

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395756	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/06/2026
NAME OF PROVIDER OR SUPPLIER Juniper Village at Brookline-Rehabilitation and Sk		STREET ADDRESS, CITY, STATE, ZIP CODE 1950 Cliffside Drive State College, PA 16801	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. Based on observation, and staff interview, it was determined that the facility failed to ensure an environment free from the potential spread of infection for one of one open nursing unit (Second floor). Findings include: Observation on March 5, 2026, at 12:30 PM, of the Second-floor nursing unit resident shower/bathing room revealed a wall with multiple hooks which had four bathrobes hanging from the hooks. Below the bathrobes and leaning against the wall was a clear plastic bag of laundry containing damp towels and washcloths. The laundry items were piled up three feet in height and overflowing from the bag. The damp laundry was in direct physical contact with three of the four hanging bathrobes. Concurrent interview with Employee 1, nurse aide, revealed that the bathrobes are clean and are utilized for residents when they get out of the shower. Employee 1 confirmed the damp laundry was from residents whose showers were completed with morning care and that it was in direct contact with the clean bathrobes. The above information was reviewed with the Nursing Home Administrator and the Director of Nursing on March 5, 2026, at 2:15 PM. 28 Pa. Code 211.12(d)(1)(5) Nursing services		

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER
REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0744 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide the appropriate treatment and services to a resident who displays or is diagnosed with dementia. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record review and staff interview, it was determined that the facility failed to develop and implement individualized person-centered care plans to address dementia and cognitive loss displayed by two of four residents reviewed (Residents 4 and 13). Findings include: Clinical record review for Resident 4 revealed the facility admitted her on October 11, 2025, with diagnoses including dementia (loss of memory, language, problem-solving, and other thinking abilities that interfere with daily life). A review of Resident 4's admission Minimum Data Set Assessment (MDS, a form completed at specific intervals to determine care needs) dated October 18, 2025, indicated that the facility assessed Resident 4 as having a diagnosis of dementia. The facility determined that a care plan for dementia and cognitive loss would be developed. A review of Resident 4's care plan revealed that there was no indication that the facility had developed and implemented a person-centered care plan to address the resident's dementia and cognitive loss. Clinical record review for Resident 13 revealed the facility admitted her on January 8, 2026, Resident 13's admission MDS dated [DATE], indicated that the facility assessed Resident 13 as having a diagnosis of dementia. The facility determined that a care plan for dementia and cognitive loss would be developed. A review of Resident 13's care plan revealed that there was no indication that the facility had developed and implemented a person-centered care plan to address the resident's dementia and cognitive loss. The findings were reviewed with the Director of Nursing during a meeting on March 6, 2026, at 11:50 AM. 28 Pa Code 211.12 (d)(1)(3)(5) Nursing services		