

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

October 15, 2026

[REDACTED], CHIEF OPERATING OFFICER
JUNIPER VILLAGE AT MONROEVILLE LLC
2589 MOSSIDE BOULEVARD
MONROEVILLE, PA, 15146

RE: JUNIPER VILLAGE AT MONROEVILLE
2589 MOSSIDE BOULEVARD
MONROEVILLE, PA, 15146
LICENSE/COC#: 45263

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/22/2026, 09/23/2026 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 MONROEVILLE **License #:** 45263 **License Expiration:** 12/08/2026
Address: 2589 MOSSIDE BOULEVARD, MONROEVILLE, PA 15146
County: ALLEGHENY **Region:** WESTERN

Administrator

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

Legal Entity

Name: JUNIPER VILLAGE AT MONROEVILLE LLC
Address: 2589 MOSSIDE BOULEVARD, MONROEVILLE, PA, 15146
Phone: [REDACTED] **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP **Date:** 02/14/1997 **Issued By:** L&I
Type: I-2 **Date:** 05/30/1997 **Issued By:** Municipality of Monroeville

Staffing Hours

Resident Support Staff: 32 **Total Daily Staff:** 132 **Waking Staff:** 99

Inspection Information

Type: Full **Notice:** Unannounced **BHA Docket #:**
Reason: Renewal **Exit Conference Date:** 09/23/2026

Inspection Dates and Department Representative

09/22/2026 - On-Site: [REDACTED]
09/23/2026 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 126 **Residents Served:** 68

Secured Dementia Care Unit

In Home: Yes **Area:** Wellsprings **Capacity:** 21 **Residents Served:** 16

Hospice

Current Residents: 8

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 68
Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 32 **Have Physical Disability:** 0

Inspections / Reviews

09/22/2026 Full

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

Inspections / Reviews (*continued*)

10/06/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/14/2026

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 10/08/2026

10/09/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/14/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 10/16/2026

10/15/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/14/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

51 - Criminal Background Check

1. 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

Ancillary staff person A was hired on [REDACTED]. However, ancillary staff person A did not have a criminal background check in accordance with the Older Adult Protective Services Act (OAPSA) (35 P.S. §§ 10225.101-10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults) until 09/22/26.

Plan of Correction

Accept ([REDACTED] - 10/06/2026)

Ancillary staff person A's criminal background check was obtained on 09/22/2026 and placed in the employee's personnel file. The Administrator, or designee, will audit current ancillary staff personnel files to verify that required criminal background checks are present and completed in accordance with OAPSA and 6 Pa. Code Chapter 15. Missing or expired documentation identified during the audit will be addressed, and affected staff will not work until compliance is verified, as applicable.

On 9/23/26, the Administrator and Human Resources/designee will implement a pre-employment compliance checklist requiring verification and documentation of required criminal background checks before an ancillary staff member is permitted to begin work. The Administrator will review the checklist and personnel file before authorizing the employee's start date.

The Administrator will complete monthly audits of new-hire personnel files for three months to ensure required criminal background documentation is obtained and retained before employment. Audit results will be maintained by the facility and any identified deficiencies will be corrected starting on 9/23/26 and kept ongoing.

Licensee's Proposed Overall Completion Date: 10/09/2026

Implemented ([REDACTED] - 10/15/2026)

82c - Locking Poisonous Materials

2. Requirements

2600.

- 82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

Description of Violation

On 9/22/26 at approximately 11:49 a.m., in the bottom drawer of the plastic three drawer unit to the left of the toilet in the common half-bathroom of the Wellsprings secured dementia care unit (SDCU), there was four-ounce tube of Medline Remedy Zinc Oxide Paste Skin Protectant with approximately two-point-five ounces remaining and the medication had a warning label that indicated "Keep out of reach of children. If swallowed, get medical help or contact a Poison Control Center right away." Numerous residents of Wellsprings SDCU are not safe to use or avoid poisonous materials to include but not limited to resident #1, resident #2, and resident #3.

Plan of Correction

Accept ([REDACTED] - 10/06/2026)

1. On 9/22/2026, the Medline Remedy Zinc Oxide Paste Skin Protectant was removed from the unsecured drawer in the common half-bathroom of the Wellsprings and placed in a locked medication/storage area inaccessible to residents.

2. By 10/9/2026, the Executive Director or designee will inspect resident-accessible areas in the Wellsprings,

82c - Locking Poisonous Materials (continued)

including bathrooms, resident rooms, common areas, medication areas, and storage spaces, to identify and secure poisonous materials.

3. Staff education: By 10/9/26, Wellsprings direct-care staff, medication technicians, housekeeping staff, and Leadership will be re-educated on 55 Pa. Code § 2600.82(c), including the requirement that poisonous materials be kept locked and inaccessible when residents cannot safely use or avoid them. Education will be documented and kept on going.

starting 9/23/26 The Wellness Director or designee will complete weekly environmental audits of the Wellsprings for four weeks, then monthly for three months, to verify that poisonous materials are locked and inaccessible to residents. Any identified concern will be corrected immediately and documented.

Starting on 9/23/26 Audit results will be reviewed by the Executive Director and Wellness Director. Re-education and corrective action will be provided promptly if noncompliance is identified and reviewed monthly documentation of the Audit will be kept ongoing.

Licensee's Proposed Overall Completion Date: 10/09/2026

Implemented () - 10/15/2026

224a - Preadmission Screen Form**3. Requirements**

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident #4's pre-admission screening form, dated (), did not indicate whether or not the resident has any sensory needs, that area of the form was left incomplete.

Plan of Correction

Accept () - 10/06/2026

1. Resident #4's preadmission screening form was reviewed with the resident, responsible party as applicable, and relevant clinical information to determine and document the resident's sensory needs. The completed form was placed in the resident record on 9/23/26.

2. Starting 9/23/26 The Executive Director/Designee will review current resident preadmission screening forms to verify that every required field, including sensory needs, is completed. Identified omissions will be promptly assessed, documented, and filed in the resident records.

3. On 9/23/26, the Executive Director/Designee will use a preadmission-screening checklist to verify that required sections of the Department's form are complete and that the home can meet the resident's needs before admission. Incomplete forms will be returned for completion before the admission process is finalized.

4. Staff education: The Executive Director/Designee will educate Director of Wellness and Medical concierge responsible for preadmission screening and record review on the requirement to fully complete the Department's preadmission screening form, including documentation of whether sensory needs are present or absent by 10/9/2026.

5. Stating 9/23/26 For 90 days, the Executive Director/Designee will audit newly completed preadmission screening forms monthly for completeness. Audit results and corrective action, if needed, will be maintained by the community and kept

Licensee's Proposed Overall Completion Date: 10/09/2026

224a - Preadmission Screen Form (*continued*)*Implemented () - 10/15/2026*

231c - Preadmission Screening

4. Requirements

2600.

231.c. A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

Description of Violation

Resident #2 was admitted to the home's Wellsprings secured dementia care unit on [REDACTED] however, the written cognitive preadmission screening documented on the Department's preadmission screening form was dated [REDACTED]

Resident #4 was admitted to the home's Wellsprings secured dementia care unit on [REDACTED], however, the written cognitive preadmission screening documented on the Department's preadmission screening form was dated [REDACTED]

Plan of Correction*Accept () - 10/06/2026*

On 9/23/26 The Executive Director/Designee reviewed the records for Residents #2 and #4. The facility confirmed the residents' current cognitive-care needs and ensured that current documentation supporting their placement in the secured dementia care unit is maintained in each resident record.

Starting 9/23/26 The Executive Director/Designee will audit the preadmission screening documentation for current residents admitted to the Wellsprings secured dementia care unit to verify that written cognitive preadmission screenings were completed in collaboration with a physician or geriatric assessment team within 72 hours prior to admission. Identified deficiency will be promptly addressed and documented. On 9/23/26, the Executive Director/Designee or designated admissions staff will use a secured dementia care unit admission checklist admitted to Wellsprings. The checklist will require verification that:

- The cognitive preadmission screening is documented on the Department's preadmission screening form.*
- The screening was completed in collaboration with a physician or geriatric assessment team.*
- The screening date is within 72 hours before the resident's admission to the secured dementia care unit.*

Staff education: The Executive Director/Designee will educate admissions, clinical, and leadership staff responsible for secured dementia care unit admissions on the requirement in 55 Pa. Code § 2600.231(c), including the 72-hour timeframe and required collaboration/documentation training will be completed by 10/9/26.

Starting on 9/23/26 The Executive Director/Designee will audit new Wellsprings admissions monthly for 90 days to confirm timely and complete cognitive preadmission screening documentation. Audit findings and any corrective actions will be maintained by the facility.

Licensee's Proposed Overall Completion Date: 10/09/2026

Implemented () - 10/15/2026

251b - Record Entries Legible

5. Requirements

2600.

251.b. The entries in a resident's record must be permanent, legible, dated and signed by the staff person making the entry.

251b - Record Entries Legible (continued)

Description of Violation

Resident #2's preadmission screening form had corrective tape used in the "Date Screening Completed" field with the date [REDACTED] written over the corrective tape. Additionally, the written cognitive preadmission screening for resident #2 had corrective tape in the "Date Screening Completed" section with the date [REDACTED] written over the corrective tape.

Plan of Correction**Accepted ([REDACTED] - 10/09/2026)**

On 9/23/26 The Medical Concierge obtained clean, unaltered copies of the original preadmission screening forms for Resident #2.

These verified copies were placed into Resident #2's permanent medical record to replace the forms with corrective tape. On 9/24/26 The Director of Wellness DOW audited resident admission files from the past 30 days to check for corrective tape. No other altered forms were found. Overall completion date: 10/9/26

On 9/28/26 The Executive Director provided mandatory training to Director of Wellness, Medical Concierge and Business office Manager on proper correction methods (drawing a single line through errors, writing "error," dating, and initialing) . Documentation of the Training will be kept. Overall completion date: 10/9/26.

Starting 9/28/26 The Director of Wellness and Medical Concierge will audit 5 new admission charts weekly for 4 weeks, then monthly for 3 months to ensure no corrective tape is used.

The Director of wellness and Concierge will report audit results to Quality Assurance monthly meeting to ensure ongoing compliance. Documentation will be kept. Overall completion date: 10/9/26.

Licensee's Proposed Overall Completion Date: 10/09/2026

Implemented ([REDACTED] - 10/15/2026)