

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

May 15, 2026

[REDACTED] ADMINISTRATOR  
JUNIPER VILLAGE AT LEBANON LLC  
1125 BIRCH ROAD  
LEBANON, PA, 17042

RE: JUNIPER VILLAGE AT LEBANON I  
1125 BIRCH ROAD  
LEBANON, PA, 17042  
LICENSE/COC#: 33005

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/14/2026, 04/15/2026 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 LEBANON I License #: 33005 License Expiration: 03/14/2027  
Address: 1125 BIRCH ROAD, LEBANON, PA 17042  
County: LEBANON Region: CENTRAL

**Administrator**

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

**Legal Entity**

Name: JUNIPER VILLAGE AT LEBANON LLC  
Address: 1125 BIRCH ROAD, LEBANON, PA, 17042  
Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: C-2 LP Date: 05/17/2019 Issued By: Labor & Industry  
Type: C-2 LP Date: 11/12/2018 Issued By: Labor & Industry 0

**Staffing Hours**

Resident Support Staff: 0 Total Daily Staff: 67 Waking Staff: 50

**Inspection Information**

Type: Full Notice: Unannounced BHA Docket #: 0  
Reason: Renewal, Incident Exit Conference Date: 04/15/2026

**Inspection Dates and Department Representative**

04/14/2026 - On-Site: [REDACTED]  
04/15/2026 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information			
License Capacity: 70	Residents Served: 59		
Secured Dementia Care Unit			
In Home: No	Area:	Capacity:	Residents Served:
Hospice			
Current Residents: 0			
Number of Residents Who:			
Receive Supplemental Security Income: 0	Are 60 Years of Age or Older: 59		
Diagnosed with Mental Illness: 0	Diagnosed with Intellectual Disability: 0		
Have Mobility Need: 8	Have Physical Disability: 1		

**Inspections / Reviews**

04/14/2026 Full  
Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 05/07/2026

Inspections / Reviews (*continued*)

## 05/07/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/14/2026

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 05/14/2026

## 05/11/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/14/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 05/18/2026

## 05/15/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/14/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

64c Annual Training

1. Requirements

2600.

64.c. An administrator shall have at least 24 hours of annual training relating to the job duties. The Department approved administrator training course specified in subsection (a) fulfills the annual training requirement for the first year.

Description of Violation

the home's administrator, completed only 13.5 hours of Department-approved training in training year 2025.

Plan of Correction

Accept ( ) - 05/11/2026

- 1. Executive Director received training from home office staff development instructor on 5/5/26 regarding 2600.64c requirements for administrator annual training.
- 2. Executive Director attended training February 13, 2026-February 27th 2026 to obtain 14 CEU's for 2026.
- 3. Executive Director attended PALA conference April 30, 2026 and May 1 2026 awaiting certificates to arrive.
- 4. Regional Staff Development will audit for Administrator training every 6 months to ensure compliance beginning 5/8/26. Audit completed 5/8/26 and Administrator had 14 CEU's completed for the 2026 calendar year with 10 more CEU's required.

Licensee's Proposed Overall Completion Date: 05/08/2026

Implemented ( ) - 05/15/2026

85a Sanitary Conditions

2. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On 4/14/26 at 2:00 PM, a pungent odor of urine was detected coming from resident room #213. Upon inspection, the laundry basket in the bathroom of resident room #213 contained a pile of soiled clothing.

Plan of Correction

Accept ( ) - 05/11/2026

- 1. Laundry was completed by staff on 4/14/26. Staff will be doing resident laundry moving forward vs family.
- 2. Recliner chair in 213 was replaced by environmental service staff 4/14/26
- 3. Room 213 received carpet cleaning on 4/15/26 by environmental staff.
- 4. All staff received education on 4/29/26 regarding sanitary conditions specific to 2600.85a by the Executive Director.
- 5. Inspectors stated on 4/15/26 that they no longer detected an odor.
- 6. Environmental service Director to audit room 213 monthly for sanitary compliance and report findings at monthly Safety Committee held the 4th week of each month. Audits will begin 5/8/26.

Licensee's Proposed Overall Completion Date: 05/08/2026

Implemented ( ) - 05/15/2026

184a Resident's Meds Labeled

3. Requirements

2600.

184a - Resident's Meds Labeled (continued)

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

Description of Violation

On 4/3/26, the prescription for Resident #1's MiraLAX powder was changed from as needed to daily. The pharmacy label for this medication does not reflect the change or contain a change in direction sticker.

Plan of Correction

Accept ( ) - 05/07/2026

1. Wellness staff were educated regarding regulation 184a medication labels on 4/29/26 and 5/6/26.
2. Medication order change stickers were ordered 4/17/26 and received 4/22/26
3. Director of Wellness will audit medication carts monthly to ensure compliance with labeling of medications and report findings at monthly safety meeting held the 4th week of each month.
4. Director of wellness will complete medication audit on 5/7/26 along with LPN.

Licensee's Proposed Overall Completion Date: 05/08/2026

Implemented ( ) - 05/15/2026

185a - Implement Storage Procedures

4. Requirements

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

Resident #2 is prescribed Ipratropium-Albuterol as needed. However, on 4/14/26, this medication was not available in the home.

Plan of Correction

Accept ( ) - 05/11/2026

1. Wellness staff were educated regarding regulation 185a medication labels on 5/6/26.
2. Director of Wellness will audit medication carts monthly to ensure compliance with labeling of medications and report findings at monthly safety meeting held the 4th week of each month.
3. Director of wellness completed medication audit on 4/28/26 and all was in compliance.
4. Resident #2 PRN medication was ordered 4/14/26 by LPN to the pharmacy. Medication received 4/14/26.

Licensee's Proposed Overall Completion Date: 05/08/2026

Implemented ( ) - 05/15/2026

187d - Follow Prescriber's Orders

5. Requirements

2600.

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

Description of Violation

Resident #3 is prescribed Midodrine 5mg twice daily and to hold if SBP is greater than 140. However, Resident #3 was administered the medication on the following days:

**187d - Follow Prescriber's Orders (continued)**

- On 4/4/26 at 8:00 AM, with a SBP of 148.
- On 4/6/26 at 8:00 AM, with a SBP of 144.
- On 4/9/26 at 8:00 AM, with a SBP of 149.

**Plan of Correction****Accept ( [REDACTED] - 05/07/2026)**

1. Executive Director provided education to wellness team on 5/6/26 regarding the requirements of following the directions of the prescriber.
2. Director of wellness will audit monthly for compliance with following prescription orders and report out at the monthly safety meeting held the 4th week of each month.
3. Pharmacy asked by Director of Wellness to no longer use symbols on orders. Those changes were made effective 4/22/26
4. MAR Audit completed 5/5/26 on Midodrine and within compliance. Documenting 11 means holding due to parameters on the MAR. 5 means medication held both are in compliance on the MAR.

**Licensee's Proposed Overall Completion Date: 05/08/2026****Implemented ( [REDACTED] - 05/15/2026)**