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

November 17, 2025

[redacted]
JUNIPER VILLAGE AT STATE COLLEGE OPERATIONS I LLC
[redacted]

RE: JUNIPER VILLAGE AT BROOKLINE - WELLSPRING MEMORY CARE
610 WEST WHITEHALL ROAD
STATE COLLEGE, PA, 16801
LICENSE/COC#: 24130

[redacted],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/25/2025 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 BROOKLINE - WELLSPRING MEMORY CARE* **License #**: *24130* **License Expiration**: *05/15/2026*

Address: *610 WEST WHITEHALL ROAD, STATE COLLEGE, PA 16801*

County: *CENTRE* **Region**: *NORTHEAST*

Administrator

Name: [redacted] **Phone**: [redacted] **Email**: [redacted]

Legal Entity

Name: *JUNIPER VILLAGE AT STATE COLLEGE OPERATIONS I LLC*

Address: [redacted]

Phone: [redacted] **Email**: [redacted]

Certificate(s) of Occupancy

Type: *I-2* **Date**: **Issued By**:

Staffing Hours

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

Inspection Information

Type: *Partial* **Notice**: *Unannounced* **BHA Docket #**:

Reason: *Complaint, Incident* **Exit Conference Date**: *10/24/2025*

Inspection Dates and Department Representative

09/25/2025 - On-Site [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *38* **Residents Served**: *34*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *entire* **Capacity**: *38* **Residents Served**: *34*

Hospice

Current Residents: *5*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *34*

Diagnosed with Mental Illness: *0* **Diagnosed with Intellectual Disability**: *0*

Have Mobility Need: *34* **Have Physical Disability**: *0*

Inspections / Reviews

09/25/2025 Partial

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *11/06/2025*

11/07/2025 - POC Submission

Submitted By: [redacted] **Date Submitted**: *11/14/2025*

Reviewer: [redacted] **Follow-Up Type**: *Document Submission* **Follow-Up Date**: *11/14/2025*

Inspections / Reviews *(continued)*

11/17/2025 Document Submission

Submitted By: [redacted] **Date Submitted:** *11/14/2025*

Reviewer: [redacted] **Follow Up Type:** *Not Required*

42b - Abuse

1. 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] the home admitted resident [redacted] with diagnosis of [redacted], and [redacted] Prior to admission, resident [redacted] had a documented history of dangerous behaviors including screwing windows shut, making threats, breaking into a house, and threatening a person with a gun which resulted in the resident's [redacted] hospitalization. On [redacted], resident [redacted] was admitted to the Personal Care Home immediately upon discharge from their [redacted] hospitalization. On [redacted] resident [redacted] begins to refuse their medications. The resident's medication refusals continued, from [redacted] to [redacted] with the resident refusing medications on 20 occasions. Resident [redacted] refused their [redacted] on 15 separate days from [redacted] to [redacted]. On [redacted], resident [redacted] threatened, physically shoved, and grabbed a staff person and on [redacted], the resident swung their arms at staff person when they attempted to administer medications. On [redacted] the resident was seen by SunPointe Health and a change was made to their [redacted] from .75mg daily to 1mg daily. The resident refused the medication [redacted] and [redacted]. On [redacted], resident 1 gained access to an unlocked area where construction workers stored their tools. Resident [redacted] attacked and injured 2 staff members by cutting them with a box cutter and hit a 3rd staff member in the face with a wooden spoon. The resident fled from staff and hid in resident's [redacted] and [redacted] bedrooms placing them at risk for harm.

Plan of Correction ***Accept [redacted] - 11/07/2025)***

Juniper Village at Brookline Wellspring Memory Care respectfully disagrees with this citation. The following Plan of Correction is submitted in accordance with state and federal regulatory requirements. Submission of the POC does not constitute an admission that the deficiencies cited are accurate, that the facts alleged occurred as stated, or that the community agrees with the survey findings. This POC represents the community's commitment to compliance and quality improvement, and any actions described are undertaken to promote resident safety and regulatory compliance, not as an admission of fault or liability.

The regulation's intent, as specified in the DHS Regulatory Compliance Guide (RCG 42b), is to ensure that all residents are free from harm, mistreatment, or intimidation, and that facilities maintain a safe environment through appropriate staff training, supervision, and clinical oversight. A violation occurs only when the home's conduct or failure to act results in a direct or foreseeable risk of harm to a resident. The citation asserts that repeated medication refusals, staff re-approach efforts, and provider response timing constituted abuse or neglect. However, the factual and regulatory basis for this determination is inconsistent with the intent of §2600.42(b).

• The resident [redacted] admitted on July 9, 2025, demonstrated a well-documented behavioral and psychiatric history. It is incorrect that the resident received inpatient psychiatric care and was admitted from a medical bed (not psychiatric). [redacted] frequent refusals and unpredictable behaviors were clinical in nature, not a result of staff misconduct, intimidation, or neglect.

• No evidence exists of staff intimidation, physical or verbal abuse, or neglect. Reapproaching a resident for medication compliance is reasonable, clinically appropriate, and regulatory-expected action, provided it is done without coercion, which was the case here. Staff were adhering to the policy regarding medication refusal and attempting to stop and reapproach after a safe period to attempt to readminister medically necessitated medications. While it is the right of the resident to refuse medications and or treatments, the staff were attempting to administer as required in a resident and care-centered manner.

• Medication refusal is a recognized resident right under 55 Pa. Code §2600.141(c)(3), which provides that residents

42b - Abuse (continued)

may refuse medications. The staff's responsibility is to re-approach respectfully.

The following plan of correction is submitted for compliance purposes only:

Short-Term Actions:
• Policy Review and Reinforcement: Education provided to Med Techs regarding resident rights related to medication refusal and appropriate re-approach techniques. Training conducted by Director of Wellness on 9/30/2025
• Executive Director led Safe Management technique training including managing challenging behaviors and RASP training on 9/30/2025 and again on 10/30/2025 at monthly all associate town hall training meetings.
• All associates assigned Relias training titled "Managing challenging behaviors- a positive approach to care by Teepa Snow" to be completed by 10/31/2025
• Clinical Coordination Enhancement: Medication refusals will be monitored daily or upon occurrence by Director of wellness or designee to ensure proper reporting to provider in accordance with provider instructions. New integrations of point click care pharmacy connect module and dashboard monitoring is active as of 11/4/25 and allows for Director of wellness to run daily report of all medication omissions, refusals and changes in medication administration to ensure compliance with documentation and provider notification.
• Environmental Safety Review: Construction and maintenance areas have been re-secured with restricted access where possible without impeding emergency exit procedures. All external vendor workspaces are reviewed during safety rounds by ESD or designee Ongoing through the construction period which ended on October 20, 2025

Licensee's Proposed Overall Completion Date: *11/06/2025*

Implemented ([redacted] - 11/17/2025)

187a - Medication Record

2. Requirements

2600.
187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

Description of Violation

Resident [redacted] is prescribed [redacted], and [redacted]. Resident's September 2025 medication administration record for [redacted] at 8:00p.m., indicates the medications were held. The medication administration record does not indicate a reason the medications were held.

Plan of Correction ***Accept [redacted] - 11/07/2025)***

Upon review of the MAR and progress notes supporting documents that medication was not a hold, it was a refusal. Med tech documented #5 code for "hold/see notes". Progress note indicated a refusal. See attached progress note and MAR with coding.

Short-Term Actions:
• Education provided to all Wellness Med Techs by Director of Wellness on 9/30/25 regarding regulation, administration, documentation and refusal procedure. Med Techs educated on progress notes regarding noting the refusal, alerting the provider and documenting the providers response. See attached training sign in form. Standard practice is to select code "9" for all refusals moving forward.

Long-Term Actions:

187a - Medication Record (continued)

• Director of wellness or designee to monitor daily shift summary and progress notes as part of PCC daily 24 or 72 hour summary report to ensure correct documentation and coding for all medications administered.
• Executive Director or designee to continue to monitor medication administration and documentation compliance through twice annual Best Practice Quality Assurance checklists each February and August.

Licensee's Proposed Overall Completion Date: *11/04/2025*

Implemented ([redacted] - 11/17/2025)

187d - Follow Prescriber's Orders

3. Requirements

2600.
187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident [redacted] is prescribed [redacted], and [redacted] to be administered at 8:00p.m. These medications were not administered on [redacted] at 8:00p.m. as prescribed.

Repeat Violation: [redacted]

Plan of Correction ***Accept [redacted] - 11/07/2025)***

Upon review of the MAR and progress notes supporting documents that medication was not a hold, it was a refusal. Med tech documented #5 code for "hold/see notes". Progress note indicated a refusal. See attached progress note and MAR with coding.

Short-Term Actions:
• Education provided to all Wellness Med Techs by Director of Wellness on 9/30/25 regarding medication administration documentation and refusal procedure. Med Techs educated on progress notes regarding noting the refusal, alerting the provider and documenting the providers response. See attached training sign in form. Standard practice is to select code "9" for all refusals moving forward.

Long-Term Actions:
• Director of wellness or designee to monitor daily shift summary and progress notes as part of PCC daily 24 or 72 hour summary report to ensure correct documentation and coding for all medications administered.
• Executive Director or designee to continue to monitor medication administration and documentation compliance through twice annual Best Practice Quality Assurance checklists each February and August.

Licensee's Proposed Overall Completion Date: *11/04/2025*

Implemented ([redacted] - 11/17/2025)

188b - Medication Error Reporting

4. Requirements

2600.
188.b. A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.

188b Medication Error Reporting *(continued)*

Description of Violation

Resident [redacted] refused to take the following scheduled medications:
1. From [redacted] through [redacted] and [redacted] through [redacted] at 6:00a.m [redacted]
2. From [redacted] through [redacted], and [redacted] at 2:00p.m. [redacted]
3. On [redacted] through [redacted] and [redacted] at 8:00p.m. [redacted]
4. From [redacted] through [redacted] through [redacted] and [redacted] through [redacted] at 6:00a.m. [redacted]
5. On [redacted] through [redacted] at 8:00p.m. [redacted]
6. On [redacted] through [redacted] at 9:00p.m. [redacted]
7. From [redacted] through [redacted] and [redacted] through [redacted] at 6:00a.m [redacted]
8. From [redacted] through [redacted] and [redacted] through [redacted] at 8:00p.m. [redacted]
9. From [redacted] through [redacted] through [redacted], and [redacted] through [redacted] at at 6:00a.m [redacted]

These medication refusals were not reported to the prescriber.

Plan of Correction ***Accept [redacted] 11/07/2025)***

Short Term Actions:
• The PCP was made aware on 9/25/25 of all past medication refusals by the Director of Wellness as part of immediate correction.
• Med Techs educated on Documentation procedures by Director of Wellness on 9/30/25 regarding medication refusals including noting the refusal, alerting the provider and documenting the providers response in each medication refusal progress note moving forward. see attached training sign in form.

Long Term Actions:
• New integrations of point click care pharmacy connect module and dashboard monitoring is active as of 11/4/25 and allows for Director of wellness to run daily report of all medication omissions, refusals and changes in medication administration to ensure compliance with PCP notification. Follow up verification of proper refusal documentation including notification of PCP, and documented response from PCP and action taken.
• Director of wellness or designee to monitor the pharmacy connect dashboard daily to ensure correct documentation and coding for all medications administered.
• Executive Director or designee to continue to monitor medication administration and documentation compliance through twice annual Best Practice Quality Assurance checklists each February and August.

Licensee's Proposed Overall Completion Date: *11/04/2025*

Implemented [redacted] - 11/17/2025)

188c - Medication Error Documentation

5. Requirements

2600.
188.c. Documentation of medication errors and the prescriber's response shall be kept in the resident's record.

Description of Violation

On [redacted], nursing notes indicated that the CRNP was made aware of medication refusals but there was no documentation of a response from the CRNP.

188c - Medication Error Documentation *(continued)*

Plan of Correction ***Accept [redacted] - 11/07/2025)***

• Upon review of supporting documents, On 8/26/25 at 1:11pm it was documented by the provider on a after visit note attached here that "resident can be dismissive of staff and stated, "I don't need that". It was also documented by the provider that Wellness staff reported to the provider per provider note that [redacted] continues to become frustrated regarding blood sugar monitoring and insulin administration but that the plan of action 'to continue routine insulin administration in am and before bed and continue accuchecks BID with a follow up in 1 month at next suggested follow up visit scheduled to occur in one month on 9/26/25."

Short-Term Actions:
•The PCP was made aware on 9/25/25 of all past medication refusals by the Director of Wellness as part of immediate correction.
• Med Techs educated on Documentation procedures by Director of Wellness on 9/30/25 regarding medication refusals including noting the refusal, alerting the provider and documenting the providers response in each medication refusal progress note moving forward. see attached training sign in form.

Long-Term Actions:
• Director of wellness or designee to monitor daily shift summary reports and progress notes as part of PCC daily 24 or 72 hour summary report to ensure correct documentation and coding for all medications administered.
• Executive Director or designee to continue to monitor medication administration and documentation compliance through twice annual Best Practice Quality Assurance checklists each February and August.

Licensee's Proposed Overall Completion Date: *11/04/2025*

Implemented [redacted] - 11/17/2025)

201 - Positive Interventions

6. Requirements

2600.
201. Safe Management Techniques - The home shall use positive interventions to modify or eliminate a behavior that endangers the resident himself or others. Positive interventions include improving communications, reinforcing appropriate behavior, redirection, conflict resolution, violence prevention, praise, deescalation techniques and alternative techniques or methods to identify and defuse potential emergency situations.

Description of Violation

Resident [redacted] was admitted to the home with diagnosis of [redacted], [redacted], and hostility as noted on their prescreening form, dated [redacted]. Resident often refused medication, and staff would re-approach the resident up to 4 times in an attempt to administer the medication. Staff stated that they became angrier and made more verbal threats to staff after each returning attempt to try and administer the medications that were refused. The home continued to offer the resident their medications after refusal although they were aware that this caused increased agitation.

Plan of Correction ***Accept [redacted] - 11/07/2025)***

Upon review of supporting documents, On 8/26/25 at 1:11pm it was documented by the provider on a after visit note attached here that the provider was aware of medication refusals stating "resident can be dismissive of staff and stated, "I don't need that". It was also documented by the provider that Wellness staff reported to the provider per provider note that [redacted] "continues to become frustrated regarding blood sugar monitoring and insulin administration but that the plan of action 'to continue routine insulin administration in am and before bed and continue accuchecks BID with a follow up in 1 month at next suggested follow up visit scheduled to occur in one month on 9/26/25."

201 Positive Interventions (continued)

Short Term Actions:
• Director of Wellness educated immediately on 9/25/25 by Executive Director on RASP development and expectations to include interventions for all behaviors including medication refusals.
• All associates assigned Relias training titled "Managing challenging behaviors a positive approach to care by Teepa Snow" to be completed by 10/31/2025
• All associates educated on 9/30/25 by the Executive Director on Safe Management Techniques and reminded to read, review and add to the triggers and comforts document stored in the Safe Management Techniques binder that is accessible to all associates. Binder is brought to each monthly associate training for review.

Long Term Actions:
• Executive Director or designee to monitor and review all initial RASPs after each move in and twice a year in February and August as part of the community's Best Practice Assurance checklist to ensure behavioral interventions are included and up to date and match the resident's needs as identified in the initial pre admission screening.
• Executive Director or designee to continue to review and update the safe management technique binder monthly with associates at scheduled associate training meetings.
• Executive Director or designee to continue to monitor positive intervention and safe management techniques use during twice annual Best Practice Quality Assurance checklists each May and November

Licensee's Proposed Overall Completion Date: *11/06/2025*

Implemented ([redacted] - 11/17/2025)

225a - Assessment 15 Days

7. 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] assessment, dated [redacted] does not include behavior of [redacted] as indicated on the resident's prescreening form dated [redacted].

Plan of Correction ***Accept [redacted] - 11/07/2025)***

Short Term Actions:
• RASP was not immediately updated as Resident [redacted] has been out of the community since 9/23/25 and closed [redacted] room on 10/01/2025. Resident will not return to the community at this time.
• Director of Wellness educated immediately on 9/25/25 by Executive Director on RASP development and expectations of standard practice to include in the assessment and support plan interventions for the behavioral health needs that are identified on the pre admission screening.
• All associates educated by the Executive Director on RASP procedures and person centered positive interventions during 10/30/25 associate training

Long Term Actions:
• Director of Wellness or designee to include interventions in the initial assessment and support plan as identified in the pre admission screening ongoing.
• Executive Director or designee to monitor and review all initial RASPs after each move in and twice a year in

225a Assessment 15 Days (continued)

February and August as part of the community's Best Practice Assurance checklist to ensure behavioral interventions are included and up to date and match the resident's needs as identified in the initial pre admission screening.

Licensee's Proposed Overall Completion Date: *11/06/2025*

Implemented [redacted] 11/17/2025)

225c - Additional Assessment

8. Requirements

2600.
225.c. The resident shall have additional assessments as follows:

Description of Violation

Resident [redacted]s assessment, dated [redacted], was not updated to address the resident's numerous medication refusals that began on [redacted].

Plan of Correction ***Accept [redacted] - 11/07/2025)***

Short Term Actions:
• RASP was not immediately updated as Resident [redacted] has been out of the community since 9/23/25 and closed [redacted] room on 10/01/2025. Resident will not return to the community at this time.
• Director of Wellness educated immediately on 9/25/25 by Executive Director on RASP development and expectations of adding additional support plan interventions for behavioral health needs as the needs are identified.
• All associates educated by the Executive Director on RASP procedures and person centered positive interventions during 10/30/25 associate training

Long Term Actions:
• Direct Care Staff to continue to log observed behaviors in the Behavioral tracking log in Point Click Care tasks as assigned.
• Director of Wellness or designee to review behavior tracking logs prior to RASP development and updates to ensure reoccurring behavioral symptoms are addressed in the assessment and support plan ongoing.
• Executive Director or designee to monitor and review all initial RASPs after each move in and twice a year in February and August as part of the community's Best Practice Assurance checklist to ensure behavioral interventions are included and up to date and match the resident's needs as documented in the behavioral tracking log completed by direct care staff in Point Click Care.

Licensee's Proposed Overall Completion Date: *11/06/2025*

Implemented[redacted] - 11/17/2025)