

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

May 15, 2026

[REDACTED]
JUNIPER VILLAGE AT BENSLEM OPERATIONS LLC
[REDACTED]

RE: JUNIPER VILLAGE AT BUCKS
COUNTY SENIOR LIVING
3200 BENSLEM BOULEVARD
BENSLEM, PA, 19020
LICENSE/COC#: 14246

[REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/20/2026 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 BUCKS COUNTY SENIOR LIVING License #: 14246 License Expiration: 04/18/2027
 Address: 3200 BENSLEM BOULEVARD, BENSLEM, PA 19020
 County: BUCKS Region: SOUTHEAST

Administrator

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

Legal Entity

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

Certificate(s) of Occupancy

Type: C 2 LP Date: 04/28/1993 Issued By: PA L&I

Staffing Hours

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

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #: [REDACTED]
 Reason: Complaint Exit Conference Date: 04/20/2026

Inspection Dates and Department Representative

04/20/2026 On Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 60 Residents Served: 42

Secured Dementia Care Unit
 In Home: Yes Area: Memory Care Unit Capacity: 21 Residents Served: 15

Hospice
 Current Residents: 9

Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 42
 Diagnosed with Mental Illness: 1 Diagnosed with Intellectual Disability: 1
 Have Mobility Need: 26 Have Physical Disability: 0

Inspections / Reviews

04/20/2026 - Partial
 Lead Inspector: [REDACTED] Follow Up Type: POC Submission Follow Up Date: 05/10/2026

Inspections / Reviews *(continued)*

05/11/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/15/2026

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 05/16/2026

05/15/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/15/2026

Reviewer: [REDACTED]

Follow Up Type: Bypass Document
Submission

05/15/2026 Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/15/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

23a - Activities of Daily Living Assistance

1. Requirements

2600.

23.a. A home shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.

Description of Violation

The assessment and support plan, dated [redacted] for resident [redacted] indicates the resident requires total physical assistance with transferring out of bed, ambulating, toileting, bladder and bowel management. The resident has not been helped out of bed to use the toilet as required, particularly during overnight hours. On several days, the resident's incontinent products have been changed only twice or less between the hours of 2:30 pm and 8:30 am, leading to the resident waking soaked in urine, contributing to the spread of a persistent painful rash.

Plan of Correction

Accept [redacted] - 05/15/2026)

- 1. No residents were harmed due to deficient practice; Resident care plan was reviewed immediately.
- 2. DOW provided re-education to the overnight wellness team on toileting, incontinence care, overnight rounds, and documentation by 5/13/26.
- 3. DOW will begin auditing overnight ADL documentation on 5 residents on 5/7/26 for the next 4 weeks to ensure care standards have been realigned. Findings will be documented, and additional education will be provided as needed based on audit.

Licensee's Proposed Overall Completion Date: 05/31/2026

Implemented [redacted] - 05/15/2026)

51 - Criminal Background Check

2. Requirements

2600.

51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

Staff person A was hired on [redacted] The home does not have a record of a criminal background check requested on or prior to the staff person's first day of work.

Plan of Correction

Accept [redacted] 05/15/2026)

- 1. No residents were harmed because of deficient practices; Juniper Policy; background checks are completed annually for all staff at annual evaluation and takes place of previous background checks. Previous background checks cannot be retroactively produced. HR will begin to maintain all background checks moving forward.
- 2. Staff Person A's most recent background check was completed on 11/14/2025 and 4/20/2026
- 3. HR will review all active staff and assure a background check is on file beginning 5/7/2026
- 4. HR will provide background checks of all new associates over the next 3 months for auditing by PCHA, DOW and ED

Licensee's Proposed Overall Completion Date: 05/31/2026

Implemented [redacted] - 05/15/2026)

65f - Training Topics

3. Requirements

65f - Training Topics (continued)

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

1. Medication self-administration training.
2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
3. Care for residents with dementia and cognitive impairments.
4. Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
5. Personal care service needs of the resident.
6. Safe management techniques.
7. Care for residents with mental illness or an intellectual disability, or both, if the population is served in the home.

Description of Violation

Direct care staff person B did not receive training in medication self-administration during training year 2025.

Plan of Correction

Accept [redacted] - 05/15/2026)

1. No residents were harmed; Staff Person B's training record was reviewed and confirmed, and overdue 2025 training cannot be completed retroactively.
2. HR has already reviewed 2026 training plan and will assure all required trainings are included following results of 2025 Annual Survey (December 2025)
3. HR will provide copies required staff trainings and will conduct audits of training records for January, February, March, April, May, and June of 2026 to confirm education is being completed

Licensee's Proposed Overall Completion Date: 05/31/2026

Implemented [redacted] 05/15/2026)

65g - Annual Training Content

4. Requirements

2600.

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.
2. Emergency preparedness procedures and recognition and response to crises and emergency situations.
3. Resident rights.
4. The Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
5. Falls and accident prevention.
6. New population groups that are being served at the home that were not previously served, if applicable.

Description of Violation

Staff person B did not receive training in The Older Adult Protective Services Act during training year 2025.

Repeated Violation - [redacted] et al.

Plan of Correction

Accept [redacted] 05/15/2026)

1. No residents were harmed; Staff Person B's training record was reviewed and confirmed, and overdue 2025 training cannot be completed retroactively. Tag was already issued and cleared as part of 2025 Annual Survey.
2. HR has already reviewed 2026 training plan and will assure all required trainings are included following results of 2025 Annual Survey (December 2025)

65g - Annual Training Content (continued)

3. HR will provide copy required staff trainings and will conduct audits of training records for January, February, March, April, May, and June of 2026 to confirm education is being completed

Licensee's Proposed Overall Completion Date: 05/31/2026

Implemented (████) - 05/15/2026)

95 - Furniture and Equipment

5. Requirements

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

On █████ at 10:10am, the call-bell device in resident █████ bathroom was disconnected making in inoperable for resident use.

Plan of Correction

Accept █████ - 05/15/2026)

1. No residents were harmed because of deficient practices; broken call bell was reported in the morning before complaint survey began, was repaired during survey, and documentation was provided
2. EVSD or Designee will conduct Call-Bell audits, testing 10 call-bells a week for 4 weeks to ensure call-bells are functioning properly starting on 5/7/26. Any inoperable call-bell will be repaired/replace immediately

Licensee's Proposed Overall Completion Date: 05/31/2026

Implemented █████ - 05/15/2026)

141b1 - Annual Medical Evaluation

6. Requirements

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident █████ most recent medical evaluation was completed on █████. However, the resident's previous medical evaluation was completed on █████.

Plan of Correction

Accept █████ 05/15/2026)

1. PCHA provided education to DOW on violation 5/7/26.
2. DOW will create a tracking system to review DMEs for all residents to assure they are completed annually and put into place by 5/13/26.
3. DOW will track DMEs weekly for the next two months starting the week of 5/11/26 following completion of tracking system, and ensure they are completed timely to achieve 100% compliance moving forward

Licensee's Proposed Overall Completion Date: 05/31/2026

Implemented █████ 05/15/2026)

187d - Follow Prescriber's Orders

7. Requirements

2600.

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

187d - Follow Prescriber's Orders (continued)

Description of Violation

On [REDACTED], resident [REDACTED] was prescribed [REDACTED] for application to resident [REDACTED]. This medication was not administered to resident [REDACTED] on [REDACTED] at 8:00 pm, or on [REDACTED] at 8:00 am, because the medication was not available. in the home.

Plan of Correction**Accept [REDACTED] - 05/15/2026)**

1. No residents were harmed because of deficient practices; medication was obtained and administered.
2. DOW will conduct re-education for all nursing staff for timely medication ordering and follow-up procedures by 5/13/26.
3. DOW will audit MARs weekly for 2 months for missed medications and medication availability concerns starting on 5/7/26.

Licensee's Proposed Overall Completion Date: 05/31/2026**Implemented [REDACTED] - 05/15/2026)**