



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to JUNIPER VILLAGE AT SOUTH HILLS LLC

LEGAL ENTITY

To operate JUNIPER VILLAGE AT SOUTH HILLS

NAME OF FACILITY OR AGENCY

Located at 1320 GREENTREE ROAD, PITTSBURGH, PA 15220

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

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To provide Personal Care Homes

TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 96

or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Restrictions: Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 26

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes

(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from July 12, 2021 until July 12, 2022,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **452650**


ISSUING OFFICER


DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable
and should be posted in a conspicuous place in the facility.



Emailing Date: July 10, 2021

[REDACTED]
Vice President
Juniper Village at South Hills, LLC
1320 Greentree Road
Pittsburgh, Pennsylvania 15220

RE: Juniper Village at South Hills
License #: 452650

Dear [REDACTED]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department), licensing inspections on May 5, 2021, of the above facility, we have found that your facility is in substantial compliance with the regulations, set forth in 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), that can be adequately assessed at this time. The licensing inspector was unable to complete a full inspection because this is a new legal entity operating the home.

In accordance with 55 Pa. Code § 2600.11(b) (relating to procedural requirements for licensure or approval of personal care homes) a re-inspection of your newly licensed facility will be conducted within 3 months of the effective date of this license. Complete compliance with all applicable regulations is required in order to maintain your license.

Your NEW license is enclosed.

Sincerely,

A handwritten signature in black ink that reads "Jamie L. Buchenauer".

Jamie L. Buchenauer
Deputy Secretary
Office of Long-term Living

Enclosures
License
Licensing Inspection Summary

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

Facility Information

Name: *Juniper Village at South Hills* License #: 45265 License Expiration Date:
Address: *1320 Greentree Road, Pittsburgh, PA 15220*
County: *ALLEGHENY* Region: *WESTERN*

Administrator

Name: [REDACTED] Phone: 412-571-1300 ext 141 Email: [REDACTED]

Legal Entity

Name: *Juniper Village at South Hills LLC.*
Address: *1320 Greentree Road, Pittsburgh, PA, 15220*
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *07/11/1996* Issued By: *Labor and Industry*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *61* Waking Staff: *46*

Inspection

Type: *Partial* Notice: *Announced* BHA Docket #:
Reason: *Change Legal Entity* Exit Conference Date: *05/05/2021*

Inspection Dates and Department Representative

05/05/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates**General Information**

License Capacity: *96* Residents Served: *41*

Secured Dementia Care Unit

In Home: *Yes* Area: *3rd Fl Legacy* Capacity: *26* Residents Served: *12*

Hospice

Current Residents: *7*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *39*

Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *1*

Have Mobility Need: *20* Have Physical Disability: *1*

Inspections / Reviews

05/05/2021 - Partial

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*

Follow-Up Date: *05/28/2021*

Inspections / Reviews (*continued*)

5/27/2021 - POC Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: 05/29/2021

5/28/2021 - POC Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: 06/03/2021

6/14/2021 - Document Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *Not Required*

3c - Post Current License

1. Requirements

2600.

3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

On 5/5/21, a copy of 55 Pa.Code Chapter 2600 Regulations were not posted in a conspicuous and public place in the home. A copy was posted in the receptionist office behind the door in a clear file holder. The office is not accessible to residents or the public. The licensing inspection summaries were not posted in a public and conspicuous place. They are kept in the administrator's office.

Plan of Correction

A copy of the latest Survey (LIS) dated 12/7/2020 , the approved POC was printed along with Chapter 2600 regulations and put on a table at the front entrance for view for residents, visitors, and to all of the public to view at anytime. Will be monitored by Front Desk Concierge daily.

Completion Date: 05/06/2021

Accept

Document Submission

Implemented

see attached: Survey and reg 1.jpg

Latest survey and copy of the PA regs are at the front door in 2 binders with yellow coloring to be noticed right away. Highly conspicuous.

18 - Compliance With Laws

1. Requirements

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

On 5/5/21, the carbon monoxide detector was installed on the wall to the right above the door and is approximately 8" from the industrial gas dryer, in the main laundry room on the lower level of the home.

Plan of Correction

Accept

The carbon monoxide detector was removed from the interior wall of the laundry room where the dryer is located and was installed on the outside wall in the hallway.

Maintenance and housekeeping staff were educated on the placement of Carbon Monoxide monitors in the building in reference to the distance from (15ft) fossil fuel source.

Completion Date: 05/10/2021

Document Submission

Implemented

see attached: co2 detector moved.pdf

85d - Trash Receptacles

1. Requirements

2600.

85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

85d - Trash Receptacles (continued)**Description of Violation**

On 5/5/21, there was a black trash can with a lid that has two flaps covering the opening. The flaps on the lid no longer flip back up when pushed down and leave a large opening exposing the trash. The trash can was ¾ full and is against the half wall on the kitchenette side in the dining room of the memory care unit.

Plan of Correction

During the inspection a new trash can with a lid was purchased and installed prior to the exit interview and a photo was shown to the inspector for review.

All staff was educated on all trash receptacles must have lids and be kept covered at all times to prevent the penetration of rodents or insects. All staff educated by 5/21/2021

Completion Date: 05/21/2021

Plan of Correction**Accept**

During the inspection a new trash can with a lid was purchased and installed prior to the exit interview and a photo was shown to the inspector for review.

All staff was educated on all trash receptacles must have lids and be kept covered at all times to prevent the penetration of rodents or insects. All staff educated by 5/21/2021.

A log was created for the staff to monitor the trash receptacles daily. The housekeeping supervisor/ED will check the integrity of the trash receptacles daily and it will be recorded in the log.

Completion Date: 05/28/2021

Document Submission**Implemented**

see attached: Daily monitoring of trash receptacles.xlsx, receipt for trash cans.pdf

89b - Hot Water Temperature**1. Requirements**

2600.

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

89b - Hot Water Temperature (*continued*)**Description of Violation**

On 5/5/21 at 10:38 a.m., the water temperature at the kitchenette sink in bedroom #302, measured approximately 126.3 degrees Fahrenheit.

On 5/5/21 at 10:45 a.m., the water temperature at the kitchenette sink in bedroom #322 measured 127.2 degrees Fahrenheit.

On 5/5/21 at 11:14 a.m., the water temperature at the kitchenette sink in bedroom #207 measured 124.7 degrees Fahrenheit

On 5/5/21 at 1:03 p.m., the water temperature at the bathroom sink in bedroom #108 measured 66.9 degrees Fahrenheit. The faucet handles were reversed, and the hot water is on the right side of the faucet and measured 123.2 degrees Fahrenheit at 1:18 p.m.

On 5/5/21 at 1:15 p.m., the water temperature in the shower of the private bathroom in bedroom #108 on the main floor, measured 123.8 degrees Fahrenheit.

Plan of Correction**Accept**

████████████████████ was contacted to come in and inspect Hot water system on May 11th. A new mixing valve was replaced and a new thermometer was installed for a more precise reading of water temperatures and entire system was tested for accuracy of temperatures of hot water to read below 120 degrees fahrenheit in each residents room and water systems including the kitchenettes, sinks, and bathrooms.

Housekeeping Manager and Maintenance Manager will keep a temperature log daily on these specific rooms and a weekly log checking other residents rooms for hot water temperatures not to exceed 120 degrees fahrenheit. Please see attached log

Completion Date: 05/26/2021

Document Submission**Implemented**

See attached: water temp log.pdf, █████ repair invoice and work order for wate

92 - Windows

1. 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.

92 - Windows (continued)

Description of Violation

On 5/5/21, there was no screen in the window of bedroom #302, in the memory care unit.

On 5/5/21, there was no screen in the left window of bedroom #322, in the memory care unit

On 5/5/21, there was no screen in the window of bedroom #307.

On 5/5/21, there was no screen in the right window of bedroom #02.

On 5/5/21, there was a tear in the screen in the window of bedroom #108. The tear measured approximately 2" by 5" and was folded over, leaving an hole of approximately 1".

Plan of Correction**Accept**

All rooms on the premises were inspected for functional screens and were either repaired or replaced for full operation. More specifically new screen installed in #302, new screen installed in #322. New screen installed in #307. New screen installed in room #02. New screen installed (replaced torn screen) in #108.

All Maintenance and housekeeping and Care team were educated on checking the screens weekly for tears, holes or missing screens. If they discover an issue, they are to notify the Executive Director immediately to determine if the screens can be repaired or must be replaced.

Completion Date: 05/21/2021

Document Submission**Implemented**

see attached: Furniture and Equipment Repair Log.xlsx

95 - Furniture and Equipment

1. Requirements

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

On 5/5/21, the brown leather chair in the TV room in memory care unit is in disrepair. The pleather/leather is peeling off in some areas and is off of the back of the chair from the top to the middle, exposing the fiber lining. Both of the arms has the fiber lining exposed from the ed to approximately 1/4 way back, where the leather/pleather has been worn or peeled off.

The portable grab bars on the toilet in private bathroom of bedroom #108. The grab bars are attached under the toilet seat by the two bolts in the back of toilet bowl and has flat bars at the bottom from the front handle that goes under the toilet seat protruding from under the seat to the inside of the bowl, approximately 1". The grab bar on the right side is loose and moves out away from the toilet, approximately 2 1/2", posing a fall risk. The white plastic end cap over the end of the left flat bar under the seat is cracked and missing a piece of plastic, posing potential for a skin tear

95 - Furniture and Equipment (*continued*)**Plan of Correction**

The brown leather chair was discarded in the dumpster while the surveyor was on the premises before the exit interview began.

The portable grab bars in room 108 was replaced the next day with a new system supplied by hospice. Replaced on May 6th, and staff was educated on:

Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards and if they identify any equipment or furniture that exhibits any tears, cracks or openings of any kind will be reported immediately to the Executive Director for replacement or repair.

Completion Date: 05/28/2021

Plan of Correction**Accept**

The brown leather chair was discarded in the dumpster while the surveyor was on the premises before the exit interview began.

The portable grab bars in room 108 was replaced the next day with a new system supplied by hospice. Replaced on May 6th, and staff was educated on:

Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards and if they identify any equipment or furniture that exhibits any tears, cracks or openings of any kind will be reported immediately to the Executive Director for replacement or repair.

A audit log was created to monitor all furniture and equipment weekly to ensure Furniture and equipment is in working condition and good repair. It will be performed by the housekeeping staff/supervisor/ and or Executive Director and will be examined by the ED weekly. Please see attached

Completion Date: 05/28/2021

Document Submission**Implemented**

see attached: Furniture and Equipment Repair Log.xlsx

100a - Exterior - Free of Hazards

1. 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

The stone patio off the dining room on the exterior side of the home is sinking in areas. The left side of the patio at the concrete side walk has an area that measures approximately 23" across that has sunken approximately 1" below the end of the side walk. The right side of the patio just before the concrete sidewalk the stones have sunken making a "crater" like dip, measuring approximately 2" deep posing a trip/fall hazard. Both the left and right side of the patio are emergency egress routes.

The white metal fencing in the back of the home that runs along the back of the yard and woods is in disrepair. There are 3 areas of the fencing, where the vertical posts have been bent or broken, causing large gaps in the fencing or has knocked out the vertical posts.

100a - Exterior - Free of Hazards (continued)

Plan of Correction

The left side of the patio will be replaced with concrete to make the area level to avoid a potential fall hazard. The right side of the patio will have an added concrete to bring it to the even level of the rest of the patio. The entire patio was inspected for the level to be even in all areas and corrected to make a safe egress route.

The fence has been repaired where the vertical posts have been bent or broken removing the large gaps in the fence. The Maintenance staff will make daily rounds of the grounds and submit a weekly report on any disrepairs of the grounds that may cause hazards of the exterior of the building and the building grounds or yard must be in good repair and free of hazards.

Completion Date: 05/20/2021

Document Submission**Implemented**

see attached: fence 1.pdf, Pictures of patio repair.pdf, Capture.JPG

121a - Unobstructed Egress

1. 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 5/5/21, there was a resident's wheeled walker blocking the right exit door in the back of the dining room that leads to the patio and emergency egress routes.

Plan of Correction

In-services have been conducted and will continue through May 25th with all staff (including caregivers, kitchen, housekeeping, maintenance and administrative) on Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed. Please see attached sign in sheets

Completion Date: 05/25/2021

Plan of Correction**Accept**

In-services have been conducted and will continue through May 25th with all staff (including caregivers, kitchen, housekeeping, maintenance and administrative) on Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed. Please see attached sign in sheets.

A log was created to monitor all egresses daily for any obstructions by the housekeeping staff/Supervisor [REDACTED] and will be reviewed daily by the Executive Director, [REDACTED] Please see attached.

Completion Date: 05/28/2021

Document Submission**Implemented**

see attached: Monitor of Blocking an Egress.xlsx, In service on blocking Egress Routes.docx, training sign in sheets for POC.pdf

123b - Emergency Procedures Posted

1. Requirements

2600.

123b - Emergency Procedures Posted (continued)

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

On 5/5/21, the home's emergency procedures were not posted in a conspicuous and public place in the home.

Plan of Correction**Accept**

Copies of the emergency procedures have been posted in a conspicuous place on the wall on each floor near the elevator

Maintenance Mgr and Housekeeping Supervisor will be responsible for maintaining the 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. We will review in Quality Meeting monthly.

Completion Date: 05/06/2021

Document Submission**Implemented**

see attached; evac route.pdf

233c - Key-Locking Devices**1. 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

On 5/5/21, at approximately 10:12 a.m. there was no code posted at the elevator keypad to exit the memory care unit on the third floor.

Plan of Correction**Accept**

While the surveyor was here we replaced the code to the keypad on the outside of the elevator on the third floor. It was corrected by 10:30am on 5/5/2021. The memory care staff, and housekeeping were educated on the importance of the code display.

The memory care director will be responsible for maintaining the code posting on the Memory Care Floor. This will be checked daily to make sure it is visible and on display. Will be reviewed at Quality Meeting monthly.

Completion Date: 05/05/2021

Document Submission**Implemented**

see attached: code for memory care unit 1379 in bottom