



**pennsylvania**  
DEPARTMENT OF PUBLIC WELFARE

OCT 20 2013

Mr. Richard M. Barger, Executive Vice President/CEO  
Diakon Lutheran Social Ministries  
960 Century Drive  
Mechanicsburg, Pennsylvania 17055

RE: Cumberland Crossing Retirement Community  
1 Longsdorf Way, A, B & C Wings  
Carlisle, Pennsylvania 17015

Dear Mr. Barger:

As a result of the Department of Public Welfare's licensing inspection on July 2, 2013, of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License inspection Summary and continued compliance with 55 Pa.Code 2600 must be maintained.

Your regular license for the period July 16, 2013 to July 16, 2014 was issued on March 29, 2013. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink, appearing to read "Ronald Melusky".

Ronald Melusky  
Director

Enclosure  
License Inspection Summary



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.

Cumberland Crossings  
Beth Ann  
8/26/13

Violation Report: 31731 - 07/02/2013 - Hoover, Douglas  
 PCH Name: CUMBERLAND CROSSINGS RETIREMENT COMMUNITY

1. REGULATION 55 Pa.Code §2600

2600.52 - Hiring, retention and utilization of staff persons shall be in accordance with the Older Adult Protective Services Act (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (relating to protective services for older adults) and other applicable regulations.

2a. DESCRIPTION OF VIOLATION

The criminal background check, dated 9/17/12, for direct care staff member A, hired 9/18/12, listed "Felony Theft by unlawful Taking" which is a prohibitive offense under the Older Adults Protective Services Act.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

*Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.*

Please see attachment

Page 2A of 7 - 82

Repeat Violation: No	Date(s) of Previous Violation(s):			
----------------------	-----------------------------------	--	--	--

Signature of Legal Entity Representative  
 (Required on EVERY Page) Beth Bond

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) Beth Bond DBS Date 8/26/13

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 10/3/13  
 (Date)

The above plan of correction was approved by lwr  
 (Initials)

Plan of correction implementation: status as of 10/3/13  
 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

2600.52

je

- Criminal background checks will be completed in accordance with the Older Adult Protective Services Act (OAPSA). Results will be reviewed. If a criminal background check is received and it states "disposition under review" or disposition unreported", the employee will be hired provisionally and will not provide unsupervised care or the employee will be placed out of work until the results of the criminal background check are received from the State Police specifying "no OAPSA prohibited offense are present".
  - 8/16/13, Human Resource Manager /Designee
- Human resources department will communicate with hiring manager if background check results state "disposition under review or disposition unreported."
  - 8/16/13, Human Resources/ designee, Hiring Manager/designee
- Hiring documentation will be completed by the hiring manager with a notation that the criminal background check states "disposition under review" or disposition unreported", the employee will be hired provisionally and will not provide unsupervised care or the employee will be placed out of work until the results of the criminal background check are received.
  - 8/16/13, Clinical Service Manager
  - PCH/designee will randomly audit employee files to ensure that proper documentation related to regulation 2600.52 is present. Any identified issues will be corrected as appropriate.
  - Results of audit will be submitted monthly to the QAPI for review and recommendation.

Staff Person A has been terminated. -232

260052  
Beth Bird Cumberland  
Crossings  
8/26/13

Violation Report: 31731 - 07/02/2013 - Hoover, Douglas  
 PCH Name: CUMBERLAND CROSSINGS RETIREMENT COMMUNITY

**1. REGULATION 55 Pa.Code §2600**

2600.54(a) - Direct care staff persons shall have the following qualifications:

- (1) Be 18 years of age or older, except as permitted in § 2600.54(b).
- (2) Have a high school diploma, GED diploma, or active registry status on the Pennsylvania nurse aide registry.
- (3) Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

**2a. DESCRIPTION OF VIOLATION**

Direct care staff person A does not have a high school diploma. There was a copy of a diploma from "East Valley Central High School" but the existence of the school could not be verified.

**3. PLAN OF CORRECTION (POC)** (Attach pages as necessary. Remember that you must sign and date any attached pages.)

*Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.*

Please see attachment  
 Page 3A of 7 - 22

Repeat Violation: No	Date(s) of Previous Violation(s):			
----------------------	-----------------------------------	--	--	--

Signature of Legal Entity Representative  
 (Required on EVERY Page) Beth Bond DRS

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) Beth Bond DRS Date 8/26/13

**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of 10/3/13  
 (Date)

The above plan of correction was approved by lav  
 (Initials)

Plan of correction implementation status as of 10/3/13  
 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

2600.54 (a)

- Direct care staff person A was unable to provide legitimate high school diploma, GED. Direct staff person A was suspended from 7/2-7/7/13. After which resulting in termination. ge
  - 7/8/13, Director of Residential Services, Human Resources
  
- To ensure regulation compliance for 2600.54 (a) prior to the first day of employment a candidate will provide proof of a high school diploma GED diploma or active registry status on Pennsylvania nurse aide registry. The documentation will be reviewed for completeness and authenticity in accordance with 55Pa code.
  - 8/16/13 Clinical Service Manager/designee, Human Resource Manager/designee will randomly audit employee files to ensure that the proper documentation related to 2600.54 (a) is present. Any issues identified will be corrected as appropriate.
  - Results of the audits will be submitted to the QAPI committee for review and recommendation.

2600.54a  
Cumberland Crossings  
Beth Bond  
8/26/13

Violation Report: 31731 - 07/02/2013 - Hoover, Douglas  
 PCH Name: CUMBERLAND CROSSINGS RETIREMENT COMMUNITY

**1. REGULATION 55 Pa.Code §2600**

2600.65(a) - Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

- (1) Evacuation procedures.
- (2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
- (3) The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
- (4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
- (5) The location and use of fire extinguishers.
- (6) Smoke detectors and fire alarms.
- (7) Telephone use and notification of emergency services.

**2a. DESCRIPTION OF VIOLATION**

Direct care staff member B's first work day was on 1/13/13 however, the orientation in general fire safety and emergency preparedness was not completed until 1/17/13.

**3. PLAN OF CORRECTION (POC)** (Attach pages as necessary. Remember that you must sign and date any attached pages.)

*Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.*

Please see attachment

Page 4A of 7 - & E

Repeat Violation: No	Date(s) of Previous Violation(s):		
----------------------	-----------------------------------	--	--

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Beth Bond DRS*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Beth Bond DRS</i>	Date <i>8/26/13</i>
--------------------------------------------------------------------------------------------------------	------------------------

**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of <u>10/3/13</u> (Date)	Plan of correction implementation status as of <u>10/3/13</u> (Date)
The above plan of correction was approved by <u><i>GB</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Page 4A of 7

JZ

2600.65 (a)

- Effective 7/10/13 regulation 65 (a) will take place prior to or during the first work day. See attachment On-The-Spot-Inservice
  - 8/16/13 Hiring Manager, /designee will randomly audit employee files to ensure that the proper documentation related to regulation 2600.65 (a) is present. Any issues identified will be corrected as appropriate.
  - Results of audits will be submitted to the QAPI committee for review and recommendation.

2600.65(a)  
Cumberland Crossings  
Bethesda  
8/26/13

Violation Report: 31731 - 07/02/2013 - Hoover, Douglas  
 PCH Name: CUMBERLAND CROSSINGS RETIREMENT COMMUNITY

1. REGULATION 55 Pa.Code §2600  
 2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION  
 Resident #1's *Acetaminophen, 325 mg.*, was discontinued on 2/20/13 however, there were 60 tabs remaining in the medication cart.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Please see attachment  
 Page 5A of 7. - BE

Repeat Violation: No	Date(s) of Previous Violation(s):			
----------------------	-----------------------------------	--	--	--

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Beth Bond DRS*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Beth Bond DRS</i>	Date <i>8/26/13</i>
--------------------------------------------------------------------------------------------------------	------------------------

**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of 10/3/13  
 (Date)

The above plan of correction was approved by *GR*  
 (Initials)

Plan of correction implementation status as of 10/3/13  
 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

2600.183(d)

- Resident #1 Acetaminophen 325 mg was removed from medication cart and disposed of properly. je
  - 7/2/13 LPN
- Staff will be re-educated relating to regulatory requirements for 2600.183 (d) regarding discontinued medications.
  - 8/30/13, Clinical Service Manager, Director of Residential Services/ Designee
- Daily medication cart checks will be conducted for out dated prn and alternative medications. See attachment Night shift check off duties list.
  - Daily unless otherwise noted, Direct Care Staff
- Audits will be conducted monthly to determine compliance with regulating guidelines for discontinued medications in medication cart. Any identified issues will be corrected as appropriate. See attachment Audit For Per Diem Medications.
  - 11/13, Clinical Service Manager, Director of Residential Services/ designee
- Results of audit will be submitted monthly to QAPI for review and recommendation.

2600.183(d)  
Cumberland Crossings  
Beth Brml  
8/26/13

Violation Report: 31731 - 07/02/2013 - Hoover, Douglas  
 PCH Name: CUMBERLAND CROSSINGS RETIREMENT COMMUNITY

1. REGULATION 55 Pa.Code §2600

2600.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- (1) The resident's name.
- (2) The name of the medication.
- (3) The date the prescription was issued.
- (4) The prescribed dosage and instructions for administration.
- (5) The name and title of the prescriber.

2a. DESCRIPTION OF VIOLATION

There were 4 bottles of medication for resident #2 that had badly faded pharmacy labels that were nearly or completely illegible as follows:

- Synthroid, 0.075 mg.* - the date, dosage and the name of the prescriber could not be determined;
- Simvastin* - the date, dosage and the name of the prescriber could not be determined;
- Metoprolol Tartrate, 25 mg. tabs* - the dose could not be determined and;
- One bottle of brown pills - the name of the medication, date, dosage and the name of the prescriber could not be determined.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

*Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.*

Please see attachment  
 Page 6A of 7. - 22

Repeat Violation: No	Date(s) of Previous Violation(s):			
----------------------	-----------------------------------	--	--	--

Signature of Legal Entity Representative  
 (Required on EVERY Page) Beth Bond DRS

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) Beth Bond, DRS Date 8/26/13

**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of 10/3/13  
 (Date)

The above plan of correction was approved by IAU  
 (Initials)

Plan of correction implementation status as of 10/3/13  
 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

2600.184 (a)

- The VA pharmacy was notified on 7/3/13 unable to provide new labels at current time. A color coded system was implemented which indentified label and bottle to correct medications. Three bottles have been refilled since 7/2/13. Simvastin continues to have color coded system until 8/24/13 when refill will begin. ZE
  - 8/24/13, Direct Care Staff
- Staff will be re-educated regarding the regulation requirements pertaining to regulation 154 (a) and legible labels.
  - 8/30/13, Clinical Service Manager/ designee
- Medications labels from VA pharmacy will be covered with wide clear tape upon arriving to community. The clear tape will prevent smearing of ink.
  - 7/8/13, LPN receiving medication, Clinical Service Manager/designee
- A "legible label" section has been added to the Night Shift check off duties list. See attachment Night shift check off duties list.
  - 8/30/13, LPN, Clinical Service Manager or designee
- Every two weeks audits will be conducted for legible labels present for all medications. Any issues identified will be corrected as appropriate. See attachment Every 2 week audit on random medication labels.
  - 8/30/13, Clinical Service Manager or designee
- Results of the audit will be submitted to monthly QAPI for review and recommendation.
  - Clinical Service Manger, Director of Residential Services/ designee

2600.184 (a)  
Cumberland Crossings  
Beth Bml  
8/26/13

Violation Report: 31731 - 07/02/2013 - Hoover, Douglas  
 PCH Name: CUMBERLAND CROSSINGS RETIREMENT COMMUNITY

**1. REGULATION 55 Pa.Code §2600**

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

**2a. DESCRIPTION OF VIOLATION**

The July 2012 Medication Administration Record (MAR) for resident #3 did not have the purpose or diagnosis for *Lipitor, Furosemide, Lisinopril* and *Melatonin*.

**3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)**

*Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.*

Please see attachment

Page 7 A of 7 - 82

Repeat Violation: No	Date(s) of Previous Violation(s):			
----------------------	-----------------------------------	--	--	--

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Beth Bond, DRS*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Beth Bond, DRS* Date *8/26/13*

**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of 10/3/13  
 (Date)

The above plan of correction was approved by *LA*  
 (Initials)

Plan of correction implementation status as of 10/3/13  
 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

2600.187 (a)

GE

- Diagnoses for resident #3 of July 2013 were added to the Medication Administration Record.
  - 7/13, direct care LPN
- Re-educate nursing in the importance of diagnosis present on MAR and to notify physician for diagnosis of medication if not included.
  - 8/30/13, LPN or designee
- Facsimile sheet to include section "RESPONSE: Please include diagnoses for medication/treatment/Lab Test/X-ray". See attachment Diakon Fax Sheet
  - 8/2/13, Clinical Service Manager, Director of Residential Services
- Monitor medication administration record when reconciling medication from current month to next calendar month.
  - 8/30/13, LPN, Clinical Service Manager/ designee
- Audit Medication Administration Record for purpose or diagnosis monthly and report to monthly QAPI for review and recommendation. See attachment Audit For Diagnosis Present For All Medications
  - Clinical Service Manager, Director of Residential Services/ designee

2600.187(a)  
Cumberland Crossings  
Beth Kroll  
8/24/13