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

July 16, 2026

[redacted], ADMINISTRATOR
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

Dear [redacted]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/05/2026 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 BROOKLINE - WELLSPRING MEMORY CARE* **License #**: *24130* **License Expiration**: *05/15/2027*

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**: *DLI*

Staffing Hours

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

Inspection Information

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

Reason: *Renewal* **Exit Conference Date**: *05/05/2026*

Inspection Dates and Department Representative

05/05/2026 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *38* **Residents Served**: *34*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *Home* **Capacity**: *38* **Residents Served**: *34*

Hospice

Current Residents: *7*

Number of Residents Who:

Receive Supplemental Security Income: *0*

Are 60 Years of Age or Older: *34*

Diagnosed with Mental Illness: *0*

Diagnosed with Intellectual Disability: *0*

Have Mobility Need: *34*

Have Physical Disability: *0*

Inspections / Reviews

05/05/2026 Full

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *06/06/2026*

06/16/2026 - POC Submission

Submitted By: [redacted] **Date Submitted**: *06/26/2026*

Reviewer: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *06/23/2026*

Inspections / Reviews *(continued)*

06/24/2026 POC Submission

Submitted By: [redacted] **Date Submitted:** *06/26/2026*

Reviewer: [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *06/26/2026*

07/16/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *06/26/2026*

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

28f Resident's Funds and 30 day Refund

1. Requirements

2600.
28.f. Within 30 days of either the termination of service by the home or the resident's leaving the home, the resident shall receive an itemized written account of the resident's funds, including notification of funds still owed the home by the resident or a refund owed the resident by the home. Refunds shall be made within 30 days of discharge.

Description of Violation

Resident #1 passed away on the resident's date of death. The resident refund was not issued until [redacted], exceeding the 30-day requirement.

Plan of Correction ***Accept ([redacted] - 06/16/2026)***

Immediate Corrective Action:
The Business Officer Manager was re-educated by the Executive Director on 5/21/26 on the requirements of 2600.28(f), including the requirement that any refund owed be issued within 30 days of discharge.

Long-term Corrective Action
The Executive Director and Business Office manager will have monthly meetings on the 4th Thursday at 2pm to review all move outs and refund statuses.
Upon move out, the Executive Director will continue to send an email notification to the Business Office Manager with information about the move out to ensure timely refund compliance.
The Executive Director will continue to post all move out notifications on the Point Click Care Communication Dashboard.
The Executive Director will continuously monitor compliance through biannual quality assurance audits of resident business files in April and October.

Licensee's Proposed Overall Completion Date: *06/04/2026*

Implemented ([redacted] - 07/16/2026)

132g Fire Drills Days/Times

2. 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 sleeping hours fire drills at the end of 3rd shift between the hours of 5:35 a.m. and 6:00 a.m. On 5/20/25 at 6:00 a.m., on 10/14/25 at 5:45 a.m., and 2/17/26 at 5:35 a.m.

Plan of Correction ***Accept ([redacted] - 06/16/2026)***

Immediate Corrective Action:
-The Executive Director reviewed fire drill requirements and regulations with the Environmental Services Director on 5/6/26 (see attached training log).

-A randomized annual fire drill calendar was generated following the survey to ensure variation in drill days and times.

132g - Fire Drills Days/Times (continued)

Long-term Corrective Action:
-Fire drill documentation will be reviewed biannually by the Executive Director every April and October during quality assurance audits to ensure compliance with regulatory requirements.

-Any identified concerns will be addressed immediately through corrective action and staff re-education.

Licensee's Proposed Overall Completion Date: *06/04/2026*

Implemented (- 07/16/2026)

141a 1-10 Medical Evaluation Information

3. Requirements

2600.
141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:
1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.

Description of Violation

Resident #5's medical evaluation dated did not include height, weight, pulse rate, blood pressure or temperature.

Plan of Correction ***Accept (- 06/24/2026)***

Immediate Corrective Action:
-The Executive Director and Wellness Director reviewed medical evaluation requirements related to the violation on 5/6/26 (see attached training log).
- Contacted PCP received permission to add vitals from visit dated 6/16/25 (see attached DME with added vitals and provider visit summary notes)

Long-term Corrective Action:
-The Wellness Director will audit all new and updated medical evaluations at time of completion. Any deficiencies identified will be corrected immediately, and staff re-educated as needed.
-The Executive Director will continuously monitor compliance through biannual quality assurance Resident Clinical File audits in February and August.

Licensee's Proposed Overall Completion Date: *06/23/2026*

Implemented (- 07/16/2026)

183e - Storing Medications

4. Requirements

2600.
183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

Resident #2 has an order for Ozempic, 2 mg, 0.75 ml pen injector. The pen in use on the cart was not dated when it was opened. The manufacturer label indicates the open pen must be discarded after 56 days.

Plan of Correction ***Accept (- 06/16/2026)***

Immediate Corrective Action:
-The Ozempic pen for Resident #2 was immediately dated upon identification of the concern (see attachment).

-The Director of Wellness reviewed regulations related to violation with all Medication Technicians individually between the dates of 5/6/26 and 5/8/26 (see attached training log).

-All Medication Technician staff assigned additional education regarding medication errors on June 1st through Relias on "Avoiding Common Medication Errors" module with expected due date of completion on June 12th.

Long-term Corrective Action:
-The Director of Wellness will implement weekly medication cart audits to ensure medications are properly labeled, dated, and stored according to the manufacturer's instructions.
-The Director of Wellness will continue to monitor the Point Click Care wellness workspace dashboard daily for medication administration compliance.
-The Executive Director will continuously monitor compliance through biannual quality assurance Resident Clinical File audits in February and August.

Licensee's Proposed Overall Completion Date: *06/04/2026*

Implemented (- 07/16/2026)

185a - Implement Storage Procedures

5. 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 #3 has an order for Bisacodyl Supository 10 mg, take 1 rectally as needed for constipation. The medication was not available at the time of the inspection.

Resident #2' s blood glucose on 5/4/26 at 7:20 a.m was 93, however 97 was noted on the medication administration record.

Plan of Correction ***Accept (- 06/16/2026)***

Immediate Corrective Action:

185a Implement Storage Procedures (continued)

Resident #3's medication arrived and was delivered via [redacted] Pharmacy on 5/5/26 evening after running out the previous day.

Medication necessity was reviewed by hospice RN and PCP during next PCP visit and discontinued on 5/15/26 due to lack of need at this time. (see attached MAR)

The Director of Wellness reviewed medication audit, refill process and regulations related to violation with all Medication Technicians individually between the dates of 5/6/26 and 5/8/26.

All Medication Technician staff were assigned additional education regarding medication errors on June 1st through Relias "Avoiding Common Medication Errors" module with expected due date of completion on June 12th.

Long term Corrective Action:

The Wellness Director will continue weekly medication cart and treatment supply audits to ensure ordered medications are available, and documentation accurately reflects care provided.

The Director of Wellness will continue to monitor the Point Click Care wellness workspace dashboard for medication administration and documentation compliance.

The Executive Director will continuously monitor compliance through biannual quality assurance Resident clinical file audits in February and August.

Licensee's Proposed Overall Completion Date: *06/04/2026*

Implemented ([redacted] - 07/16/2026)

187b - Date/Time of Medication Admin.

6. 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 #6 has an order for Metoprolol Succ ER 25mg tab at 8:00a.m. The order states to hold the medication if the resident's SBP is less than 100 or Heart Rate is less than 60. On 4/5/26 resident #6's medication administration record indicated the resident's blood pressure was 96/58 but documents the medication was administered. However, the nursing note from 4/5/26 indicated the medication was held due to a SBP under 100.

Plan of Correction ***Accept ([redacted] - 06/16/2026)***

Immediate Corrective Action:

The Director of Wellness reviewed regulations related to violation with all Medication Technicians individually between the dates of 5/6/26 and 5/8/26.

All Medication Technician staff were given additional education regarding medication availability, documentation accuracy, and safe medication management procedures on June 1st through the Relias "Documenting Medications" module with expected due date of completion on June 12th.

All Medication Technician staff were given additional education regarding medication errors on June 1st through the Relias "Avoiding Common Medication Errors" module with expected due date of completion on June 12th.

Director of Wellness updated eMAR settings to require parameters entry prior to

Long term Corrective Action:

187b - Date/Time of Medication Admin. (continued)

The Director of Wellness will continue to monitor the Point Click Care wellness workspace dashboard for medication compliance.
The Executive Director will continuously monitor compliance through biannual quality assurance audits in February and August.

Licensee's Proposed Overall Completion Date: *06/04/2026*

Implemented ([redacted] - 07/16/2026)

187d - Follow Prescriber's Orders

7. Requirements

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

Description of Violation

Resident #2 has an order for blood glucose to be measured 4 times a day at 7:30 a.m., 11:30 a.m. 4:30 p.m. and 8:00 p.m. On 5/3/26, the resident had their blood glucose taken 3 times a day; 7:30 a.m., 11:30 a.m., and 4:30 p.m. On 5/4/26 the resident had their blood glucose taken 3 times a day; 7:30 a.m., 11:30 a.m., and 4:30 p.m.

Repeated Violation: 9/25/25

Plan of Correction ***Accept ([redacted] - 06/16/2026)***

Immediate Corrective Action:
-Resident #2's blood glucose monitoring schedule was reviewed with medication administration staff 5/5/26 to ensure blood glucose checks are completed according to physician orders.
-The Director of Wellness reviewed regulations related to violation with all Medication Technicians individually between the dates of 5/6/26 and 5/8/26.
All Medication Technician staff were given additional education regarding medication availability, documentation accuracy, and safe medication management procedures on June 1st through the Relias "Documenting Medications" module with expected due date of completion on June 12th.
-All Medication Technician staff were given additional education regarding medication errors on June 1st through the Relias "Avoiding Common Medication Errors" module with expected due date of completion on June 12th.

Long-term Corrective Action:
-The Director of Wellness will implement routine medication administration and treatment audits to ensure physician orders are followed as written, including required blood glucose monitoring frequencies.
-The Director of Wellness will continue to monitor the Point Click Care wellness workspace dashboard for medication compliance.
-The Executive Director will continuously monitor compliance through biannual quality assurance audits in February and August.

Licensee's Proposed Overall Completion Date: *06/04/2026*

Implemented ([redacted] - 07/16/2026)