

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

September 4, 2026

[REDACTED]
Juniper Village at Devon LLC
[REDACTED]
[REDACTED]

RE: Juniper Village at Devon
445 North Valley Forge Road
Devon , Pa , 19333
LICENSE/COC#: 15440

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/20/2026 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 Devon*

License #: 15440

License Expiration:

Address: *445 North Valley Forge Road, Devon , Pa 19333*County: *CHESTER*Region: *SOUTHEAST*

Administrator

Name: [REDACTED]

Phone: [REDACTED]

Email: [REDACTED]

Legal Entity

Name: *Juniper Village at Devon LLC*

Address: [REDACTED]

Phone: [REDACTED]

Email: [REDACTED]

Certificate(s) of Occupancy

Type: *I-1*Date: *05/06/2026*Issued By: *Tredyffrin township*

Staffing Hours

Resident Support Staff: *0*Total Daily Staff: *70*Waking Staff: *53*

Inspection Information

Type: *Partial*Notice: *Announced*

BHA Docket #:

Reason: *New, Change Legal Entity*Exit Conference Date: *07/20/2026*

Inspection Dates and Department Representative

07/20/2026 - On-Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity:

Residents Served: *57*

Secured Dementia Care Unit

In Home: *Yes*Area: *Wellspring*Capacity: *26*Residents Served: *13*

Hospice

Current Residents: *6*

Number of Residents Who:

Receive Supplemental Security Income: *0*Are 60 Years of Age or Older: *57*Diagnosed with Mental Illness: *0*Diagnosed with Intellectual Disability: *0*Have Mobility Need: *13*Have Physical Disability: *2*

Inspections / Reviews

07/20/2026 Partial

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *08/15/2026*

08/25/2026 - POC Submission

Submitted By: [REDACTED]

Date Submitted: *09/03/2026*

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: *09/04/2026*

Inspections / Reviews *(continued)*

09/04/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/03/2026

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

85a - Sanitary Conditions

1. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On [REDACTED] at 9:53 am, there was a brown substance smear on the wall outlet above the bathroom sink in shared resident bathroom in room [REDACTED]

Plan of Correction

Accept [REDACTED] - 08/14/2026)

1. Brown substance was immediately cleaned by Maintenance Director in room [REDACTED] on 7/20/2026.
2. Full facility environmental rounds were completed on 7/22/2026 to ensure resident bathrooms were clean and free from wall spills.
3. Environmental Director/ Designee will complete random weekly rounds x 4 weeks starting on 7/27/26 to ensure bathrooms are clean.
4. Leadership team was educated by Executive Director to include bathroom cleanliness in completing environmental rounds on 7/21/2026.
5. Trends will be reported to QAPI committee for review and determinations for need for further audits.

Licensee's Proposed Overall Completion Date: 08/26/2026

Implemented [REDACTED] - 09/04/2026)

86b - Bathroom

2. Requirements

2600.

86.b. A bathroom that does not have an operable, outside window shall be equipped with an exhaust fan for ventilation.

Description of Violation

The bathroom in resident room [REDACTED], does not have an operable window or ventilation fan. The vent is inoperable and there is no window in the bathroom, fan or mechanical ventilation that ensures airflow.

The spa and shared bathroom in memory care, does not have an operable window or ventilation fan. The vent is inoperable and there is no window in the bathroom, fan or mechanical ventilation that ensures airflow.

The shared restroom in the basement near the signage that states apartment [REDACTED] does not have an operable window or ventilation fan. The vent is inoperable and there is no window in the bathroom, fan or mechanical ventilation that ensures airflow.

Plan of Correction

Accept [REDACTED] - 08/14/2026)

1. Fan in room [REDACTED], memory care spa, restroom in the basement near [REDACTED] have been repaired and are in working condition.
2. Maintenance Director/ Designee completed facility audit of ventilation fans in bathrooms to ensure working condition on 7/21/2026.
3. Random weekly audits will be completed by Maintenance Director/ Designee to ensure ventilation fans are working in bathrooms starting 7/27/2026.

86b Bathroom (continued)

4. Maintenance Director was educated by Executive Director that all bathrooms must have working ventilation fans in bathrooms or windows on 7/21/2026.
5. QAPI committee will review trends of audits and determine compliance and need for further audits.

Licensee's Proposed Overall Completion Date: 08/26/2026

Implemented [REDACTED] - 09/04/2026)

89b - Hot Water Temperature**3. Requirements**

2600.

89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

Description of Violation

On [REDACTED], at 9:38 am, the hot water temperature at the 1st floor spa and bathroom sink measured at 129 degrees Fahrenheit.

On [REDACTED], at 9:45 am, the hot water temperature at the bathroom sink in resident room [REDACTED] measured at 126.3 degrees Fahrenheit.

On [REDACTED], at 9:49 am, the hot water temperature at the bathroom sink in resident room [REDACTED] measured at 123 degrees Fahrenheit.

On [REDACTED], at 9:53 am, the hot water temperature at the bathroom sink in resident room [REDACTED] measured at 125 degrees Fahrenheit.

On [REDACTED], at 10:13 am, the hot water temperature at the bathroom sink in resident room [REDACTED] measured at 126.8 degrees Fahrenheit.

On [REDACTED], at 10:15 am, the hot water temperature at the bathroom sink in resident room [REDACTED] measured at 126 degrees Fahrenheit.

On [REDACTED], at 10:17 am, the hot water temperature at the bathroom sink in resident room [REDACTED] measured at 125 degrees Fahrenheit.

On [REDACTED] at 10:30 am, the hot water temperature at the restroom sink in the basement shared restroom measured at 127 degrees Fahrenheit.

Plan of Correction

Accept [REDACTED] - 08/14/2026)

1. Water temperatures were within regulatory compliance of not exceeding 120 degrees before survey was completed.
2. Water temperatures are tested daily by Maintenance Director/ Designee and any temperatures exceeding 120

89b - Hot Water Temperature (continued)

will immediately be reported to Executive Director for follow up.

3. Leadership team was educated to regulation 89a by executive director on 7/20/2026.

4. Random daily audits of water temperatures x 4 weeks by maintenance director/ designee starting 7/21/2026.

5. Trends will be reported to QAPI committee for review of compliance and need for further audits.

Licensee's Proposed Overall Completion Date: 08/26/2026

Implemented () 09/04/2026)

92 - Windows**4. Requirements**

2600.

92. Windows and Screens - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

Description of Violation

The window screen in resident room () was not in good repair. The screen has a large vertical tear, resulting in an opening in the screen.

Plan of Correction

Accept () 08/14/2026)

1. Screen in room () was repaired on 7/21/2026.

2. Maintenance Director/designee completed facility audit of screens in being in good repair on 7/21/2026.

3. Random weekly audits x 4 weeks will be completed by Maintenance Director/ Designee beginning on 7/26/2026.

4. Trends will be reported to QAPI committee for review of compliance and need for further audits.

Licensee's Proposed Overall Completion Date: 08/26/2026

Implemented () - 09/04/2026)

100a - Exterior - Free of Hazards**5. Requirements**

2600.

100.a. The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

Description of Violation

On (), at approximately 10:49 am, the exterior walkway leading to the entrance of the home, the sideways near the parking lot, and sidewalk outside the first-floor exit leading the back smoking area near the dumpsters were observed to have multiple cracks, creating a tripping hazard.

Plan of Correction

Accept () - 08/14/2026)

1. Sidewalks outside of community are being replaced by MAAS Construction.

2. Sidewalk work will be completed on 8/19/26.

3. Maintenance Director/ Designee completed full facility on 7/22/2026 audit to ensure all concrete areas are in good repair .

4. Any areas found to be in disrepair will be reported to QAPI committee to ensure repairs are made.

Licensee's Proposed Overall Completion Date: 08/26/2026

100a - Exterior - Free of Hazards (*continued*)*Implemented (████) - 09/04/2026)*

121a - Unobstructed Egress

6. Requirements

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

On █████, at 10:00 am, the exterior outdoor courtyard gate in the memory care unit required a keypad code for egress. However, the code was not posted and blocked egress from the home's exterior outdoor courtyard gate in the memory care unit.

Plan of Correction*Accept (████) - 08/14/2026)*

1. Code was posted on keypad on 7/20/2026.

2. Maintenance Director/ designee completed full facility audit on 7/21/2026 to ensure all keypads have codes posted.

3. Executive Director educated Maintenance Director that all exits must have codes posted on 7/22/2026.

4. Keypads/ codes will be audited x 4 weeks to ensure that compliance is met starting 7/27/2026.

4. QAPI committee will review audits to determine compliance and need for further audits.

Licensee's Proposed Overall Completion Date: 08/26/2026

Implemented (████) 09/04/2026)

133.1 - Exit Signs

7. Requirements

2600.

133.1. Exit Signs - The following requirements apply for a home serving nine or more residents: Signs bearing the word "EXIT" in plain legible letters shall be placed at all exits.

Description of Violation

There is no exit sign over the exterior courtyard exit door in the secured memory care unit. The home currently serves 57 residents.

Plan of Correction*Accept (████) 08/25/2026)*

1. Exit sign was replaced in the exterior courtyard exit door on 7/21/2026.

2. Maintenance Director was educated by Executive Director that exits require signs bearing "EXIT" in plain legible letters on 7/21/2026.

3. Maintenance director/ Designee completed full facility audit on 7/21/2026 to ensure all exits have proper exit signs.

4. Random weekly audits x 4 weeks starting 7/27/2026 will be completed by maintenance director/ designee.

5. QAPI committee will review audit trends and compliance and recommend need for further audits.

133.1 - Exit Signs (continued)**Licensee's Proposed Overall Completion Date:** 08/26/2026**Implemented** [REDACTED] 09/04/2026)**233c - Key-Locking Devices****8. Requirements**

2600.

233.c. If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

Description of Violation

The directions for operating the home's locking mechanism are not conspicuously posted near the door to the Secure Dementia Care Unit (SDCU) in the exterior outdoor courtyard.

Plan of Correction**Accept** [REDACTED] - 08/25/2026)

1. *Directions were posted by the exit gate in the exterior outdoor courtyard on 7/20/2026.*
2. *Maintenance Director posted code on keypad on 7/20/2026.*
3. *Maintenance Director/ Designee completed audit of keypads with codes on 7/21/2026.*
4. *Weekly audits x 4 weeks starting 7/27/2026 by maintenance director/ designee for keypads having codes / instructions present at exits.*
5. *QAPI committee will review audits for trends and compliance and determine need for further audits.*

Licensee's Proposed Overall Completion Date: 08/26/2026**Implemented** [REDACTED] - 09/04/2026)