

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to CRANBERRY PLACE
LEGAL ENTITY

To operate CUMBERLAND CROSSING MANOR
NAME OF FACILITY OR AGENCY

Located at 9150 BABCOCK BOULEVARD, PITTSBURGH, PA 15237
(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 Assisted Living
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 115
(MAXIMUM CAPACITY)
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

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 2800: Assisted Living Residences
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from June 30, 2014 until June 30, 2015,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 446160

Robert E. Robinson
ISSUING OFFICER

Mark J. [Signature]
ACTING DIRECTOR

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.



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

JUN 30 2014

Ms. Deborah Brodine, CEO
Cranberry Place
9350 Babcock Boulevard
Pittsburgh, Pennsylvania 15237

RE: Cumberland Crossing Manor

Dear Ms. Brodine:

As a result of the Department of Public Welfare's (Department) licensing inspection on April 30, 2014 of the above facility, we have found that your facility is in substantial compliance with the regulations, set forth in 55 Pa.Code Ch. 2800 (relating to Assisted Living Residences), that can be adequately assessed at this time. The licensing inspector was unable to complete a full inspection because this is a new legal entity operating the home.

During the inspection, violations on the enclosed License Inspection Summary were found. All violations specified on the License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2800 must be maintained.

Your NEW license is enclosed.

Sincerely,

Matthew J. Jones
Director

Enclosure(s)
License
License Inspection Summary

LICENSING INSPECTION SUMMARY
Assisted Living Residences - 55 Pa.Code § 2800

Name of Residence: Cumberland Crossing Manor

Address: 9350 Babcock Blvd. Pittsburgh, Pa. 15237

License Number: 445671

Type of Inspection: Full

Reason(s) for Inspection: Renewal, Complaint

Notice: Unannounced

On-site Inspection Dates and Department Representatives On-site:
4/30/14 – Israel Springs, Douglas Hoover

Off-site Inspection Dates and Department Representatives, if Applicable:

LIS - [Cumberland Crossing] - [4/30/14] - [Israel Springs]

Regulation

§ 2800.103(g) Food shall be stored in closed or sealed containers..

Violation

In the kitchen pantry there was a 25 lbs. bag of brown rice located on the bottom shelf open, unsealed, and undated.

Plan of Correction

Cooking staff were inserviced by administrator on May 1, 2014 and May 2, 2014, on the importance of keeping all food in covered containers.

Opened food containers are stored in covered containers. The cook who open the packages are responsible for re-packaging the product.

The dietary manager and cooks monitor the dry goods storage area once on the daylight shift and once on the evening shift. This is documented twice a day for one month, then one time daily for one month, then weekly thereafter.

We are also randomly checking and making corrections as needed immediately upon noting them.

See attachment 'A'

Printed Name and Title of Legal Entity Representative (Required on all pages)		Cheryl Fester, Administrator	
Signature of Legal Entity Representative (Required on all pages)		Date	
<i>Cheryl Fester</i>		June 6, 2014	
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!			
The above plan of correction is approved as of <u>6/16/14</u> (Date)	Plan of correction implementation status as of <u>6/16/14</u> (Date)		
The above plan of correction was approved by <u>NSC</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		

LIS - [Cumberland Crossing] - [4/30/14] - [Israel Springs]

Regulation § 2800.133(1) - Signs bearing the word "EXIT" in plain legible letters shall be placed at all exits.
Violation Two of the 4 doors in the dining room were not marked with an exit sign.
Plan of Correction <p style="text-align: center;">On May 13, 2014, two exit signs were installed above the dining room doors leading to the outside.</p> <p>See attachment 'B'</p>

Printed Name and Title of Legal Entity Representative (Required on all pages) Cheryl Fester, Administrator	
Signature of Legal Entity Representative (Required on all pages) <i>Cheryl Fester</i>	Date <i>6-6-14</i>
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of <u><i>6/16/14</i></u> <small>(Date)</small>	Plan of correction implementation status as of <u><i>6/16/14</i></u> <small>(Date)</small>
The above plan of correction was approved by <u><i>Nsc</i></u> <small>(Initials)</small>	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

LIS – [Cumberland Crossing] – [4/30/14] – [Israel Springs]

Regulation
 § 2800.184(b) - If the OTC medications and CAM belong to the resident, they must be identified with the resident's name.

Violation
 A bottle of 325 mg aspirin for Resident #5 did not have a label, or the resident's name on the container.

Plan of Correction

Upon receipt of CAM and OTC medications, the nurse or med-tech receiving the medication places a label on the container of medication. The label includes all regulatory required information and will be kept in the med-rooms and med-carts for easy access.

On May 9, 2014, nurses and med-techs were educated by Director of Resident Care, on the importance of labeling medications.

Medication carts are audited daily for one week, twice weekly for 2 weeks and weekly thereafter, with corrections being made as needed.

See attachment C, D, E, F, G, H

Printed Name and Title of Legal Entity Representative (Required on all pages) Cheryl Fester, Administrator

Signature of Legal Entity Representative (Required on all pages) *Cheryl Fester* Date 6-6-14

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

The above plan of correction is approved as of <u>6/16/14</u> (Date)	Plan of correction implementation status as of <u>6/16/14</u> (Date)
The above plan of correction was approved by <u>NSC</u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented – Adequate Progress <input type="checkbox"/> Partially Implemented – Inadequate Progress <input type="checkbox"/> Not Implemented

LIS – [Cumberland Crossing] – [4/30/14] – [Israel Springs]

Regulation

§ 2800.187(a) - A medication record shall be kept to include the resident's name, drug allergies, name of medication, strength, dosage form, dose, route of administration, frequency of administration, administration times, duration of therapy, if applicable, special precautions, if applicable, diagnosis or purpose for the medication, including pro re nata (PRN), date and time of medication administration, and name and initials of the staff person administering the medication.

Violation

- 1) The MAR for Resident #4 was not initialed for the Albuterol 0.83 mg for the 2:00 pm dose on 4/19/14.
- 2) The MAR for Resident #4 was not initialed for the Bactrim DS 800 mg, 160 mg tabs 2 times daily for 10 days at 9:00 pm on 4/13/14.

Plan of Correction

A reconciliation of the medication administration records, (MAR), at the change of shift are done to ensure all medications are initialed and accounted for. If a medication cannot be accounted for, the Director of Resident Care is notified and an investigation begins.

Nurses and med-techs were educated by Director of Resident Care, on May 9, 2014, on the regulation 2800.287A.

The Director of Resident Care audits six random MARs twice weekly for one month, weekly for 3 months and monthly thereafter. Investigations occur as needed.

See attachment I, J, K, L, M, N

Printed Name and Title of Legal Entity Representative (Required on all pages) Cheryl Fester, Administrator	
Signature of Legal Entity Representative (Required on all pages) <i>Cheryl Fester</i>	Date 6-6-14
DEPARTMENT USE ONLY – HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of <u>6/16/14</u> (Date)	Plan of correction implementation status as of <u>6/16/14</u> (Date)
The above plan of correction was approved by <u>NSC</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

LIS - [Cumberland Crossing] - [4/30/14] - [Israel Springs]

Regulation
 § 2800.252 - Each resident's record must include:
 (18) An inventory of the resident's personal property as voluntarily declared by the resident upon admission and voluntarily updated.

Violation
 The list of belongings was missing from the resident records for Resident #1, and Resident #2.

Plan of Correction

At the time of the contract signing, the responsible party is instructed to submit the list of belongings form upon move-in. An explanation of why the form is necessary is given at that time.

New admission charts are being audited for the completed personal belongings form within a week of each new admission. If the document is missing, the responsible party is made aware via a phone call. They are asked that the personal belongings inventory form is returned completed, within a week of the call, before given a 30-day discharge notice for a violation of a regulation.

See Attachment '0'

Printed Name and Title of Legal Entity Representative (Required on all pages) Cheryl Fester, Administrator

Signature of Legal Entity Representative (Required on all pages) Cheryl Fester Date 6-6-14

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

The above plan of correction is approved as of 6/16/14
 (Date)

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

Plan of correction implementation status as of 6/16/14
 (Date)

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