

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

October 14, 2025

[REDACTED] ADMINISTRATOR
JUNIPER VILLAGE AT MOUNT JOY LLC
607 HEARTHSTONE LANE
MOUNT JOY, PA, 17552

RE: JUNIPER VILLAGE AT MOUNT JOY
607 HEARTHSTONE LANE
MOUNT JOY, PA, 17552
LICENSE/COC#: 33004

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/03/2025, 09/04/2025 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 MOUNT JOY License #: 33004 License Expiration: 03/14/2026
 Address: 607 HEARTHSTONE LANE, MOUNT JOY, PA 17552
 County: LANCASTER Region: CENTRAL

Administrator

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

Legal Entity

Name: JUNIPER VILLAGE AT MOUNT JOY LLC
 Address: 607 HEARTHSTONE LANE, MOUNT JOY, PA, 17552
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP Date: 03/08/2020 Issued By: Labor & Industry

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 58 Waking Staff: 44

Inspection Information

Type: Full Notice: Unannounced BHA Docket #: 0
 Reason: Renewal Exit Conference Date: 09/04/2025

Inspection Dates and Department Representative

09/03/2025 - On-Site: [REDACTED]
 09/04/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 72 Residents Served: 55
 Secured Dementia Care Unit
 In Home: No Area: Capacity: Residents Served:
 Hospice
 Current Residents: 1
 Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 55
 Diagnosed with Mental Illness: 1 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 3 Have Physical Disability: 0

Inspections / Reviews

09/03/2025 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 09/19/2025

09/16/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 10/10/2025
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 10/15/2025

Inspections / Reviews *(continued)*

10/14/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/10/2025

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

81b - Resident Personal Equipment

1. Requirements

2600.

81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

On 9/3/25, at 10:50 AM, the bedrails located on both sides of resident #1's bed were not firmly secured to the bed, posing a potential entrapment or injury hazard.

Repeated Violation - 8/21/24, et al

Plan of Correction

Accept (█) - 09/16/2025)

1. EVS director tightened the bedrails on both sides of resident #1's bed, firmly securing them, at the time of survey.
2. EVS Director audited all other bed rails to ensure firmly secured at the time of survey.
3. EVS Director or designee to audit all bed rails monthly to ensure firmly secured, beginning October 2025. Findings to be reviewed at monthly BPA (quality assurance) meeting through next DHS visit. BPA meetings are held on the last Wednesday of the month.
4. EVS Director to educate team on proper securing of bed rails and requirements of regulation 81b at Town Hall meeting on 9/24/25.

Licensee's Proposed Overall Completion Date: 09/26/2025

Implemented (█) - 10/14/2025)

103c - Food Protected

2. Requirements

2600.

103.c. Food shall be protected from contamination while being stored, prepared, transported and served.

Description of Violation

On 9/3/25, at 10:00 AM, there was an uncovered 3-gallon container of vanilla ice cream stored in the walk-in freezer and an uncovered box of lettuce, carrots and celery stored in the walk-in refrigerator.

Plan of Correction

Accept (█) - 09/16/2025)

1. Dining Director discarded unprotected items, ensured proper coverage and verbally educated team members present at time of survey.
2. Dining Director audited all refrigerators for proper food coverage at the time of survey.
3. Dining Director to provide education to team on proper protection of food and regulation requirements of 103c at Town Hall meeting on 9/24/25.
4. Dining Director to audit walk-in refrigerator and walk-in freezer monthly for proper food protection beginning October 2025. Findings to be reviewed at monthly BPA (quality assurance) meeting through next DHS visit. BPA meetings are held on the last Wednesday of the month.

Licensee's Proposed Overall Completion Date: 09/26/2025

Implemented (█) - 10/14/2025)

105g - Lint Removal and Duct Cleaning

3. Requirements

2600.

105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

Description of Violation

On 9/3/25, at 11:31 AM, there was an approximate 1/2-inch accumulation of lint in the lint trap of the dryer located in the 200-hall laundry room. There were no clothes in the dryer at the time.

Plan of Correction

Accept (█) - 09/16/2025)

1. Surveyor removed the lint in the trap at the time of survey.
2. EVS Director audited all dryer lint traps in the building at the time of survey and ensured traps were free of lint.
3. EVS Director, housekeeping or designee to remove lint from traps daily, audit of removal of lint from traps to be completed monthly by EVS director or designee beginning October 2025. Findings to be reviewed at monthly BPA (quality assurance) meeting through next DHS visit. BPA meetings are held on the last Wednesday of the month.
4. EVS Director to educate team on regulation requirements of 105g and removal of lint at Town Hall meeting on 9/24/25.

Licensee's Proposed Overall Completion Date: 09/26/2025

Implemented (█) - 10/14/2025)

161d - Dietary Needs

4. Requirements

2600.

161.d. A resident's special dietary needs as prescribed by a physician, physician's assistant, certified registered nurse practitioner or dietitian shall be met. Documentation of the resident's special dietary needs shall be kept in the resident's record.

Description of Violation

On 1/22/25, resident #1 was prescribed an advanced chopped diet. However, on 9/3/25 at 11:50 AM, resident #1 was served half of a bologna, lettuce and tomato sandwich.

Plan of Correction

Accept (█) - 09/16/2025)

1. Resident #1 was served half of a bologna, lettuce and tomato sandwich cut in half. Resident was observed by wellness team staff member to safely consume the meal.
2. Dining Director educated dining server on advanced chopped diet and ensured all other residents on altered diets were served meals in compliance with their physician ordered diets at time of survey.
3. Dining Director, DOW or designee to audit altered diets preparation at meal service monthly beginning October 2025. Findings to be reviewed at monthly BPA (quality assurance) meeting through next DHS visit. BPA meetings are held on the last Wednesday of the month.
4. ED to educate team on requirements of regulation 161d and altered diets at Town Hall on 9/24/25.

Licensee's Proposed Overall Completion Date: 09/26/2025

Implemented (█) - 10/14/2025)

183d - Prescription Current

5. Requirements

2600.

183d - Prescription Current (continued)

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

On 9/3/25, Calmoseptine ointment prescribed for resident#1 was in the home's medication cart; however, the medication was discontinued on 7/30/25.

Repeated Violation - 8/21/24, et al

Plan of Correction

Accept () - 09/16/2025

1. DOW removed Calmoseptine ointment from cart, ensured no other discontinued items were in carts and verbally educated team members at time of survey.
2. DOW to audit medication carts, 10% of resident population monthly for compliance with 183d beginning October 2025. Findings to be reviewed at monthly BPA (quality assurance) meeting through next DHS visit. BPA meetings are held on the last Wednesday of the month.
3. ED to educate medication associates and LPN's on requirements of regulation 183d at Wellness Meeting on 9/24/25.

Licensee's Proposed Overall Completion Date: 09/26/2025

Implemented () - 10/14/2025

183e - Storing Medications

6. 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

On 9/3/25, at approximately 4:10 PM, 1 loose pink pill was on the floor in the 400-hallway near resident room #402.

Plan of Correction

Accept () - 09/16/2025

1. DOW, Regional Director of Wellness and ED conducted an investigation regarding the 1 loose pink pill found on the floor in the 400 hallway near room #402.
2. DOW to educate medication technicians and LPN's on regulation requirements of 183e and observing residents take medication during medication administration at Wellness meeting on 9/24/25.
4. DOW or designee will audit a medication administration of 10% of resident population monthly for compliance with 183e and observing residents take medication beginning October 2025. Findings to be reviewed at monthly BPA (quality assurance) meeting through next DHS visit. BPA meetings are held on the last Wednesday of the month.

Licensee's Proposed Overall Completion Date: 09/26/2025

Implemented () - 10/14/2025

225c - Additional Assessment

7. Requirements

2600.

225.c. The resident shall have additional assessments as follows:

225c - Additional Assessment (continued)

Description of Violation

Resident #2's current assessment, dated [REDACTED] does not indicate the need for the resident to sleep in a recliner rather than a bed.

Plan of Correction

Accept ([REDACTED] - 09/16/2025)

1. RASP addendum created by ED at time of survey.
2. ED to educate DOW, Wellness Nurse Manager, Medical Concierge on requirements of 225c regulation by 9/24/25.
3. DOW or designee to audit 10% of resident population monthly for additional assessment needs beginning October 2025. Findings to be reviewed at monthly BPA (quality assurance) meeting through next DHS visit. BPA meetings are held on the last Wednesday of the month.

Licensee's Proposed Overall Completion Date: 09/26/2025

Implemented ([REDACTED] - 10/14/2025)

227g -Support Plan Signatures

8. Requirements

2600.
 227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident #2 participated in the development of [REDACTED] support plan on [REDACTED] However, the resident and the assessor did not sign the support plan.

Plan of Correction

Accept ([REDACTED] - 09/16/2025)

1. Medical Concierge reviewed RASP with resident, obtained resident signature and provided assessor signature at time of survey.
2. ED to educate DOW, Wellness Nurse Manager, Medical Concierge on requirements of 227g regulation by 9/24/25.
3. DOW or designee to audit 10% of resident population RASP's monthly for assessor and resident signatures beginning October 2025. Findings to be reviewed at monthly BPA (quality assurance) meeting through next DHS visit. BPA meetings are held on the last Wednesday of the month.

Licensee's Proposed Overall Completion Date: 09/26/2025

Implemented ([REDACTED] - 10/14/2025)