

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to DIAKON LUTHERAN SOCIAL MINISTRIES

LEGAL ENTITY

To operate CUMBERLAND CROSSINGS RETIREMENT COMMUNITY

NAME OF FACILITY OR AGENCY

Located at 1 LONGSDORF WAY, A.B & C WINGS, CARLISLE, PA 17015

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

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 59
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Restrictions: _____

This certificate is granted in accordance with the Public Welfare 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 August 13, 2010 until August 13, 2011,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 317310

Robert E. Robinson

ISSUING OFFICER

Kevin T. Casey

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.

PW 628 - 4/02



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
PO BOX 2675
HARRISBURG, PENNSYLVANIA 17105-2675

ADULT RESIDENTIAL LICENSING

AUG 12 2010

PHONE: (717) 783-3670
FAX: (717) 783-5662

Mr. Richard M. Barger, Executive VP & CFO
Diakon Lutheran Social Ministries
960 Century Drive
Mechanicsburg, Pennsylvania 17055

RE: Cumberland Crossings Retirement Community
1 Longsdorf Way
Carlisle, Pennsylvania 17013

Dear Mr. Barger:

As a result of the Department of Public Welfare's licensing inspection on June 25, 2010 of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.

All violations specified on the enclosed Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Adult Residential Licensing so that compliance can be verified.

A regular license is being issued based on the enclosed Violation Report. Your license is enclosed.

Sincerely,

A handwritten signature in cursive script that reads "Kevin T. Casey".

Kevin T. Casey
Deputy Secretary

Enclosures
License
Violation Report

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME Cumberland Crossings Retirement Community, One Longsdorf Way, A, B and C, Wings, Carlisle, Pennsylvania 17015		CURRENT LICENSE NUMBER 317310		
INSPECTION DATE(S) (Include all dates of the inspection) June 25, 2010		REGIONAL REPRESENTATIVE Michael Palermo, Denny Granahan, Becky Riel		
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Beth Bond, PCH Administrator</i>				
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Beth Bond,</i>		DATE 7/10/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Gloria Erwin</i>	DATE 7/27/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
132a An unannounced fire drill shall be held at least once a month.	The fire drill log notes a drill was held at 5:00 AM on October 20, 2009. The log indicates "0" time to evacuate, "0" residents evacuated and "0" residents already in a fire-safe area. When questioned, the Facility Manager indicated that it was a "silent drill" with no audible alarms and acknowledged that no residents evacuated.	8/1/2010	Preparation and/or execution of this plan does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The Plan of Correction is prepared and or executed solely by provision of federal and state law. <ul style="list-style-type: none"> The Fire drill log for 10/20/2009 cannot be corrected at this time. The Facility Manager will be re-educated regarding the regulatory requirements for conducting fire drills in the facility. Fire drills will be conducted and documented according to regulatory requirements. Facility Manager will report documentation of drills to COI for review and recommendation 	Steps have been taken to correct violation; full compliance is not verifiable Date: 7/27/10 Initials (DPW): BE

JUL 27 2010

Adult Residential Licensing

07/27/2010 08:36 #005 P.002/004

717 240 6017

From: CUMBERLAND CROSSINGS-EXE

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

07/27/2010 08:36 #005 P.003/004

717 240 6017

From: CUMBERLAND CROSSINGS-EXE

NAME AND ADDRESS OF PERSONAL CARE HOME Cumberland Crossings Retirement Community, One Longsdorf Way, A, B and C, Wings, Carlisle, Pennsylvania 17015		CURRENT LICENSE NUMBER 317310	
INSPECTION DATE(S) (Include all dates of the inspection) June 25, 2010		REGIONAL REPRESENTATIVE Michael Palermo, Denny Granahan, Becky Riel	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Beth Bohl, PCIT Admin</i>	DATE 7/27/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Gloria Emick</i>	DATE 7/27/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
141a-2 The medical evaluation shall include the following: (2) Medical diagnosis including physical or mental disabilities of the resident, if any. (7) Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.	<ul style="list-style-type: none"> The medical evaluation dated 2/2/10 for resident # 1 refers to "attached" for the medical history and diagnoses. However, the attached document was not dated and signed by the physician on the day of the medical evaluation. The medical evaluation dated 3/2/10 for resident # 2 refers to "attached" for the medical history, diagnoses and list of medications. However, the attached document was not dated and signed by the physician the day of the medical evaluation. 	8/15/2010	<ul style="list-style-type: none"> A new medical evaluation form will be obtained for residents #1 and 2 An audit of current records will be conducted to determine compliance with regulatory guidelines for the completion of the medical evaluation. Staff will be re-educated regarding regulatory requirements regarding the completion of the medical evaluation. Incomplete evaluation will be returned to the PCP for completion before filing in the resident's record. A monthly audit of the completeness of the medical evaluation will be conducted by the CSM/ designee for compliance. Results of the audit will be submitted to CQI for review and recommendation. 	Steps have been taken to correct violation; full compliance is not verifiable 7/27/10 BE Date Initials (DPW)