

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

December 4, 2024

[REDACTED], ADMINISTRATOR
JUNIPER VILLAGE AT LEBANON LLC
1125 BIRCH ROAD
LEBANON, PA, 17042

RE: JUNIPER VILLAGE AT LEBANON I
1125 BIRCH ROAD
LEBANON, PA, 17042
LICENSE/COC#: 33005

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/06/2024 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 LEBANON I License #: 33005 License Expiration: 03/14/2025
 Address: 1125 BIRCH ROAD, LEBANON, PA 17042
 County: LEBANON Region: CENTRAL

Administrator

Name: [REDACTED]

Legal Entity

Name: JUNIPER VILLAGE AT LEBANON LLC
 Address: 1125 BIRCH ROAD, LEBANON, PA, 17042
 Phone: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP Date: 05/17/2019 Issued By: Labor and Industry
 Type: C-2 LP Date: 11/12/2018 Issued By: Labor and Industry

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 63 Waking Staff: 47

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal, Incident Exit Conference Date: 11/07/2024

Inspection Dates and Department Representative

11/06/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 70 Residents Served: 54
 Secured Dementia Care Unit
 In Home: No Area: Capacity: Residents Served:
 Hospice
 Current Residents: 3
 Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 54
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 9 Have Physical Disability: 0

Inspections / Reviews

11/06/2024 Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 12/02/2024

11/21/2024 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 11/29/2024
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 12/02/2024

Inspections / Reviews *(continued)*

12/04/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/29/2024

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

17 - Record Confidentiality

1. Requirements

2600.

17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

On [REDACTED] a medication cart was unattended in the hallway. The computer screen was unlocked and the medication records for all of the residents were accessible including those for Resident 1 which included a list of prescribed medications and the diagnosis and purpose for each including [REDACTED] tablet for [REDACTED] and [REDACTED] for urinary retention. In addition, there was a sheet of paper face up on the top of the medication cart that contained confidential information like who receives a hospice aide and who is currently hospitalized.

Plan of Correction

Accept [REDACTED] - 11/21/2024)

- 1. Audit will be completed by DOW beginning 12/1/24 of all common areas to ensure HIPPA compliance. Results will be reviewed at monthly safety meeting and quality management meeting that occurs the last Wednesday of each month.
- 2. Education provided to all team members by Executive Director to be completed by 11/27/24.
- 3. Immediate action taken 11/6/24 and items removed from cart and medication technicians trained on HIPPA procedures by DOW 11/6/24.

Licensee's Proposed Overall Completion Date: 11/27/2024

Implemented ([REDACTED] - 12/04/2024)

42s - Privacy

2. Requirements

2600.

42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

Description of Violation

On [REDACTED], Resident 2 fell in the home. On [REDACTED], it came to the attention of the home that Staff A had taken a picture of the resident on their personal cell phone prior to the resident being sent to the hospital.

Plan of Correction

Accept [REDACTED] - 11/21/2024)

- 1. Employee terminated from position on [REDACTED]
- 2. Employee suspended upon further investigation [REDACTED].
- 3. Training conducted for all employees by Executive Director on abuse to include privacy on 9/26/24.
- 4. All employees resigned abuse policy on 9/26/24.
- 5. Ombudsman notified 9/25/24 by ED.
- 6. Reportable made to DHS 9/25/24 by ED.
- 7. Adult protective services notified 9/25/24 by ED.
- 8. POA notified of incident 9/25/24

Licensee's Proposed Overall Completion Date: 11/20/2024

Implemented ([REDACTED] - 12/04/2024)

81b - Resident Personal Equipment

3. 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

Resident 3 has a bedside mobility device that is not rigidly attached to the bedframe and, when pulled, slides away from the mattress creating a space greater than 4 3/4 inches which poses a risk of entrapment.

Resident 4 has a bedside mobility device that is not rigidly attached to the bedframe and, when pulled, slides away from the mattress creating a space greater than 6 inches which poses a risk of entrapment.

Resident 5 has a bedside mobility device that is not rigidly attached to the bedframe and, when pulled, slides away from the mattress creating a space about 5 inches wide which poses a risk of entrapment.

Plan of Correction

Accept () - 11/21/2024)

- 1. Education provided to wellness and EVS by ED regarding bedside mobility device by 11/27/24.
- 2. All bedside mobility bars adjusted by 11/27/24 to be less than 2 inches by EVS Director.
- 3. audit of bedside mobility bars to be conducted monthly to ensure compliance with bed mobility requirements starting 12/1/24 by EVS Director.

Licensee's Proposed Overall Completion Date: 12/01/2024

Implemented () 12/04/2024)

123b - Emergency Procedures Posted

4. Requirements

2600.

123.b. Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

Description of Violation

The home's emergency procedures are not posted in a conspicuous and public place in the home.

Plan of Correction

Accept () - 11/21/2024)

- 1. Emergency procedures posted by ED 11/7/24 at the reception desk to be in a public location.
- 2. Leadership team members trained by ED regarding requirements for Emergency procedures being posted by 11/27/24.
- 3. Audit completed by ED regarding emergency procedures being posted monthly beginning 12/1/24 Results will be reviewed at monthly safety meeting and quality management meeting that occurs the last Wednesday of each month.

Licensee's Proposed Overall Completion Date: 12/01/2024

Implemented () - 12/04/2024)

124 - Notice to Fire Department

5. Requirements

2600.

124. The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.

Description of Violation

The local fire department was notified on 3/20/24 of the address and capacity of the home, however, the notification does not include a general description of the mobility needs of the residents served. The home currently serves 7 residents who require assistance evacuating in an emergency.

Plan of Correction

Accept () - 11/21/2024)

1. Training provided to EVS leadership by ED regarding requirements in the fire department notification involving mobility needs by 11/27/24.
2. ED will audit Fire safety notification annually to ensure compliance with sharing mobility needs beginning 12/1/24. Results will be reviewed at monthly safety meeting and quality management meeting that occurs the last Wednesday of each month.
3. Updated fire notification letter sent to the local fire department including information regarding mobility needs by the ED on 11/12/24.

Licensee's Proposed Overall Completion Date: 12/01/2024

Implemented () - 12/04/2024)

182b Prescription Medication

6. Requirements

2600.

182.b. Prescription medication that is not self administered by a resident shall be administered by one of the following:

1. A physician, licensed dentist, licensed physician's assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic.
2. A graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the home.
3. A student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the home.
4. A staff person who has completed the medication administration training as specified in § 2600.190 (relating to medication administration training) for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

Description of Violation

Resident 6 states he self-administers [redacted] tablet daily and [redacted] creams daily. Resident 6 has not been assessed by a physician to be able to self-administer these medications.

Plan of Correction

Accept () - 11/21/2024)

1. Training provided for wellness staff regarding prescription medications that is not self-administered shall be administered by staff by Director of Wellness by 11/27/24.
2. Audit of resident rooms for medications that are not to be self administered will be held by nursing supervisor monthly beginning 12/1/24. Results will be reviewed at monthly safety meeting and quality management meeting that occurs the last Wednesday of each month.
3. Items identified during inspection were secured and removed from resident rooms on 11/7/24 by Director of Wellness.

Licensee's Proposed Overall Completion Date: 12/01/2024

182b Prescription Medication (continued)

Implemented [REDACTED] 12/04/2024)

183b Meds and Syringes Locked

7. Requirements

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

On [REDACTED] at [REDACTED], Resident 7's bedroom door was open. There was a blue container of "medicated chest rub" sitting unlocked, unattended, and accessible on the resident's nightstand.

At [REDACTED], Resident 4's room was unlocked. A bottle of [REDACTED], [REDACTED] tablets, [REDACTED], [REDACTED], were unattended and accessible on the resident's dresser and nightstand. In addition, there were 3 unidentified capsules lying unattended and accessible next to the pill bottles.

At [REDACTED], Resident 2's bedroom was unlocked. An [REDACTED], a bottle of [REDACTED] spray, and a container of [REDACTED] were unattended and accessible in the resident's bedroom.

At [REDACTED] Resident 6's room was unlocked. A sharps container with needles and containers of [REDACTED] and [REDACTED] were unattended and accessible in the resident's bedroom.

Plan of Correction

Accepted [REDACTED] 11/21/2024)

- 1. Training provided for wellness staff regarding medications and syringes being kept in a container that is locked by Director of Wellness by 11/27/24.
- 2. Audit of resident rooms for medications that are not stored properly in a locked container will be held by nursing supervisor monthly beginning 12/1/24. Results will be reviewed at monthly safety meeting and quality management meeting that occurs the last Wednesday of each month.
- 3. Items identified during inspection were secured on 11/7/24 by Director of Wellness.

Licensee's Proposed Overall Completion Date: 12/01/2024

Implemented [REDACTED] - 12/04/2024)

187a Medication Record

8. Requirements

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

- 8. Frequency of administration.
- 10. Duration of therapy, if applicable.

Description of Violation

Resident 2 is prescribed [REDACTED] apply 1 patch topically to painful area once daily; remove after 12 hours. The medication administration record states to "Apply 1 patch transdermally two times a day".

187a - Medication Record (continued)

Plan of Correction

Accept [REDACTED] - 11/21/2024)

- 1. Training provided for wellness staff regarding medications MAR completion and accuracy by Director of Wellness by 11/27/24.
- 2. Audit of 10% of MARS will be completed by nursing supervisor monthly beginning 12/1/24. Results will be reviewed at monthly safety meeting and quality management meeting that occurs the last Wednesday of each month.
- 3. MAR corrected by pharmacy on 11/7/24 by Director of Wellness.

Licensee's Proposed Overall Completion Date: 12/01/2024

Implemented [REDACTED] 12/04/2024)

190a - Completion Medication Course

9. Requirements

2600.

190.a. A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

Description of Violation

Staff B's medication training is not current as [REDACTED] has had only one medication administration record (MAR) review and one medication observation completed since [REDACTED] when originally certified. Staff B administered medications to Resident 3 on [REDACTED].

Staff C's medication training is not current as [REDACTED] has had only one MAR review and one medication observation completed since [REDACTED] when originally certified. Staff C administered [REDACTED] to Resident 2 on [REDACTED].

Staff D's medication training is not current as [REDACTED] has had only 2 medication observations since [REDACTED] when originally certified. Staff D administered [REDACTED] to Resident 4 on [REDACTED].

Staff E's medication training is not current as [REDACTED] has had only one MAR review and one medication observation completed since [REDACTED] when originally certified. Staff K, L, and M state that Staff E currently administers medications to residents.

Staff F's medication training is not current as [REDACTED] has had only one MAR review and no medication observations since 3/22/23 when originally certified. Staff F administered [REDACTED] to Resident 2 on [REDACTED] and [REDACTED] at [REDACTED].

Staff G's medication training is not current as [REDACTED] has had no addition training since [REDACTED] when originally certified. Staff G administered medication to Resident 2 in [REDACTED].

The home has no record of Staff H completing and passing the Department-approved full medication administration course. Staff H checked Resident 2's blood sugar on [REDACTED] and on [REDACTED].

The home has no record of Staff I completing and passing the Department-approved full medication administration

190a - Completion Medication Course (continued)

course. Staff K, L, and M state that Staff I currently administers medications to residents.

Staff J has not completed and passed the Department-approved medication administration course. Staff K and L state that Staff J has administered medications to residents in 2024 and 2023.

Plan of Correction

Accept (█ - 11/21/2024)

1. Education on Medication administration requirements and auditing conducted by executive director with DOW and Nursing supervisor by 11/27/24.
2. ED will audit medication administration requirements and observations monthly beginning 12/1/24 1. Results will be reviewed at monthly safety and quality measurement meeting. Meetings are held the last Wednesday of each month.
3. Individuals without medication administration observation were removed from med passes 11/7/24.
4. All staff members without active medication administration will retake the medication administration course by 12/1/24 and have all required observations by Medication trainer by 12/1/24.

Licensee's Proposed Overall Completion Date: 12/01/2024

Implemented (█ - 12/04/2024)

190b - Insulin Injections

10. Requirements

2600.

190.b. A staff person is permitted to administer insulin injections following successful completion of a Department-approved medications administration course that includes the passing of a written performance-based competency test within the past 2 years, as well as successful completion of a Department-approved diabetes patient education program within the past 12 months.

Description of Violation

Staff F hasn't completed the Department-approved diabetes education program since █ and checked the blood sugar of and administered insulin to Resident 2 on █.

Staff G hasn't completed the Department-approved diabetes education program since █ and checked the blood sugar of and administered insulin to Resident 2 on █.

Plan of Correction

Accept (█ - 11/21/2024)

1. Education on Medication administration requirements and auditing conducted by executive director with DOW and Nursing supervisor by 11/27/24. This included insulin and injectable medications.
2. ED will audit medication administration requirements and observations to include insulin and injectables monthly beginning 12/1/24 1. Results will be reviewed at monthly safety and quality measurement meeting. Meetings are held the last Wednesday of each month.
3. Individuals that did not meet the requirement to provide insulin and injectables were removed from providing that service 11/7/24.
4. All staff members who perform medication administration of insulin and injectables will receive insulin training and supervision by Medication trainer by 12/1/24.

Licensee's Proposed Overall Completion Date: 12/01/2024

Implemented (█ - 12/04/2024)

227a - Support Plan 30 Days

11. Requirements

2600.

227.a. A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department’s support plan form.

Description of Violation

Resident 4 has a bedside mobility device installed on [redacted] bed. The resident's current support plan, signed [redacted], does not address the specific need for the device, the intended use, and any risks associated with the device, the resident’s ability to use the device safely, identification of the specific device to be used, and if a cover is required to meet FDA guidelines.

Resident 8 has a bedside mobility device installed on her bed, however, the use of this device including the specific need for the device, the intended use, and any risks associated with the device, the resident’s ability to use the device safely, identification of the specific device to be used, and if a cover is required to meet FDA guidelines is not documented on the resident’s current support signed [redacted].

Plan of Correction

Accept [redacted] 11/21/2024)

1. Audit completed by ED of all RASPS for individuals with mobility bars by 11/27/24.
2. RASP addendum completed by ED for all RASPS for individuals missing proper language required for bedside mobility bars provided by the licensing agency by 11/27/24.
3. Training on RASP requirements for bedside mobility bar documentation in the RASP provided to those wellness staff completing RASPS by ED by 11/27/24.
4. Monthly audits of those RASPS of individuals with mobility bars will be conducted by the ED beginning 12/1/24 and reviewed at monthly safety and quality assurance meetings. Meetings held the last Wednesday of each month.

Licensee's Proposed Overall Completion Date: 12/01/2024

Implemented [redacted] - 12/04/2024)