STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395864	A. Building B. Wing	09/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Juniper Village at Bucks County Rehab and Skd Care	3200 Bensalem Boulevard Bensalem, PA 19020

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 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46508 Based on clinical record reviews and interviews with staff, it was determined that the facility failed to ensure that advanced directives were accurately reflected in residence records for one of 8 residents reviewed (Resident R70). Findings: Review of facility undated policy on Advance directives, revealed that under section Policy: Residents are afforded the opportunity to create advanced directives for their medical care should they be unable to communicate them for themselves at the time needed. Under section Purpose To provide instruction and offering residents the opportunity to create advanced directives. Under section Procedure: #1 If the resident already has an advanced directive, such directive is copied. If the resident has a MDPOA or other legal responsible party, a copy of this paperwork is put in the Advanced Directives Legal section of the chart. They should also be scanned to the Miscellaneous tab of the residence chart in Point Click Care. #2. The DNR(do not resuscitate) form and other advanced directive information is filed in Advanced Directive section of the chart. They should also be scanned to the Miscellaneous tab of the residence chart in Point Click Care. #4. The associate completing the admission process or the social service representative assisting the resident, and/or responsible party in creating advance directives alert the admitting nurse to the advanced directive such that the appropriate physician order is obtained. Review of Resident R70's clinical record revealed that Resident R 70 was admitted to the facility on [DATE], with diagnosis of but not limited to Chronic Respiratory Failure, Sepsis due to Streptococcus Infection, Cognitive Communication Deficit. Review Further review of resident R70 clinical record revealed that Residence DNR status and advanced directives was not reflected on Resident R 70s electronic medical record. Further, Resident R70s there was no physician's order for advanced directives and there was no care plan for Resident R70's advance directives. (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395864	A. Building B. Wing	09/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Juniper Village at Bucks County Rehab and Skd Care	3200 Bensalem Boulevard Bensalem, PA 19020

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 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of resident R 70s. Pennsylvania orders for life sustaining treatment. (POLST) Section A. Cardiopulmonary Resuscitation (CPR): DNR Do not attempt resuscitation (allow natural death) was checked. Section B. Medical Interventions: Person has paused and or breathing. Limited Additional Interventions was checked. Section C. Antibiotics: Determine use or limitation of antibiotics when infection occurs with comfort as goal was checked. Section D. Artificially Administered Hydration/Nutrition. No hydration and artificial nutrition by tube was checked. Section E. Discuss with patient. Was checked. Further review of Resident R70's POLST form revealed that the form was signed by the physician and signed by Resident R70. Further the form was dated [DATE]. Interview with Employee E4 conducted on [DATE], at 10: 36 am confirmed that Resident R70 signed a POLST Form and that resident R70 wanted to be on DNR, use medical treatment, IV fluids and cardiac monitor as indicated, no hydration/ no artificial nutrition by tube. Further Employee E4 confirmed that Resident R70's advance directives were not reflected on Resident R70's electronic medical record. Interview with Facility Administrator Employee E1, on [DATE], at 10:40 AM confirmed that there was no advance directive for Resident R70 in his electronic medical record. 28 Pa Code 211.12(d)(3) Nursing services 28 Pa. Code 211.12(d)(5) Nursing services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395864	A. Building B. Wing	09/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Juniper Village at Bucks County Rehab and Skd Care	3200 Bensalem Boulevard Bensalem, PA 19020

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 0623 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights. 46508 Based on clinical record reviews and interviews with staff, it was determined that the facility failed to notify the office of the State Long Term Care Ombudsman of facility initiated emergency transfers and facility initiated discharges for four or four facility-initiated discharges reviewed for three residents (Resident R73, Resident R74 and Resident R75) Findings include: Review of facility document (list of all facility-initiated discharges) revealed that Resident R73 was discharged from the facility to the hospital on July 26, 2024. Review of the facility notice of transfer or discharge form for resident R73 revealed that on July 27, 2024, Resident R73's responsible party was informed of his transfer to the hospital. Review of resident R73 clinical record revealed no documented evidence that the State Long Term Care Ombudsman was notified of Resident R 73s facility-initiated discharge (hospital admission). Further review of the facility document (list of all facility-initiated discharges) revealed that Resident R74 was discharged from the facility to the hospital on May 19, 2024, and on June 23, 2024. Review the facility notice of transfer or discharge form for Resident R74 revealed that resident R74's responsible party was informed of his May 19, 2024, hospital transfer and of his June 23, 2024, hospital transfer. Review of resident R74's clinical record revealed no documented evidence that the State Long Term Care Ombudsman was notified of Resident R 74's facility-initiated discharge (hospital admission). Further review of the facility document (list of all facility-initiated discharges) reveal that Resident R75 was discharged from the facility to the hospital on July 25, 2024. Review the facility notice of transfer or discharge form for Resident R75 revealed that resident R75's responsible party was informed of his July 25, 2024, hospital transfer. Review of resident R75's clinical record revealed no documented evidence that the State Long Term Care Ombudsman was notified of Resident R 75's facility-initiated discharge (hospital admission). Interview with Employee E1, Facility Administrator, conducted on September 18, 2024 at 2:05 PM, revealed that the facility did not have a process of providing the ombudsman a copy of the discharge notices. Further, employee E1 confirmed that the ombudsman was not notified of Resident R73, Resident R74 and Resident R75' discharges to the hospital. 28 Pa. Code 201.14(a) Responsibility of licensee 28 Pa. Code 201.18(b)(2) Management

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395864	A. Building B. Wing	09/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Juniper Village at Bucks County Rehab and Skd Care	3200 Bensalem Boulevard Bensalem, PA 19020

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 0655 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46508 Based on review of facility policies, clinical record reviews, and interviews with staff, it was determined that the facility failed to develop a baseline care plan within 48 hours of residence admission that includes the minimum healthcare information necessary to properly care for a resident for four of 16 residents reviewed (Resident R14, Resident R70, Resident R9, and Resident R120). Findings include: Review of facility policy on care planning provided by Employee E2 Revealed that the policy did not address baseline care plan. Review of Resident R14's clinical record revealed that resident R14 was admitted to the facility on [DATE], with diagnoses of but not limited to reduced mobility, Muscle weakness, Cognitive communication deficit, Altered mental status, Dysarthria, and Anarthria. Review resident R14's Admission MDS (minimum data set- a federally required resident assessment to be completed at a specific interval) dated August 5, 2024, revealed that under section L0200. Oral dental status B. (No natural teeth or tooth fragments. Edentulous) was coded No Interview with facility Regional MDS coordinator, revealed that the admission MDS dated August.5, 2024, Section L, B was coded in error, and that Section L 0200 B should have been quoted as. Yes. (No natural teeth) Observation of resident R14 conducted on September 16, 2024, at 09:21 AM reveal that Resident R14 was in his room, with breakfast tray- breakfast was approximately 90% consumed- further observation revealed that resident was edentulous. Further observation revealed that resident R14 was not wearing dentures. Interview with Resident R14 at the time of the observation revealed that he has dentures but did not like wearing them. Further review of Resident R14's clinical record revealed that there was no baseline care plan in place within 48 hours of Resident R14's admission to the facility. Review of Resident R70's clinical record revealed that Resident R 70 was admitted to the facility on [DATE], with diagnosis of but not limited to chronic venous hypertension with ulcer on right lower extremity, Non pressure chronic ulcer of other part of left lower leg with fat layer exposed, Non pressure chronic ulcer of buttocks with unspecified severity, Non pressure chronic ulcer of right calf with necrosis of muscles, Chronic venous hypertension with ulcers of left lower extremity, Muscle weakness, Morbid obesity. Observation conducted during tour of facility on September 16, 2024, at 11:52 AM revealed that Resident R17 had bilateral lower extremity dressing. Further observation revealed that Resident R70s lower extremities were dark in color. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395864	A. Building B. Wing	09/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Juniper Village at Bucks County Rehab and Skd Care	3200 Bensalem Boulevard Bensalem, PA 19020

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 0655 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Further review of Resident R70's clinical record reveal that there was no baseline care plan for alteration in skin integrity or wound care in place within 48 hours of Resident R70's admission to the facility. Review of Resident 9's clinical record revealed Resident R9 was admitted to the facility on [DATE] with a diagnosis that included but not limited to Sepsis (serious condition in which the body responds improperly to an infection), abnormalities of gait and mobility, and absolute glaucoma (eye that has lost all vision and has uncontrolled pressure). Review of Resident R9's clinical record revealed Resident R9 had a care plan dated August 15, 2024 for impaired vision, potential for pressure ulcer development, and risk for infection. Further review of Resident R9's care plan revealed no interventions in place to provide the necessary care to properly care for Resident R9. Review of Resident 120's clinical records revealed Resident 120 was admitted to the facility on [DATE] with a diagnosis that included but not limited to Thoracic Spine fracture (occurs when a bone in the middle section of the spine collapses), Bipolar Disorder (episodes of mood swing ranging from depressive lows to manic highs), and muscle weakness. Review of Resident R120's clinical record revealed Resident 120 had a care plan dated September 13, 2024 for high risk of falls, impaired cognitive function, behavior problem, limited physical mobility, activies of daily living self-care deficit. Further review of Resident 120's care plan revealed no interventions in place to provide the necessary care to properly care for Resident 120. Interview on September 18, 2024 at 11:40 a.m with Employee E2, Director of Nursing, confirmed Resident R9 and Resident R120 did not have a completed baseline care plan completed within 48 hours of admission. 28 Pa. Code 201.18(b)(1) Management 28 Pa. Code 211.10(c)Resident care policies 28 Pa. Code 211.12(d)(2) Nursing services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395864	A. Building B. Wing	09/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Juniper Village at Bucks County Rehab and Skd Care	3200 Bensalem Boulevard Bensalem, PA 19020

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46508 Based on review of facility policy. Review of clinical records and staff interviews, it was determined that the facility failed to develop and implement an individualized comprehensive care plan for two of eight residents observed (Resident 14 and Resident R70) Findings include: Review of facility's Care Planning Assessment Policy revealed that under section Policy, residents will receive initial, quarterly, annual and significant change assessments according to the federal and state regulations. In addition, the residents will have a care plan created that addresses the individualized needs the residents present. This process will be accomplished through observation, assessment, interviews which cover all three shifts and obtain the necessary information from all appropriate disciplines, the resident, and any other responsible party necessary. Under section Procedure 1. Utilizing information from the Wellness, Activity, Dietary and Psychosocial Assessments, the MDS is coded per the MDS 3.0 manual, 2. When a comprehensive MDS assessment is done, the RAPS CAA's will be completed for each triggered area. From the CAA, it is determined which areas need to be care planned to provide the necessary care for the resident, 3. The Care Plan Team creates these long-term care plans. Areas outside of the triggered items can also be care planned to provide guidance to staff for care of the resident. (i.e. pain management or discharge planning), 4. Acute care plans are created by staff for injuries, illnesses, or changes in condition that may only last 30 days. Once 30 days is over, if the problem remains, a long-term care plan is created. The Acute Care Plans are kept in the wellness notes section of the chart, 10. In addition, quarterly reviews and updates are completed by the Care Plan Team to clarify problems, goals and evaluate effectiveness of the interventions, 13. The MDS Coordinator monitors compliance with assessment, care planning and filing of assessments and care plans in the appropriate areas. Review of Resident R14's clinical record revealed that resident R14 was admitted to the facility on [DATE], with diagnoses of but not limited to reduced mobility, Muscle weakness, Cognitive communication deficit, Altered mental status, Dysarthria and Anarthria. Review resident R14's Admission MDS (minimum data set- a federally required resident assessment to be completed at a specific interval) dated August 5, 2024, revealed that under section L0200. Oral dental status B. (No natural teeth or tooth fragments. Edentulous) was coded No Interview with facility Regional MDS coordinator, revealed that the admission MDS dated August.5, 2024, Section L, B was coded in error, and that Section L 0200 B should have been quoted as. Yes. (No natural teeth) Observation of resident R14 conducted on September 16, 2024, at 09:21 AM reveal that Resident R14 was in his room, with breakfast tray- breakfast was approximately 90% consumed- further observation revealed that resident was edentulous. Further observation revealed that resident R14 was not wearing dentures. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395864	A. Building B. Wing	09/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Juniper Village at Bucks County Rehab and Skd Care	3200 Bensalem Boulevard Bensalem, PA 19020

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Interview with Resident R14 at the time of the observation revealed that he has dentures but did not like wearing them. Further review of Resident R14's clinical record revealed that there was no individualized comprehensive care plan in place to address Resident R14's dental issues. Review of Resident R70's clinical record revealed that Resident R 70 was admitted to the facility on [DATE], with diagnosis of but not limited to chronic venous hypertension with ulcer on right lower extremity, Non pressure chronic ulcer of other part of left lower leg with fat layer exposed, Non pressure chronic ulcer of buttocks with unspecified severity, Non pressure chronic ulcer of right calf with necrosis of muscles, Chronic venous hypertension with ulcers of left lower extremity, Muscle weakness, Morbid obesity. Observation conducted during tour of facility on September 16, 2024, at 11:52 AM revealed that resident R17 had bilateral lower extremity dressing. Further observation revealed that resident R 70s lower extremities were dark and color. Further review of Resident R70's clinical record reveal that the care plan for Venous stasis ulcer to bilateral lower legs r/t Diabetes Date Initiated: 08/28/2024 with goals of: Pressure ulcer will show signs of healing and remain free from infection by/through review date. Date Initiated: 08/30/2024. Further, there were no interventions listed in the care plan. Further review of Resident R70's care plan revealed that the following care plan did not have any interventions: Falls care plan (no interventions), impaired vision (no intervention) and Potential for pressure ulcer (no intervention) 28 Pa. Code 211.10(d) Resident care plan policies 28 Pa. Code 211.12(d)(5) Nursing services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395864	A. Building B. Wing	09/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Juniper Village at Bucks County Rehab and Skd Care	3200 Bensalem Boulevard Bensalem, PA 19020

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 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 51165 Based on review of clinical records, staff interview, and pharmacy review recommendations, it was determined that the facility failed to act on the pharmacy recommendations in a timely way for three of four residents reviewed (Resident R10, R14 and R70). Findings include: Clinical record review revealed Resident R10 was admitted to the facility on [DATE], with a diagnosis that included but not limited to Major Depressive Disorder. The physician ordered Mirtazapine (used to treat to depression) and Citalopram (used to treat depression). Further review of Resident R10's clinical record revealed the physician ordered Mirtazapine and Citalopram on February 2024. During a drug regiment review on August 15, 2024, the pharmacist recommended that Mirtazapine and Citalopram be considered for a gradual dose reduction. The pharmacy recommendation was not addressed by the attending physician until September 17, 2024, a delay of 33 days. During an interview on September 18, 2024 at 12:00 p.m. Director of Nursing E2 confirmed that the facility failed to implement the pharmacy recommendations for Resident R10 in a timely manner. Review of pharmacy consultation report for Resident R14 for August 1 to 31, 2024, revealed a pharmacy recommendation to: evaluate if atorvastatin 40 MG is indicated at this time, monitor symptoms, follow-up serum CK concentration in 14 days and to evaluate Eliquis dose for a dose increase twice a day. Further review revealed that that DON, Employee E2, signed off on the pharmacy review. Interview with the DON, Employee E2, conducted on September 19, 2023, at 1:20pm confirmed that the physician reviewed the pharmacy recommendation late. Further Employee E 2 revealed that the facility will improve their process so that the pharmacy reviews will be reviewed by the physician in a timely manner. Review of Resident R70's pharmacy consultation report for August 1 to 31, 2024 revealed a comment from the pharmacist as follow: During the review of Resident R14's medical record, the following irregularities were noted on the Electronic Medication Administration record. Directions for use was incomplete. Ascorbic acid order is missing strength. Further, the pharmacy consultation report revealed a recommendation to Please clarify or correct these items. Further review of the pharmacy consultation report revealed that the form did not have the signature of the physician attesting that physician has reviewed the pharmacy report, comments and recommendations. Interview with the DON Employee E2 conducted on September 19, 2024, at 1:20 pm confirmed that the form did not have a physician's signature on it attesting that the physician has reviewed the pharmacy recommendations Further Employee E2 revealed that the facility will improve their process so that the pharmacy reviews will be reviewed by the physician in a timely manner. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395864	A. Building B. Wing	09/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Juniper Village at Bucks County Rehab and Skd Care	3200 Bensalem Boulevard Bensalem, PA 19020

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 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	28 Pa. Code 211.12(d)(1)(3)(5) Nursing services.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395864	A. Building B. Wing	09/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Juniper Village at Bucks County Rehab and Skd Care	3200 Bensalem Boulevard Bensalem, PA 19020

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 0881 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Implement a program that monitors antibiotic use. 46508 Based on observations, review of facility policies, review of facility documentation, review of clinical records, and staff interviews, it was determined that the facility failed to establish an effective infection control program related to infection surveillance and periodic review of antibiotic use. Findings include: Review of facility policy and antibiotic stewardship reveal that. Under section policy, Juniper Village has a policy regarding antibiotic stewardship program. Under a section purpose to implement an antibiotic stewardship program which will promote appropriate use of antibiotics while optimizing the treatment of infections, at the same time reducing the possible adverse events associated with antibiotic use. Under section Procedure #1 Accountability, a. The Antibiotic Stewardship Program team will be established to be accountable for stewardship activities. As a team, they will: i. Review infections and monitor antibiotic usage pattern on a regular basis, ii. Obtain and review antibiograms or similar information for institutional trends of resistance, iii. Monitor antibiotic resistance pattern, iv, Report on number of antibiotics prescribed and the number of residents treated each month, v. Include a separate report for the number of residents and antibiotic that did not meet criteria for active infection. #5 Tracking a. The Director of Wellness will be responsible for infection surveillance and MDRO (multi-drug resident organisms) tracking. B. The director of Wellness will collect and review data. Review of facility infection control documents revealed no documented evidence that the facility was tracking the infections in the facility. Further review of facility infection control documents revealed no documented evidence that the facility conducted a periodic review of antibiotic use. Interview with Employee E2 conducted on September 17, 2024 at 1:04 PM revealed that the facility did not have a system in place to track infections and the use of antibiotics. Further Employee E2 also confirmed that there was no periodic review of antibiotic use in the facility. Further interview with Employee E2 revealed that the facility will improve their infection control and antibiotic stewardship program to ensure that infections are monitored and tracked and antibiotic use are reviewed regularly. 28 Pa Code 201.14(a) Responsibility of licensee 28 Pa Code 201.18(d) Management