

Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>395756</b>	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED:  <b>01/22/2025</b>
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NAME OF PROVIDER OR SUPPLIER: <b>JUNIPER VILLAGE AT BROOKLINE-REHABILITATION AND SKILLED CARE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE: <b>1950 CLIFFSIDE DRIVE STATE COLLEGE, PA 16801</b>
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STATE LICENSE NUMBER	STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE)	(X5) COMPLETE DATE
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P 0000	INITIAL COMMENT	P 0000		
P 5520	<p>Based on an Abbreviated Survey in response to a Complaint completed on January 22, 2025, at Juniper Village at Brookline Rehabilitation and Skilled Care, it was determined that there were no federal deficiencies identified under the requirements of 42 CFR Part 483, Subpart B, Requirements for Long Term Care; however, the facility was not in compliance with 28 PA Code, Commonwealth of Pennsylvania Long Term Care Licensure Regulations as they relate to the Health portion of the survey process.</p>	P 5520		

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

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P 5520	Continued from page 1  Nursing services.  (3) Effective July 1, 2024, a minimum of 1 nurse aide per 10 residents during the day, 1 nurse aide per 11 residents during the evening, and 1 nurse aide per 15 residents overnight.  This REGULATION is not met as evidenced by:	P 5520	- Residents were not found to be affected by deficient practice.  - Director of Wellness conducted initial Quality Improvement (QI) monitoring of schedules for past week to review NA staffing ratios.  - The Director of Wellness and Scheduler will meet daily to review schedule to ensure ratios and hours meet regulation. Executive Director reeducate wellness team on efforts to improve recruitment and retention of direct care staff and scheduling process including critical shift incentives.  - The Director of Wellness will conduct Quality Improvement (QI) monitoring of the nursing schedule related to NA staffing ratios 5x week x2, weekly x2, then monthly x2. Further recommendations will be reported to Quality Assurance Performance Improvement (QAPI)	Completion Date: <b>02/28/2025</b> Status: <b>APPROVED</b> Date: <b>02/06/2025</b>

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P 5520	Continued from page 2  Based on a review of nursing staffing hours and staff interview, it was determined that the facility failed to ensure a minimum of one nurse aide (NA) per 10 residents during the day shift for four of 21 days reviewed and one NA per 15 residents during the night shift for one of 21 days reviewed.  Findings include:  Review of nursing staff care hours provided by the facility for September 1-7, 2024, November 24-30, 2024, and January 15-25, 2025, revealed the following nurse aides scheduled for the resident census:  Day shift (requires one NA per 10 residents):  September 1, 2024, 4.17 NAs for a census of 51; requires 5.10 NAs November 24, 2024, 4.20 NAs for a census of 50; requires 5.00 NAs November 29, 2024, 4.67 NAs for a census of 50; requires 5.00 NAs	P 5520		

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P 5520	Continued from page 3  January 18, 2025, 5.10 NAs for a census of 53; requires 5.30 NAs  Night shift (requires one NA per 15 residents):  January 19, 2025, 3.20 NAs for a census of 53; requires 3.53 NAs  The Director of Nursing was informed of the above findings on January 24, 2025, at 9:23 AM.	P 5520		
P 5530		P 5530		

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P 5530	Continued from page 4  Nursing services.  (4) Effective July 1, 2023, a minimum of 1 LPN per 25 residents during the day, 1 LPN per 30 residents during the evening, and 1 LPN per 40 residents overnight.  This REGULATION is not met as evidenced by:	P 5530	- Residents were not found to be affected by deficient practice.  - Director of Wellness conducted initial Quality Improvement (QI) monitoring of schedules for past week to review LPN staffing ratios.  - The Director of Wellness and Scheduler will meet daily to review schedule to ensure ratios and hours meet regulation. Executive Director reeducate wellness team on efforts to improve recruitment and retention of direct care staff and scheduling process including critical shift incentives.  - The Director of Wellness will conduct Quality Improvement (QI) monitoring of the nursing schedule related to LPN staffing ratios 5x week x2, weekly x2, then monthly x2. Further recommendations will be reported to	Completion Date: <b>02/28/2025</b> Status: <b>APPROVED</b> Date: <b>02/06/2025</b>

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P 5530	Continued from page 5	P 5530	Quality Assurance Performance Improvement (QAPI)	

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P 5530	Continued from page 6  Based on a review of nursing staffing hours and staff interview, it was determined that the facility failed to ensure a minimum of one licensed practical nurse (LPN) per 25 residents on the day shift for two of 21 days reviewed.  Findings include:  Review of nursing staff care hours provided by the facility for September 1-7, 2024, November 24-30, 2024, and January 15-25, 2025, revealed the following nurse aides scheduled for the resident census:  Day Shift (requires one LPN per 25 residents):  January 18, 2025, 2.00 LPNs for a census of 53; requires 2.12 LPNs January 19, 2025, 2.00 LPNs for a census of 53; requires 2.12 LPNs  The Director of Nursing was informed of the above findings on January 24, 2025, at 9:23 AM.	P 5530		



# Certified End Page

**JUNIPER VILLAGE AT BROOKLINE-REHABILITATION AND SKILLED CARE**

**STATE LICENSE NUMBER: 281302**

**SURVEY EXIT DATE: 01/22/2025**

**I Certify This Document to be a True and Correct Statement of Deficiencies and Approved Facility Plan of Correction for the Above-Identified Facility Survey**

  
Jeanne Parisi  
Deputy Secretary for Quality Assurance

  
Debra L. Bogen, MD, FAAP  
Secretary of Health



**Pennsylvania  
Department of Health**

THIS IS A CERTIFICATION PAGE

**PLEASE DO NOT DETACH**

THIS PAGE IS NOW PART OF THIS SURVEY