

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  395864	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/18/2025
NAME OF PROVIDER OR SUPPLIER  Juniper Village at Bucks County Rehab and Skd Care		STREET ADDRESS, CITY, STATE, ZIP CODE  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)
<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>Based on review of facility policy, review of clinical records, interview with staff, it was determined that the facility failed to ensure comprehensive care plans were developed to address resident care needs related to a significant weight loss for one of three residents reviewed. (Resident R169)</p> <p>Findings include:</p> <p>Review of facility policy titled Unintended Weight Loss ensures residents will maintain acceptable body weight unless a clinical condition demonstrates that this is not possible residents with unintended weight loss will be assessed by the interdisciplinary team and interventions will be implemented to prevent further weight loss and promote weight gain. The director of wellness and director dietary manager are responsible for managing the processes for prediction or prevention, treatment, monitoring and calculation of unintended weight loss. Compliance includes developing a care plan that includes measurable objectives and time frames to meet the residents needs as identified in the residence assessment, the disciplinary team assesses residents with identified weight loss, develops care plan, implements, evaluates and reevaluates to treat and prevent weight loss and maintain adequate nutritional status of the resident, and communicate of weight changes to attending provider and residents' family. The licensed nurse documents the note of vacations in the medical record.</p> <p>Review of facility document titled Care Plan revealed the purpose of care plan is to write activity goals and approaches for each resident based on MDS (minimum data set , a federal mandated assessment tool), triggers and current needs of the resident. The process of care planning involves identifying the problem common need and strength of each resident then determine goals that are measurable specific and have a target date lastly determine approaches or interventions which are specifically what will be done to assist the resident in meeting the goal considering physical cognitive emotional abilities monitoring approaches will be numbered and will be recorded in care plan progress notes.</p> <p>Review of Resident R169's clinical record revealed that this resident entered the facility on May 29, 2025, after hospital discharge. Resident R169 was discharged back to the hospital for gastrointestinal bleeding, on June 3, 2025. There resident remained NPO (no food). Resident was received back at the facility June 10, 2025. Further review of resident R169's clinical record revealed a significant weight loss of 18.8 pounds in a period of eleven days.</p> <p>Review of Resident R169's clinical record weight history revealed that Resident R169 was documented as being weighed June 1, 2025, at 143.8 pounds, June 10, recorded weight was 144.0 pounds upon returned to the facility, June 11, 2025, recorded weight was 125.0 pounds.</p> <p>(continued on next page)</p>

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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  395864	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/18/2025
NAME OF PROVIDER OR SUPPLIER  Juniper Village at Bucks County Rehab and Skd Care		STREET ADDRESS, CITY, STATE, ZIP CODE  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)		
<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview with dietician employee E3 on June 16, 2025, revealed that she was made aware of the weight loss on this day, she offered the resident supplemental shakes, but resident refused. Registered Dietician, Employee E3 confirmed not updating the resident's care plan to address most recent weight loss. Employee E3 stated the protocol would be conversation with nursing staff which then would be relayed to physician, then the care plan would be updated.</p> <p>28 Pa. Code 211.12 (d)(3) Nursing services</p> <p>28 Pa Code 211.10(b) Resident Care Plan</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  395864	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/18/2025
NAME OF PROVIDER OR SUPPLIER  Juniper Village at Bucks County Rehab and Skd Care		STREET ADDRESS, CITY, STATE, ZIP CODE  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)		
<p>F 0847</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Inform resident or representatives choice to enter into binding arbitration agreement and right to refuse.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on a review of facility documents and resident clinical records and interviews with staff and resident and family member, it was determined that the facility failed to ensure that residents had the capacity to understand the terms of a binding arbitration agreement for one of one resident reviewed (Resident R69).</p> <p>Findings include:</p> <p>Review of admission record indicated Resident R69 was admitted to the facility on [DATE].</p> <p>Review of Resident R69's admission Minimum Data Set (MDS - a periodic assessment of care needs) dated June 12, 2025, a BIMS score of 15, which indicated that the resident was cognitively intact.</p> <p>Review of Resident R69's Binding Arbitration Agreement (a binding agreement by the parties to submit to arbitration all or certain disputes which have arisen or may arise between them in respect of a defined legal relationship, whether contractual or not. The decision is final, can be enforced by a court, and can only be appealed on very narrow grounds) indicated that she signed the document on admission on [DATE]. The agreement was missing a name and signature who reviewed the agreement with Resident R69.</p> <p>An interview was conducted with the Social Worker, Employee E5, on June 17, 2025, at 10:03 a.m. Employee E5 reported that they reviewed the arbitration agreement with Resident R69 on June 9, 2025. However, it was further revealed that Employee E5 did not inform Resident R69 of their right to rescind the agreement within 30 days of signing, nor did they explain that the binding arbitration agreement does not prevent the resident from communicating with federal, state, or local officials, including federal and state surveyors, other health department employees, or representatives of the Office of the State Long-Term Care Ombudsman.</p> <p>Employee E5 revealed that when she reviews the biding arbitration agreement she only discusses that dispute shall be kept confidential and you can't discuss with anyone.</p> <p>An interview was conducted with the Nursing Home Administrator, Employee E1, on June 17, 2025, at 10:25 a.m. Employee E1 reported that when Employee E5 is on leave, she sometimes steps in to review the arbitration agreement with residents. It was further revealed that Employee E1 does not inform residents of their right to rescind the agreement within 30 days of signing, nor does she explain that the binding arbitration agreement does not prevent residents from communicating with federal, state, or local officials, including federal and state surveyors, other health department employees, or representatives of the Office of the State Long-Term Care Ombudsman.</p> <p>An interview was conducted with the Resident R69 and spouse, on June 17, 2025, at 12:43 p.m. which revealed that Resident R69 was not aware of that she/he able to rescind the agreement within 30 days of signing, nor that the binding arbitration agreement does not prevent residents from communicating with federal, state, or local officials, including federal and state surveyors, other health department employees, or representatives of the Office of the State Long-Term Care Ombudsman.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  395864	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/18/2025
NAME OF PROVIDER OR SUPPLIER  Juniper Village at Bucks County Rehab and Skd Care		STREET ADDRESS, CITY, STATE, ZIP CODE  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)		
<p>F 0847</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>An interview with the Administrator on June 17, 2025, at 2:45 p.m. confirmed that the facility failed to inform Resident R69-and other residents-when explaining the arbitration agreement in a language they could understand, that they have the right to rescind the agreement within 30 days of signing. Additionally, the facility did not clarify that the binding arbitration agreement does not prevent residents from communicating with federal, state, or local officials, including federal and state surveyors, other health department employees, or representatives of the Office of the State Long-Term Care Ombudsman.</p> <p>28 Pa. Code: 201.14(a)(c)(d)(e) Responsibility of licensee.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  395864	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/18/2025
NAME OF PROVIDER OR SUPPLIER  Juniper Village at Bucks County Rehab and Skd Care		STREET ADDRESS, CITY, STATE, ZIP CODE  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)		
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observation, policy review, and staff interviews, it was determined the facility failed to develop and implement water management program for the prevention, detection, and control of water borne contaminants, such as Legionella (a bacteria that may cause lesionnaires disease, a serious type of pneumonia).</p> <p>Findings include:</p> <p>Review of Centers for Disease Control and Prevention CDC guideline for Water Management in Healthcare Facilities revealed Legionella water management programs identify hazardous conditions and include taking steps to minimize the growth and spread of Legionella in the building water system. Having a water management program is now an industry standard for large buildings in the United States.</p> <p>Review of Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS) memo Requirement to Reduce Legionella Risk in Healthcare Facility Water Systems to Prevent Cases and Outbreaks of Legionnaires Disease dated July 6th, 2018, revealed Facilities must develop and adhere to policies and procedures that inhibit microbial microbial growth in building water systems that reduce the risk of growth and spread of Legionella and other opportunistic pathogens in water. This policy memorandum applies to Hospitals, Critical Access Hospitals (CAHs) and Long-Term Care (LTC). However, this policy memorandum is also intended to provide general awareness for all health care organizations Facilities must have water management plans and documentation that, at minimum, ensure each facility:</p> <ul style="list-style-type: none"> <li>-Conducts a facility risk assessment conducts a facility risk assessment to identify we are Legionella and other opportunistic waterborne pathogens (e.g.: Pneumonias, Acinetobacter, Burkholderia, Stenotrophomonas, nontuberculous mycobacteria, and fungi could grow and spread in the facility water system</li> <li>-Develops and implements a water management program that considers the ASHRAE industry standards and the CDC toolkit</li> <li>- specifies testing protocols and acceptable ranges for control measures, and documents the results of testing and corrective action taken when control limits are not maintained</li> <li>-Maintains compliance with other acceptable Federal, State and local requirements.</li> <li>-Conducts a facility risk assessment conducts a facility risk assessment to identify we are Legionella and other opportunistic waterborne pathogens (e.g.: Pneumonias, Acinetobacter, Burkholderia, Stenotrophomonas, nontuberculous mycobacteria, and fungi could grow and spread in the facility water system</li> <li>-Develops and implements a water management program that considers the ASHRAE industry standards and the CDC toolkit</li> <li>- specifies testing protocols and acceptable ranges for control measures, and documents the results of testing and corrective action taken when control limits are not maintained</li> </ul> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  395864	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/18/2025
NAME OF PROVIDER OR SUPPLIER  Juniper Village at Bucks County Rehab and Skd Care		STREET ADDRESS, CITY, STATE, ZIP CODE  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)
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Maintains compliance with other acceptable Federal, State and local requirements.</p> <p>Review of facilities water management plan which is contracted to outside company revealed the purpose of this water management plan is to establish the minimum legionella's risk management requires by illustrating the procedures for minimalizing the risk of Legionnaires disease within the building water system of this facility and practicing routine control measures</p> <p>Including, facility plumbing, hot water expansion tank inspection, aerator should be replaced or dismantled and cleaned on all units to be done quarterly control water systems plumed units which are to be activated weekly to flush the line and verify operation, the Expansion tank for the hot water system should be done annually check for leaks calcifications corrosions around the attachment findings stagnation is the danger and non-flow through tanks hot water heater is to be checked monthly. The aerator should be replaced or dismantled disinfected cleaned quarterly, temperature monitors and testing for legionella at least quarterly in cooling, towers, spa pools, and any fountains is recommended to demonstrate. Continued review of this water management plan revealed that the last water teste was completed February 18, 2023</p> <p>Interview with Environmental Director, Employee E 4 and Nursing Home Administrator, Employee E1 on June 18, 2025, at 10:00 a.m. confirmed that the facility failed to ensure water testing and compliance of water management plan. The last testing was completed on February 18, 2023.</p> <p>28 Pa. Code 201.14(a) Responsibility of licensee</p>