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

March 3, 2026

[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 01/13/2026, 01/14/2026 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**: *L&I*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *66* **Waking Staff**: *50*

Inspection Information

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

Reason: *Complaint, Incident* **Exit Conference Date**: *01/30/2026*

Inspection Dates and Department Representative

01/13/2026 - On-Site: [redacted]

01/14/2026 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *72* **Residents Served**: *53*

Secured Dementia Care Unit

In Home: *No* **Area**: **Capacity**: **Residents Served**:

Hospice

Current Residents: *2*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *53*

Diagnosed with Mental Illness: *2* **Diagnosed with Intellectual Disability**: *0*

Have Mobility Need: *13* **Have Physical Disability**: *3*

Inspections / Reviews

01/13/2026 Partial

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *02/13/2026*

02/11/2026 - POC Submission

Submitted By: [redacted] **Date Submitted**: *03/02/2026*

Reviewer: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *02/17/2026*

Inspections / Reviews *(continued)*

02/17/2026 POC Submission

Submitted By: [redacted] **Date Submitted:** *03/02/2026*

Reviewer: [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *03/02/2026*

03/03/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *03/02/2026*

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

187b - Date/Time of Medication Admin.

1. Requirements

2600.
187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident [redacted]s November and December 2025 Medication Administration Records did not include the initials of the staff person(s) who administered the following medications to Resident [redacted]

- *On [redacted] at 8:00 AM-[redacted]*
- *On [redacted] at 8:00 AM-[redacted] and [redacted]*

Plan of Correction ***Accept [redacted] - 02/17/2026)***

1. DOW to educate wellness team members on requirements of 187b at monthly Wellness meeting to be held 2/25/26.
2. DOW or designee to audit 10% of resident population MAR for initials of staff person who has administered medications. Findings to be reviewed at monthly quality assurance meeting. Audit will be completed monthly, beginning 2/24/25 and continue to next inspection.

Licensee's Proposed Overall Completion Date: *02/28/2026*

Implemented [redacted] - 03/03/2026)

187c - Refusal of Medication

2. Requirements

2600.
187.c. If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

Description of Violation

The home did not notify the physician of Resident [redacted]'s refusals for the following prescribed medications:

1. *[redacted], 1 tab by mouth at bedtime for [redacted]*
   - *Refused on December 2nd, 4th, 7th, 10th-12th, 17th-19th, and 26th-30th of 2025 at 7:00 PM.*
   - *Refused on November 3rd, 6th, 7th, 10th, 11th, 15th, 23rd, 25th, 28th, and 29th of 2025 at 7:00 PM.*
2. *[redacted], apply topically a thin ribbon to [redacted] twice daily*
   - *Refused on October 19th-21st at 7:00 PM*
   - *Refused on October 18th, and 20th of 2025 at 7:00 AM.*
3. *[redacted], 1 tab by mouth once daily for [redacted]*
   - *Refused on October 25th and 28th of 2025 at 7:00 PM.*
4. *[redacted], 1 tab by mouth once daily for [redacted]*
   - *Refused on November 3rd and 6th of 2025 at 7:00 PM.*
   - *Refused on October 18th, 25th, and 28th of 2025 at 7:00 PM.*
5. *[redacted], 1 tab by mouth twice daily for [redacted]*
   - *Refused on December 1st-17th of 2025 at 7:00 AM*
   - *Refused on December 1st-4th, 6th-7th, 10th-12th, and 14th-22nd of 2025 at 7:00 PM.*

187c Refusal of Medication (continued)

6. [redacted] 1 tab by mouth once daily for [redacted]
   - Refused on December 1st 2nd, 4th, 7th, 10th 12th, 14th 15th, 17th 19th, and 22nd of 2025 at 7:00 PM.

The home did not notify the physician of Resident [redacted]s refusals for the following prescribed medications:

1. [redacted] ER, 1 cap by mouth once daily for [redacted]
   - Refused on 12/2 12/3 of 2025 at 8:00 AM
2. [redacted], 1 tab by mouth once daily for [redacted]
   - Refused on 12/3/25 at 8:00 AM

Plan of Correction ***Accept [redacted] - 02/17/2026)***

1. On 1/16/26 resident [redacted] Medication refusals were discussed by DOW with PCP who is aware of continued refusals of medications. VTO noted that staff does not need to notify PCP of med refusals until after neurology appointment on 01/22/2026. DOW notified brother/POA of this order and plan of care. [redacted] is in agreement and wishes not to be notified of medication refusals until a further plan of care is established. 2/10/26 PCP discontinued medication following neurology appointment.
2. Resident [redacted] discharged to another community on 12/2/25.
3. DOW to educate wellness team members on requirements of 187c at monthly Wellness meeting to be held 2/25/26.
4. DOW or designee to audit 10% of resident population for timely notification of medication refusals to PCP. Findings to be reviewed at monthly quality assurance meeting. Audit will be completed monthly, beginning 2/24/26 and continue to next inspection.

Licensee's Proposed Overall Completion Date: 02/28/2026

Implemented [redacted] - 03/03/2026)

187d - Follow Prescriber's Orders

3. Requirements

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

Description of Violation

On [redacted], Resident [redacted] received physicians' orders to discontinue [redacted]; however, the home administered the medication to Resident #[redacted] at 7:00 PM on [redacted], and [redacted] and at 7:00 AM on [redacted]

On [redacted], Resident [redacted] was prescribed [redacted], take 1 tablet by mouth twice daily for 3 days for [redacted], for a total of 6 doses. However, Resident [redacted] was only administered this medication once on [redacted] at 8:00 PM and twice on [redacted] at 8:00 AM and 8:00 PM., totaling only 3 doses administered.

Repeated Violation [redacted]

Plan of Correction ***Accept [redacted] - 02/17/2026)***

1. Phoebe Pharmacy conducted medication cart audit, completed on 2/2/26. Recommendations from audit completed by DOW or designee by 2/11/26.
2. Education of Wellness team members on ordering and start of medications completed by 1/20/26 by Interim ED.

187d - Follow Prescriber's Orders (continued)

3. DOW educated Wellness team members on UTI's, completed on 1/19/26.
4. Medical Concierge of Juniper Village at Lebanon to provide training to Medical Concierge of Juniper Village at Mount Joy on ordering and start of medication procedures by 2/25/26.
5. DOW to educate wellness team on requirements of 187d, including policy and procedure for following prescribers orders, policy and procedure for medication administration and policy and procedure on discontinued medication at monthly wellness meeting to be held 2/25/26.
6. DOW or designee to audit 10% of resident population for proper ordering and start of medications procedures. Findings to be reviewed at monthly quality assurance meeting. Audit will be completed monthly, beginning 2/24/26 and continue to next inspection.
7. DOW or designee to audit 10% of resident population medication cart contents for discontinued medications. Findings to be reviewed at monthly quality assurance meeting. Audit will be completed monthly, beginning 2/24/26 and continue to next inspection.
8. Letter sent to residents, families, friends on Feb 2, 2026 regarding the need to notify the care team of outside medical appointments 48 hours in advance, pick up care transition packet, and return after visit summary/medication changes to care team upon return.
9. Resident #2's friend picked up RX and brought it to the community without first notifying the team. When the team learned of the medication being present the order was then confirmed, as is proper procedure for ordering and starting medications. Because of this the medication was only available to be given after the ordered start date leaving doses left after the order end date. Education of the team includes how to adjust start and end date appropriately in these situations. Education of family/residents/friends include continuity of care and timely communication. The hope is that by educating families/residents/friends via letter with appointment/medication changes summary and asking all to be active partners in care as well as educating team members in order and starting medications procedures, we will avoid delay in starting of medications.

Licensee's Proposed Overall Completion Date: *02/28/2026*

Implemented [redacted] - 03/03/2026)

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.

Description of Violation

On [redacted], Resident [redacted] was prescribed [redacted], take 1 tablet by mouth twice daily for 3 days for [redacted], totaling 6 doses. However, Resident [redacted] was only administered this medication once on [redacted] at 8:00 PM and twice on [redacted] at 8:00 AM and 8:00 PM, totaling only 3 doses administered. The medication error was not reported to the resident's designated person or prescriber.

Plan of Correction ***Accept [redacted] - 02/17/2026)***

1. Education of Wellness team members on ordering and start of medications completed by 1/20/26.
2. Letter sent to residents, families, friends on Feb 2, 2026 regarding the need to notify the care team of outside medical appointments 48 hours in advance, pick up care transition packet, and return after visit summary/medication changes to care team upon return.
3. DOW to educate wellness team on requirements of 188b at monthly wellness team meeting to be held 2/25/26.
4. DOW or designee to audit 10% of resident population for timely reporting of medication errors. Findings to be

188b Medication Error Reporting (continued)

reviewed at monthly quality assurance meeting. Audit will be completed monthly, beginning 2/24/26 and continue to next inspection.
5. Resident #2's friend picked up RX and brought it to the community without first notifying the team. When the team learned of the medication being present the order was then confirmed, as is proper procedure for ordering and starting medications. Because of this the medication was only available to be given after the ordered start date leaving doses left after the order end date. Education of the team includes how to adjust start and end date appropriately in these situations. Education of family/residents/friends include continuity of care and timely communication. The hope is that by educating families/residents/friends via letter with appointment/medication changes summary and asking all to be active partners in care as well as educating team members in order and starting medications procedures, we will avoid delay in starting of medications.

Licensee's Proposed Overall Completion Date: *02/28/2026*

Implemented [redacted] - 03/03/2026)

225a - Assessment 15 Days

5. 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], indicated [redacted] diagnoses. However, Resident [redacted] received medications for [redacted] and [redacted] as prescribed on the resident's physician's orders attached to the resident's medical evaluation, completed [redacted]

Resident [redacted] assessment, dated [redacted], does not include an assessment of medical need or plan to meet the medical need for the resident's diagnosis of [redacted], as indicated on the resident's medical evaluation, completed [redacted]

Repeated Violation [redacted], et al., [redacted]

Plan of Correction ***Accept [redacted] - 02/17/2026)***

1. Interim ED provided education to DOW, WNM, MC, ED on Change in Condition, DME and RASP, completed on 1/29/26.
2. ED/DOW to provide education to wellness team on requirements of 225a, DME, RASP and communicating change in condition at Wellness meeting to be held 2/25/26.
3. Three of the following team members to review DME and RASP of all new move ins for triple check, to begin 2/24/26. 100% of new move ins for 90 days, 50% of new move ins for 60 days, 25% of new move ins for 30 days: ED, DOW, WNM, MC or designee.
4. DOW or designee to audit 10% of resident population RASP for notation of diagnoses, related needs and capturing of change in condition. Findings to be reviewed at monthly quality assurance meeting. Audit will be completed monthly, beginning 2/24/26 and complete with next inspection.
5. Resident #1's 10/7/25 DME does not list psychological diagnoses. The assessment was not updated in

225a - Assessment 15 Days (continued)

accordance with the 10/7/25 DME, however Resident # [redacted] medications associated with use for antipsychotic and anxiety were discontinued on 10/14/25 and 11/9/25 respectively.
6. Per PCP, Resident #1's seizure diagnosis is inactive, DME reflects this effective 2/12/26. Resident is to undergo further evaluation. Should DX be confirmed, at that time an assessment will be completed.

Licensee's Proposed Overall Completion Date: *02/28/2026*

Implemented [redacted] - 03/03/2026)

225c - Additional Assessment

6. Requirements

2600.
225.c. The resident shall have additional assessments as follows:
2. If the condition of the resident significantly changes prior to the annual assessment.

Description of Violation

Resident [redacted] assessment, dated [redacted], indicated Resident [redacted] is independent with evacuating in an emergency, does not need supervision in the home, and only requires supervision outside the home. On [redacted] Resident [redacted] was observed to be exit seeking. Beginning on [redacted] Resident [redacted] was placed on "alert charting" due to low cognition and high mobility. At least once per shift, the home would "put eyes on" Resident [redacted]. On [redacted], after displaying exit seeking behavior, Resident #'s supervision was to be increased and on [redacted], Resident [redacted] left the home unsupervised and was found at a nearby church. The home did not update the resident's assessment with the need for increased supervision.

Plan of Correction ***Accept [redacted] - 02/17/2026)***

1. Interim ED provided elopement training and follow up education to Leadership team, completed on 1/19/26.
2. Education of team on elopement prevention completed by Leadership Team at Town Hall on 1/28/26.
3. C4L (Connect for Life) program including Stop & Watch and care transitions training provided by Vice President of Operations for leadership team completed on 2/2/26
4. Interim ED provided training on Change in Condition to DOW, WNM, MC, ED, completed on 1/29/26.
5. Audit of elopement evaluations, completed by Regional DOW on 1/26/26 in an effort to ensure supervision levels are accurate. Audit finding recommendations to be completed by DOW or designee by 2/25/26.
6. ED to provide education on elopement policy, reporting change in condition, requirements of 225c to team at Town Hall to be held 2/25/26
7. DOW or designee to audit 10% of resident population for change in condition captured on additional assessment. Findings to be reviewed at monthly quality assurance meeting. Audit will be completed monthly, beginning 2/24/26 and continue to next inspection.
8. Resident #3's assessment was not updated, resident was discharged to home with family on 7/15/25.

Licensee's Proposed Overall Completion Date: *02/28/2026*

Implemented [redacted] 03/03/2026)

251c - Standardized Forms

7. Requirements

251c Standardized Forms *(continued)*

2600.
251.c. The home shall use standardized forms to record information in the resident's record.

Description of Violation

Resident #[redacted] current medical evaluation records, dated [redacted] and [redacted], were not completed on the Department's current standardized form.

Plan of Correction ***Accept [redacted] - 02/17/2026)***

1. The departments current form was utilized for resident [redacted] 7/23/25 assessment.
2. Resident #2 discharged to another community on 12/5/25
3. ED to educate MC on the requirements of 251c, the departments current standard DME form by 2/25/26.MC or designee to audit current DME's for use of current standard department form by 2/28/26.
4. Education of DOW and WNM on the departments current standard DME form completed on 1/19/26 by Interim ED.
5. ED or designee to completed audit of 10% of resident population for correct DME form. Findings to be reviewed at monthly quality assurance meeting. Audit will be completed monthly, beginning 2/24/26 and continue to next inspection.

Licensee's Proposed Overall Completion Date: *02/28/2026*

Implemented ([redacted] - 03/03/2026)

252 Record Content

8. Requirements

2600.
252. Content of Resident Records Each resident's record must include the following information:
22. Copies of transfer and discharge summaries from hospitals, if available.

Description of Violation

Resident [redacted]s record did not include hospital records or discharge summaries for the resident's hospitalization on [redacted]

Plan of Correction ***Accept [redacted] - 02/17/2026)***

1. Resident [redacted] returned to the home from the hospital with no new orders.
2. DOW to educate wellness team members on the requirements of 252 and importance of both retrieving records and documenting attempts to retrieve records at monthly wellness meeting to be held on 2/25/26.
3. DOW or designee to audit 10% of resident population for retrieval of hospital records and associated documentation. Findings to be reviewed at monthly quality assurance meeting. Audit will be completed monthly, beginning 2/24/26 and continue to next inspection.
4. Resident #3's hospital records were unable to be obtained and filed in the resident's record despite the homes attempts. On 1/19/26 DOW followed up on request for medical records contacting Penn State Lancaster ED. ED and medical records both report no record of visit.

Licensee's Proposed Overall Completion Date: *02/28/2026*

252 Record Content *(continued)*

Implemented [redacted] - 03/03/2026)