

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

May 15, 2026

[REDACTED] ADMINISTRATOR
JUNIPER VILLAGE AT LEBANON LLC
[REDACTED]

RE: JUNIPER VILLAGE AT LEBANON II
101 HEARTHSTONE LANE
LEBANON, PA, 17042
LICENSE/COC#: 33006

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/16/2026 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 II License #: 33006 License Expiration: 03/14/2027
 Address: 101 HEARTHSTONE LANE, LEBANON, PA 17042
 County: LEBANON Region: CENTRAL

Administrator

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

Legal Entity

Name: JUNIPER VILLAGE AT LEBANON LLC
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP Date: 04/02/2002 Issued By: Labor & Industry

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 24 Waking Staff: 18

Inspection Information

Type: Full Notice: Unannounced BHA Docket #: 0
 Reason: Renewal Exit Conference Date: 04/16/2026

Inspection Dates and Department Representative

04/16/2026 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 25 Residents Served: 23

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: 23
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 1 Have Physical Disability: 0

Inspections / Reviews

04/16/2026 Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 05/07/2026

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

Inspections / Reviews *(continued)*

05/11/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/14/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 05/22/2026

05/15/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/14/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

132g - Fire Drills Days/Times

1. Requirements

2600.

132.g. Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

Description of Violation

The home routinely holds fire drills during sleeping hours when there are 2 staff persons working as evidenced by the following drills: 5/29/26 at 12:12 AM, 11/6/25 at 5:31 AM and 2/24/26 at 11:00 PM. However, the normal staffing pattern is only one staff working overnight.

Plan of Correction

Accept (█) - 05/11/2026)

1. Staff were scheduled per our wellness schedule for that day and not brought in for the fire drill. Staff schedules were provided to surveyor by Director of Wellness. Environmental Service director conducts fire drills and is unaware of wellness schedule when conducting fire drills.
2. Environmental service team were educated by Executive Director on 4/29/26 regarding Fire drills in relation to 2600.132g.
3. Executive Director will audit fire drills monthly to ensure that fire drills are conducted on dates where additional staff persons are not present.
4. Fire drill conducted 4/27/26 on 3-11 shift 2 staff persons were present as is the normal scheduling pattern for wellness that shift. A dining employee was present who was finishing up cleaning after service that evening. No additional staff members were present. Drill was conducted for 3-11 shift and EVS ensured minimal staffing was scheduled at time of drill.
5. Fire Drill completed at 435am on 5/8/26 with 1 wellness staff person and no addition staff. Fire Drill led by EVS Director. Residents evacuated within timeframe allotted by Fire Safety Expert.

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

Implemented (█) - 05/15/2026)

184a - Resident's Meds Labeled

2. Requirements

2600.

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

Description of Violation

On 3/25/26, the orders for Resident #1's prescribed Neo/poly/Dex ointment were changed to apply small amount to both eyes and both lower eyelids 4x daily for 1 week, 3x daily for 1 week, 2x daily for 1 week then 1x daily for 1 week. The label on the medication does not reflect the change nor contain a change order sticker.

Plan of Correction

Accept (█) - 05/07/2026)

1. Wellness staff were educated regulation 184a regarding medication labels on 4/29/26 and 5/6/26 by Executive Director.
2. Medication order change stickers were ordered 4/17/26 and received on 4/22/26.
3. Director of Wellness will audit medication carts monthly to ensure compliance with labeling of medications.
4. Director of Wellness completed medication cart audit on 4/29/26 along with LPN and medications were in compliance with regulation 184a

Licensee's Proposed Overall Completion Date: 05/15/2026

184a - Resident's Meds Labeled *(continued)*

Implemented (█) - 05/15/2026

185a - Implement Storage Procedures

3. 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

On 4/16/26, the following discrepancies were observed between the blood sugar readings in Resident #2's glucometer and the blood sugar readings documented in Resident #2's medication administration record (MAR):

- On 4/9/26 at 8:36 PM, the blood sugar reading in the resident's glucometer was 176. However, the blood sugar reading documented in the resident's MAR was 183.
- On 4/10/26 at 9:28 PM, the blood sugar reading in the resident's glucometer was 214. However, the blood sugar reading documented in the resident's MAR was 219.

Plan of Correction

Accept (█) - 05/07/2026

1. Training for wellness team members was conducted by Executive Director on 4/29/26 and 5/5/26 regarding proper use of glucometer, readings and accurate documentation regarding regulation 185.a.
2. Director of Wellness will perform monthly audits of glucometers to ensure accuracy with glucometer usage and documentation.
3. Audit of glucometers performed 5/5/26 with no variance in documentation vs what the reading on the glucometer showed.

Licensee's Proposed Overall Completion Date: 05/15/2026

Implemented (█) - 05/15/2026

190a - Completion Medication Course

4. Requirements

2600.

190.a. A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

Description of Violation

Staff Member A's initial medication administration certification was completed on █. However, an annual practicum certification was not completed for the year 3/28/24 - 3/28/25, including no medication administration record reviews or medication administration observations being completed. Staff Member A has been administering medications including administering Docusate 100mg, Amlodipine 2.5mg and Artificial Tears to Resident #1 on 4/1 - 4/3/26 at 8:00 PM.

Repeated Violation - 11/7/24, et al

190a - Completion Medication Course (continued)

Plan of Correction

Accept (█ - 05/11/2026)

1. Staff member A was removed from giving medication on 4/16/26 when inspectors identified an error in medication administration paperwork.
2. Staff member A completed the Medication administration course 4/29/26.
3. Staff member A was observed by medication trainer on 4/29/26 and 4/30/26. 2 observations were completed 4/29/26 and 2 observations were completed 4/30/26.
4. Education provided to Wellness leads on 4/29/26 by Executive Director regarding requirements for medication administration training as provided by DHS technical assist.
5. Director of Wellness will audit monthly Medication Administration training records to ensure compliance. this audit will include all current med techs. Audit completed 5/8/26 with all records being within compliance. The Audit on 5/8/26 was conducted by DOW and Medication Administration Trainer. Audits will begin 5/8/26.

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

Implemented (█ - 05/15/2026)