

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

January 2, 2026

[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 12/16/2025 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:** C-2 LP      **Date:** 06/06/1998      **Issued By:** L&I

**Staffing Hours**

**Resident Support Staff:** 0      **Total Daily Staff:** 62      **Waking Staff:** 47

**Inspection Information**

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

**Reason:** Complaint      **Exit Conference Date:** 12/17/2025

**Inspection Dates and Department Representative**

12/16/2025 - On-Site [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

**License Capacity:** 38      **Residents Served:** 31

**Secured Dementia Care Unit**

**In Home:** Yes      **Area:** Entire Home      **Capacity:** 38      **Residents Served:** 31

**Hospice**

**Current Residents:** 7

**Number of Residents Who:**

**Receive Supplemental Security Income:** 0      **Are 60 Years of Age or Older:** 31

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

**Have Mobility Need:** 31      **Have Physical Disability:** 0

**Inspections / Reviews**

12/16/2025 Partial

**Lead Inspector:** [REDACTED]      **Follow-Up Type:** POC Submission      **Follow-Up Date:** 01/02/2026

Inspections / Reviews (*continued*)

## 01/02/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 01/02/2026

Reviewer: [REDACTED]

Follow Up Type: *Bypass Document  
Submission*

## 01/02/2026 Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/02/2026

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

15a Resident Abuse Report

1. Requirements

2600.

15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § 10225.701 10225.707) and 6 Pa. Code § 15.21 15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

On [REDACTED] a visitor to the home approached staff person A to report concerns about hearing staff person B using profanity in the shower room with resident [REDACTED]. Staff person A investigated the concern and discussed it with staff person B. The home did not immediately notify the Area Agency on Aging of the report of suspected resident abuse.

Plan of Correction

Accept [REDACTED] - 01/02/2026)

Immediate Corrective Action:

- Upon identification of the reporting failure on 12/16/25, the Nursing Director confirmed the residents' safety and well-being. No signs of suspected abuse observed.
- The allegation was immediately reported on 12/16/25 by the executive director to [REDACTED] at the Centre County Area Agency on Aging adult protective services in accordance with OAPSA requirements.
- The allegation was immediately reported via incident report to DHS Northeast region per license rep recommendation on 12/16/2025
- Executive Director immediately began internal investigation in to the incident and included interviews of the staff person involved, the director of wellness, activities director and additional wellness associates on shift on 12/10/2025
- Executive Director notified POA of the report on 12/16/20225 of resident involved in alleged incident
- The Executive Director and Director of Nursing conducted re-education on 12/23/25 at monthly town hall associate meeting with and also on 12/17/2025 with all Leadership team members (see attached training attendance forms) on the following topics:
  - o Definitions of abuse, including verbal/emotional abuse
  - o Immediate reporting requirements under OAPSA
  - o Staff restriction requirements during abuse investigations
- Abuse reporting policies were reviewed by the executive director on 12/23/2025 and clarified to reinforce that all allegations must be reported immediately, regardless of perceived severity or source.

Measures to Ensure Ongoing Compliance (Long-Term):

- Abuse reporting and staff restriction education provided by the executive director will continue to be incorporated into: New hire orientation and Annual mandatory training for all associates ongoing
- Scenario-based training will be used by leadership team members with associates during annual trainings and as needed to reinforce identification and reporting of verbal and emotional abuse ongoing.
- The Executive Director or designee will review all incident reports weekly for proper identification and timely reporting of suspected abuse ongoing.
- Executive director or designee will ensure long term compliance of required trainings by auditing associate files for training requirements twice annually in January and July as part of the best practices assurance requirements ongoing.

Licensee's Proposed Overall Completion Date: 12/31/2025

Implemented [REDACTED] 01/02/2026)

15b Supervisor Plan

2. Requirements

2600.

15.b. If there is an allegation of abuse of a resident involving a home's staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

Description of Violation

On [REDACTED] a visitor to the home approached staff person A to report concerns about hearing staff person B using profanity in the shower room with resident [REDACTED]. Staff person A investigated the concern and discussed it with staff person B. The home did not immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

Plan of Correction

Accept ( [REDACTED] 01/02/2026)

Immediate Corrective Action:

- Upon identification of the deficiency, the Director of Nursing ensured resident [REDACTED] was safe and not experiencing ongoing distress.
- The actions taken were documented in accordance with facility policy.

Measures Taken to Prevent Recurrence (Short-Term):

- On 12/17/2025 The Executive Director re-educated all leadership team members on the following topics:
  - o Requirements of 55 Pa. Code § 2600.15(b)
  - o The obligation to immediately implement a supervision plan or suspend staff when an allegation involves a staff person
  - o Proper documentation and communication of supervisory plans
- Supervisory leadership team staff signed acknowledgment on 12/17/2025 of understanding of the requirement to report all complaints of suspected abuse to the executive director immediately (see attached training sign in form)

Measures to Ensure Ongoing Compliance (Long-Term):

- Abuse allegation response procedures, including immediate supervision or suspension requirements, will continue to be incorporated into:
  - o New hire orientation for supervisors
  - o Annual mandatory training for all leadership staff
- All allegations involving staff will be reviewed by the Executive Director or designee on the same day to ensure appropriate supervision plans or suspensions are in place.
- The Executive Director or designee will conduct weekly incident report audits to verify:
  - o Immediate implementation of supervision plans or suspensions
  - o Proper documentation and follow-through
- Findings will be reviewed by the executive director or designee through the Best Practice Assurance/Performance Improvement process twice annually in January and July, and corrective action will be taken as needed.

Licensee's Proposed Overall Completion Date: 12/31/2025

Implemented ( [REDACTED] 01/02/2026)

16c Written Incident Report

3. Requirements

16c - Written Incident Report (continued)

2600.

16.c. The home shall report the incident or condition to the Department’s personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

**Description of Violation**

On [REDACTED] a visitor to the home approached staff person A to report concerns about hearing staff person B using profanity in the shower room with resident [REDACTED]. Staff person A investigated the concern and discussed it with staff person B. The home did not notify the department's regional office of the incident as required.

**Plan of Correction**

Accepted [REDACTED] - 01/02/2026

*Immediate Corrective Action:*

- Upon identification of the reporting failure on 12/16/25, the Nursing Director confirmed the residents' safety and well-being. No signs of suspected abuse observed.
- The allegation was immediately reported on 12/16/25 by the executive director to [REDACTED] at the Centre County Area Agency on Aging adult protective services in accordance with OAPSA requirements.
- The allegation was immediately reported via incident report to DHS Northeast region per license rep recommendation on 12/16/2025
- Executive Director immediately began internal investigation in to the incident and included interviews of the staff person involved, the director of wellness, activities director and additional wellness associates on shift on 12/10/2025
- Executive Director notified POA of the report on 12/16/20225 of resident involved in alleged incident
- The Executive Director and Director of Nursing conducted re-education on 12/23/25 at monthly town hall associate meeting with and also on 12/17/2025 with all Leadership team members (see attached training attendance forms) on the following topics:
  - o Definitions of abuse, including verbal/emotional abuse
  - o Immediate reporting requirements under OAPSA
  - o Staff restriction requirements during abuse investigations
- Abuse reporting policies were reviewed by the executive director on 12/23/2025 and clarified to reinforce that all allegations must be reported immediately, regardless of perceived severity or source.

*Measures to Ensure Ongoing Compliance (Long-Term):*

- Abuse reporting and staff restriction education provided by the executive director will continue to be incorporated into: New hire orientation and Annual mandatory training for all associates ongoing
- Scenario-based training will be used by leadership team members with associates during annual trainings and as needed to reinforce identification and reporting of verbal and emotional abuse ongoing.
- The Executive Director or designee will review all incident reports weekly for proper identification and timely reporting of suspected abuse ongoing.
- Executive director or designee will ensure long term compliance of required trainings by auditing associate files for training requirements twice annually in January and July as part of the best practices assurance requirements ongoing.

**Licensee's Proposed Overall Completion Date:** 12/31/2025

Implemented [REDACTED] - 01/02/2026