pm the resident was discovered in a residential development, approximately .5 miles from the home.

Staff did not complete 15-minute checks on resident [redacted] on the following dates and times:

- [redacted]
- [redacted]
- [redacted]

Plan of Correction

Accept [redacted] - 08/14/2025)

1. The following plan of correction is provided for regulatory compliance only and is not admission of any wrongdoing, admission of liability or agreement of citation of deficiency.
2. Resident [redacted] was discharged to hospital on 6/23/25 and from there directly to secured memory care, as was previously scheduled.
3. Resident [redacted] was discharged to secured memory care on 6/30/25.
4. Resident [redacted] was discharged to secured memory care on 6/26/25.
5. ED educated team members on elopement policy at Town Hall on 6/24/25.
6. ED educated Wellness team on importance of following RASP at Wellness Meeting on 6/24/25
7. DOW to provide education to wellness team members on 23a regulation requirements with carryover on how this regulation translates to the associates need to access resident support plans in the resident chart and follow residents support plan, by 8/31/25.
8. DOW or designee to audit 10% of resident population care monthly beginning September 2025 for compliance with assistance with ADL's as described in support plan until the date of next annual inspection. Results of Audit will be reviewed at monthly BPA meeting. BPA meeting occurs the 4th Wednesday of each month.

23a Activities of Daily Living Assistance (continued)

Licensee's Proposed Overall Completion Date: 08/31/2025

Implemented [REDACTED] - 09/29/2025)

25c11 - List of Rates

2. Requirements

2600.

25.c. At a minimum, the contract must specify the following:

11. A list of personal care services to be provided to the resident based on the outcome of the resident's support plan, a list of the actual rates that the resident will be periodically charged for food, shelter and services and how, when and by whom payment is to be made.

Description of Violation

The resident home contract, dated [REDACTED], for resident [REDACTED] does not include the level of care assessment required to determine personal care services to be provided to the resident upon admission.

Plan of Correction

Accept [REDACTED] - 08/14/2025)

1. The following plan of correction is provided for regulatory compliance only and is not admission of any wrongdoing, admission of liability or agreement of citation of deficiency.
2. All resident contracts were audited by DSM and Concierge for required content, completed 7/15/25.
3. ED provided education to BOM, DSM and Concierge on 25c11 regulation requirements by 7/15/25.
4. BOM to audit 10% of contracts quarterly beginning September 2025 for required content until the date of next annual inspection. Results of Audit will be reviewed at monthly BPA meeting. BPA meeting occurs the 4th Wednesday of each month.

Licensee's Proposed Overall Completion Date: 08/31/2025

Implemented [REDACTED] - 09/29/2025)

42b - Abuse

3. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On [REDACTED] at approximately 6:30pm the Susquehanna Regional Police Department received a call to check on the welfare of resident [REDACTED] who was located approximately 2 miles from the home. Resident [REDACTED] walked 2 miles and knocked on a door due to not knowing where [REDACTED] was. At 7:00pm, the home was notified by Municipal Emergency Services Authority of Lancaster County (MESA) that resident [REDACTED] was discovered in a residential community. Resident [REDACTED] was evaluated and returned to the home. The assessment and support plan addendum was also updated on [REDACTED] to include increased supervision for resident [REDACTED] by placing [REDACTED] on 15 minute checks to monitor safety and awareness. On [REDACTED] at approximately 4:45pm the resident could not be located in the home. The resident was last seen in the home at approximately 3:15pm. Staff began searching for the resident in the home and outside of the home. The police were contacted at approximately 5:25pm. A missing person's bulletin was circulated via the local news, and social media. Resident [REDACTED] was discovered by a member of the search party at approximately 8:37pm in a field approximately 1 mile from the home and the resident was observed covered in dirt. The resident was taken to the

42b Abuse (continued)

hospital by ambulance and was diagnosed with dehydration and heat exhaustion, acute Kidney Injury (AKI), likely due to heat exhaustion and dehydration and three ticks were located on ■■■ scalp. On ■■■■■, the temperature reached approximately 95°F with a real feel of 108°F.

Resident ■■■ assessment dated ■■■■■ indicates that the resident requires moderate supervision when in the home and needs attendance when outside of the home. Further indicating that staff will provide supervision in and out of home as well as family providing supervision when out of the home. Additionally, the home's resident evaluation and personal services assessment tool dated ■■■■■ states the resident support with cognition includes assistance due to disorientation or memory loss. Resident ■■■ cognitive deficit/status indicates that the resident intervention needed in assistance and special approaches due to impaired safety awareness. On ■■■■■ the resident was last seen in the home at approximately 4:45pm, the resident was discovered by a community member in a residential development at 5:30pm, approximately .5 miles away. The community member stated that resident ■■■ was confused about where ■■■ was and what was going on. Resident ■■■ stated to the community member that "■■■ husband was supposed to pick up here, but ■■■ was very late, and ■■■ was worried ■■■ was lost."

Resident ■■■'s evaluation and personal services assessment tool dated ■■■■■ indicates that the resident requires support with cognition, assistance needed due to disorientation or memory loss, and cognitive deficit/status states intervention needed and assistance with special approaches due to orientation or memory loss, and impaired safety awareness. Additionally, resident ■■■'s assessment dated ■■■■■ indicates that the resident's supervision is minimal, resident requires some supervision in unfamiliar surroundings, staff will supervise resident. On ■■■■■ at 1:10pm the resident was observed by a staff member walking off the home's campus and was redirected and taken back to the home. Resident ■■■'s assessment and support plan was updated on ■■■■■ following an elopement on ■■■■■. The assessment and support plan addendum placed resident ■■■ on 15 minute checks to monitor safety and awareness. On ■■■■■ at approximately 4:00pm the resident was discovered in a residential development approximately .5 miles away from the home; resident ■■■ knocked on the door of a residence and stated ■■■ was lost and could not remember where ■■■ lived or what was going on.

Plan of Correction**Accept ■■■ - 08/18/2025)**

1. The following plan of correction is provided for regulatory compliance only and is not admission of any wrongdoing, admission of liability or agreement of citation of deficiency.
2. Resident ■■■ was discharged to hospital on 6/23/25 and from there directly to secured memory care, as was previously scheduled.
3. Resident ■■■ was discharged to secured memory care on 6/30/25.
4. Resident ■■■ was discharged to secured memory care on 6/26/25.
5. Residents with existing low cognitive scores combined with high mobility function placed on alert charting to assess risk, initiated 7/3/25. PCP of each resident consulted regarding needs being met within the personal care home and alert charting discontinued if PCP indicated.
6. ED educated team members on elopement policy at Town Hall on 6/24/25.
7. ED educated wellness team on importance of following RASP at Wellness Meeting on 6/24/25.
8. ED, DOW and MC began an audit of all DME's, RASP and Level of Care assessments at time of survey. Audit completed 7/28/25. Audit findings to be completed 8/31/25.
9. Executive Director Mentor provided education on assessments, DME, RASP and LOC to ED, DOW and MC on 7/10/25.

42b - Abuse (continued)

10. DOW will educate wellness team members on 23a regulation requirements with carryover on how this regulation translates to the associates need to access resident support plans in the resident chart and follow residents support plan, by 8/31/25.
11. DOW or designee to audit 10% of resident population care monthly beginning September 2025 for compliance with assistance with ADL's as described in support plan until the date of the next annual inspection. Results of Audit will be reviewed at monthly BPA meeting. BPA meeting occurs the 4th Wednesday of each month.
12. ED to provide education to associates on abuse policy and regulation 42b requirements by 8/31/25.
13. ED or designee to audit 10% of resident population DME, RASP and LOC monthly beginning September 2025 for accuracy and consistency between documents until the date of the next annual inspection. Results of Audit will be reviewed at monthly BPA meeting. BPA meeting occurs the 4th Wednesday of each month.
14. RDOW, MC and Med techs conducted cognitive assessments on all residents, completed 7/25/25. Those with scores below 20/30 were recommended speech therapy. Speech therapy recommendations will be added to those identified resident RASP's as made.
15. Velvet roping and sign out reminders placed at all exits, completed 7/15/25.
16. Additional sign out sheet placed at front entrance, completed 7/24/25.
17. Velvet roping and sign in breezeway encouraging residents to wait for Walking Group to walk outdoors rather than walking solo placed 7/24/25.
18. Directional arrows painted on walking path, completed 7/24/25.
19. Walking path directional signs designating walking path loop around building only, separating from path around cottages, ordered 7/23/25. Temporary signs arrived and placed 7/31/25.
20. ED and Leadership team reviewed elopement & missing resident plan, updates to walking path, sign out signs and velvet rope placement, and sign, door lock procedures, stop & watch at Town Hall on 7/23/25.
21. ED conducted elopement drill 7/16/25.
22. ED educated wellness team on resident rounding and requirements of one on one at wellness meeting on 7/23/25.
23. Preadmission assessments to be reviewed by licensed staff or designee effective 7/25/25.
24. DOW or designee to complete cognitive assessments quarterly beginning with next due level of care assessment.
25. Resident sign out process for when exiting the building reviewed at resident council on 7/12/25
26. Family communication provided on 7/8/25 regarding sign out process.
27. Education placed on resident portal for all residents on 8/5/25 regarding resident sign out process for when exiting the building.
28. This plan is provided solely for the purpose of demonstrating compliance with applicable regulatory requirements. Residents retain the full right to freedom of movement within and around the community and are not subject to any form of restriction. The corrective actions outlined herein are not intended to, nor can they, control or predict resident behavior, including voluntary ambulation or personal movement preferences. Furthermore, neither the applicable regulatory framework nor the Residential Care Guidelines (RCG) offer specific directives pertaining to resident mobility, movement preferences, or limitations thereof.

Licensee's Proposed Overall Completion Date: 08/31/2025

Implemented (█) - 09/29/2025

121a - Unobstructed Egress**4. Requirements**

2600.

121a - Unobstructed Egress (continued)

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

On [REDACTED] at 4:36pm, the left side of the doubled-door in the 400-Hallway activity room leading to the patio was difficult to unlock and took considerable effort to open.

Plan of Correction

Accept [REDACTED] - 08/18/2025)

1. The following plan of correction is provided for regulatory compliance only and is not admission of any wrongdoing, admission of liability or agreement of citation of deficiency.
2. EVS director adjusted lock at time of survey so that it was easily able to maneuver to unlock.
3. EVS Director adjusted door at time of survey so that it does not take considerable effort to open.
4. EVS director audited all egress for obstruction, completed 7/2/25.
5. EVS director or designee to audit egress monthly beginning September 2025 to ensure unobstructed.
6. EVS director will educate staff on 121a regulation requirements by 8/31/25.
7. EVS director reviewed 121a regulation requirements at safety committee on 7/29/25.

Licensee's Proposed Overall Completion Date: 08/31/2025

Implemented [REDACTED] - 09/29/2025)

183b - Meds and Syringes Locked

5. Requirements

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

On [REDACTED] at 9:35am, the top drawer of the medication cart was observed unlocked, unattended, and accessible in the 300-hallway exposing resident medications such as the following:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

Plan of Correction

Accept [REDACTED] - 08/18/2025)

1. The following plan of correction is provided for regulatory compliance only and is not admission of any wrongdoing, admission of liability or agreement of citation of deficiency.
2. The medication cart lock was engaged and drawer was closed. When surveyor pulled on top drawer the drawer pulled open. A part of a medication box was caught in the back of the drawer having prevented the lock mechanism from fully engaging. When pushed closed again the lock fully engaged and drawer was secure. Wellness team members verbally educated at time of survey.
3. ED educated wellness team on medication cart locking at wellness team meeting on 7/23/25.
4. DOW to educate wellness team on additional checks of cart locking mechanism full engagement by pulling on drawers, by 8/31/25.

183b Meds and Syringes Locked (continued)

5. Manager on Duty to complete cart lock audits weekly beginning September 2025 until date of next annual inspection. Results of Audit will be reviewed at monthly BPA meeting. BPA meeting occurs the 4th Wednesday of each month.

Licensee's Proposed Overall Completion Date: 08/31/2025

Implemented [REDACTED] - 09/29/2025)

225a - Assessment 15 Days**6. 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]'s assessment dated [REDACTED] nor corresponding addendum includes the following:

- The resident's inability to effectively communicate [REDACTED] needs, and [REDACTED] is having increased difficulty speaking the words [REDACTED] is thinking, along with increased confusion, which resulted in the initiation of regular speech therapy treatments from March 2025 until June 2025.
- The home was managing the resident's finances as indicated in the resident's cash record dated [REDACTED] through [REDACTED].
- The resident's need to have at least one safety check per night as indicated in the resident evaluation and personal services assessment tool dated [REDACTED].
- The resident's allergies to [REDACTED] and [REDACTED], as indicated on the medication order summary attached to the medical evaluation dated [REDACTED].

Resident [REDACTED]'s assessment dated [REDACTED], indicates the resident requires financial management and the resident's family would be managing [REDACTED] finances. However, the resident's cash record dated [REDACTED] through [REDACTED] indicates the home was managing cash for the resident.

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

Plan of Correction

Accept [REDACTED] - 08/18/2025)

1. The following plan of correction is provided for regulatory compliance only and is not admission of any wrongdoing, admission of liability or agreement of citation of deficiency.
2. Resident [REDACTED] was discharged to hospital on [REDACTED] and from there directly to secured memory care, as was previously scheduled.
3. Resident [REDACTED] was discharged to secured memory care on [REDACTED].
4. ED, DOW and MC began an audit at time of survey with crosswalk of all DME's, RASP and Level of Care assessments. Audit completed by 7/28/25. Audit findings to be completed 8/31/25.

225a - Assessment 15 Days (continued)

5. Executive Director Mentor provided education on assessments, DME, RASP and LOC to ED, DOW and MC on 7/10/25.
6. ED or designee to audit 10% of resident population DME, RASP and LOC monthly beginning September 2025 for accuracy and consistency between documents until the date of the next annual inspection. Results of Audit will be reviewed at monthly BPA meeting. BPA meeting occurs the 4th Wednesday of each month.

Licensee's Proposed Overall Completion Date: 08/31/2025

Implemented [REDACTED] 09/29/2025)

227e - Self Administer Medication**7. Requirements**

2600.

227.e. The resident's support plan must document the ability of the resident to self-administer medications or the need for medication reminders or medication administration.

Description of Violation

Resident [REDACTED]'s assessment dated [REDACTED] does not include the resident's inability to self-administer medications as indicated on resident [REDACTED]'s medical evaluation dated [REDACTED].

Plan of Correction

Accept [REDACTED] - 08/18/2025)

1. The following plan of correction is provided for regulatory compliance only and is not admission of any wrongdoing, admission of liability or agreement of citation of deficiency.
2. Resident [REDACTED] 3/19/25 RASP states staff will manage, store, prepare and administer medications as ordered by physician.
3. Resident [REDACTED] discharged to secured memory care on [REDACTED].
4. ED, DOW and MC began an audit at time of survey with crosswalk of all DME's, RASP and Level of Care assessments. Audit completed 7/28/25. Audit findings to be completed 8/31/25.
5. Executive Director Mentor provided education on assessments, DME, RASP and LOC to ED, DOW and MC on 7/10/25.
6. ED or designee to audit 10% of resident population DME, RASP and LOC monthly beginning September 2025 for accuracy and consistency between documents until the date of the next annual inspection. Results of Audit will be reviewed at monthly BPA meeting. BPA meeting occurs the 4th Wednesday of each month.

Licensee's Proposed Overall Completion Date: 08/31/2025

Implemented [REDACTED] - 09/29/2025)