



**pennsylvania**  
DEPARTMENT OF PUBLIC WELFARE

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**MAILING DATE: September 4, 2014**

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

RE: Cumberland Crossing Manor  
9150 Babcock Boulevard  
Pittsburgh, Pennsylvania 15237  
# 446160

Dear Ms. Brodine:

As a result of the Department of Public Welfare's licensing inspection on July 16, 2014 of the above facility, the violations with 55 Pa.Code Ch. 2800 (relating to Assisted Living Residences) 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 Ch. 2800 must be maintained.

Sincerely,

A handwritten signature in cursive script that reads "Gloria Emick".

Gloria Emick  
Regional Licensing Administrator

Enclosure  
Licensing Inspection Summary

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

**Name of Residence:** Cumberland Crossing Manor

**Address:** 9150 Babcock Boulevard, Pittsburgh, Pennsylvania 15237

**License Number:** 446160

**Type of Inspection:** Partial

**Reason(s) for Inspection:** Complaint

**Notice:** Unannounced

**On-site Inspection Dates and Department Representatives On-site:**

7/16/14 – Israel Springs

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

**RECEIVED**

AUG 25 2014

CENTRAL REGION FIELD OFFICE  
Human Services Licensing

LIS - [Cumberland Crossing Manor] - [7/16/14] - [Israel Springs]

Regulation: § 2800.16(a)(1) The death of a resident is a reportable incident.

Violation: Resident #1 passed away unexpectedly on 4/23/2014. The home did not forward a copy of the death certificate to the Department.

Plan of Correction:

An investigation took place and the following plan of correction has been instituted:

When a person ceases to breath, an initial report is faxed to the Department of Public Welfare stating "death certificate to follow". The family is contacted to obtain the funeral home information and the funeral home is contacted to obtain a faxed copy of the death certificate. The death certificate is given to the nurse in charge whose responsibility it is to fax it to the DPW as a final report. This information will be noted on the 24 hour report which will be reviewed by the DRC/designee on the next business day to confirm completion and compliance.

Enclosed is the sign in sheet.

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

8-20-14

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

The above plan of correction is approved as of 9-4-14  
(Date)

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

Plan of correction implementation status as of 9-4-14 :  
(Date)

Fully Implemented

Partially Implemented - Adequate Progress

Partially Implemented - Inadequate Progress

Not Implemented

LIS – [Cumberland Crossing Manor] – [7/16/14] – [Israel Springs]

**Regulation:** § 2800.16(d) The residence shall submit a final report, on a form prescribed by the Department, to the Department's assisted living residence office immediately following the conclusion of the investigation.

**Violation:** Resident #1 passed away unexpectedly on 4/23/2014. The home did not forward a copy of the completed final Reportable Incidents and Conditions Report to the Department.

**Plan of Correction**

When a death certificate is received by the facility a final report will be sent to the Department of Public Welfare, indicating that it is the final report. The charge nurse receiving the death certificate will complete a final reportable form and fax it to the DPW. The procedure was implemented August 19, 2014 and the charge nurses were in-serviced on that day. Attached is the Record of Training. The final report will be documented on the twenty four hour report and its completion will be reviewed by the Director of Resident Care/designee on the next business day. The Director of Resident Care and the Administrator will also be given copies of the report, death certificate and fax confirmation sheet to ensure follow up.

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 8-25-14

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

The above plan of correction is approved as of 9-4-14  
(Date)

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

Plan of correction implementation status as of 9-4-14 :  
(Date)

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