



pennsylvania
DEPARTMENT OF HUMAN SERVICES

SEP 2 5 2015

Mr. Jim Roberts, Director
C.R.O.S.S., Inc.
712 Pinola Road
Shippensburg, Pennsylvania 17257

RE: Cumberland Vista
1073 York Road
Dillsburg, Pennsylvania 17019
License #: 310280

Dear Mr. Roberts:

As a result of the Department of Human Services' licensing inspection on May 18, 2015 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 Ch. 2600 must be maintained.

Your regular license for the period April 22, 2015 to April 22, 2016 was issued on January 21, 2015. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink that reads "Matthew Jones".

Matthew J. Jones
Director

311

Enclosure
License Inspection Summary

Violation Report: 31028 - 05/18/2015 - Rouse, McKinley
 PCH Name: CUMBERLAND VISTA

1. REGULATION 55 Pa.Code §2600
 2600.20(b)(8) - The home shall give the resident and the resident's designated person, an itemized account of financial transactions made on the resident's behalf on a quarterly basis.

2a. DESCRIPTION OF VIOLATION
 Resident #1 has not received a quarterly account of financial transactions since December of 2014.

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.

See Attachments (Page 2A)

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Juan O. Flamen*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Juan Flowers, Administrator</i>	Date <i>8-5-15</i>
--	--------------------

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

The above plan of correction is approved as of <u>8/11/15</u> (Date)	Plan of correction implementation status as of <u>8/11/15</u> (Date)
The above plan of correction was approved by <u>BAS</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

Cumberland Vista POC-31028

1.2600.20(b)(8) The home shall give the resident and the resident's designated person, an itemized account of financial transactions made on the resident's behalf on a quarterly basis.

2a. Description of Violation-Resident #1 has not received a quarterly account of financial transactions since December of 2014

1. Plan of Correction

A quarterly report was completed on 5/25/2015. It was reviewed on 5/25/2015 with resident #1. Report was sent out to designated family member. See attached copies of report and letter.

All of the room and board payments for the residents are sent directly to the facility's main office in Shippensburg. Upon completion of the quarter, I request quarterly figures from the Director of Cross. Upon receiving those figures, I complete the report, review it with the resident and send a copy of the report to the designated person. I have requested that our main office automatically send those figures at the end of the quarter. Due to the small size of our organization and the responsibilities of my position, there is a tendency to forget to request those figures if other more pressing issues come up that require my attention. Automatically receiving them will serve as a reminder to complete the process.

Susan A. Flowers
Susan. Flowers, Administrator
8-5-15

Violation Report: 31028 - 05/18/2015 - Rouse, McKinley
 PCH Name: CUMBERLAND VISTA

1. REGULATION 55 Pa.Code §2600

2600.132(h) - Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

2a. DESCRIPTION OF VIOLATION

Resident #2 refused to evacuate for the fire drills conducted on the following dates and times:

- *07/30/2014, at 11:00PM
- *08/25/2014, at 11:00PM
- *09/30/2014, at 11:00PM
- *04/22/2015, at 12:30AM
- *04/27/2015, at 10:30PM

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.

See Attachment,

(Page 3A)

Repeat Violation: Yes	Date(s) of Previous Violation(s):	04/14/2014
-----------------------	-----------------------------------	------------

Signature of Legal Entity Representative
 (Required on EVERY Page) *Susan A. Flowers*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Susan A. Flowers, Administrator</i>	Date <i>8-5-15</i>
--	--------------------

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

The above plan of correction is approved as of <u>8/11/15</u> (Date)	Plan of correction implementation status as of <u>8/11/15</u> (Date)
The above plan of correction was approved by <u>BAS</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

Cumberland Vista-POC-31208

Resident #2 Refused to participate in a night time drill. This had been a problem periodically in the past with this individual and night drills only. He has always cooperated for day drills. As a result of last year's inspection, a plan of correction was developed as a result of this individual's refusals. Part of the plan of correction involved was repeating the night drills once monthly to educate and stay on top any problems that develop. On 4/30/14 resident #2 participated in a night drill and then again on 5/16/2014 and 6/15/14. On 7/30/14, and 8/25/14, resident #2 refused to exit the home during a night drill. The team again was notified. Resident #2 had already been placed on a prioritization of urgency of need for services through the county base service unit. This is placing him in priority for an alternate placement in a group home setting.(see attached PUNS). The Monroe township fire department was also informed when they performed a walk through and a fire drill and training for staff and residents in September of 2014. On 10/30/2014, resident #2 participated in a night drill. The cooperation with this night drill kept the Facility in compliance with fire safety. The night drills were discontinued throughout the winter months, but resident #2 continued to cooperate for day drills. In April when the next day drill was due, resident #2 refused to exit facility after repeated attempts. He refused again on 5/30/15. A referral had been made for behavior and communication consulting in 2014. Because resident #2 is nonverbal, the team felt that resident#2 would benefit from these services. Possibly building on his existing communication skills would help resident#2 communicate why he was refusing to exit the house at night. (see attached communication progress note written in 12/14) In 2015, a new referral was made for behavior consulting). After assessing the problem, the consultant developed some initial recommendations for staff in the facility to try. Staff were trained on the initial recommendations.(See Attached) Also the consultant spent some time with resident #2 at his day program providing some fire safety education.(See attached). On 6/25/15, resident #2's behavior consulting units were exhausted and replenished on 7/1/15 at the beginning of the new fiscal year. The behavior consultant spent some more time at resident #2's adult day care and will be coming tonight to the facility to observe a night drill. The administrator is also certified to teach fire safety. A training program developed by SEEDS Education Services for individuals with Intellectual disabilities has been purchased and will be implemented in the facility in steps over the next couple of months. It should be noted that resident

#2's bedroom is located about 6 feet from the facility's main door and there is a window in his room at ground level. Resident #2 meets all other criteria to remain in the facility and fits in well. Due to wanting the best fit for a group home setting, the team will continue to wait for an opening but in the meantime continue active education in the area of communication and fire safety.

Susan A. Flowers
Susan A. Flowers, Administrator
8-5-15

Violation Report: 31028 - 05/18/2015 - Rouse, McKinley
 PCH Name: CUMBERLAND VISTA

1. REGULATION 55 Pa.Code §2600
 2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION
 Resident #1's prescribed Proctofoam HC was not in the home and available for the resident's use on 05/18/2015.

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.

See Attachments
(Page 4A)

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Susan A. Flowers*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Susan A. Flowers, Administrator</i>	Date <i>8-5-15</i>
--	--------------------

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

The above plan of correction is approved as of <u>8/11/15</u> (Date)	Plan of correction implementation status as of <u>8/11/15</u> (Date)
The above plan of correction was approved by <u>BWS</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

Cumberland Vista-POC-31208

Resident #1's prescribed Proctofoam HC was not in the home and available for the resident's use on 5/18/2015.

The Proctofoam was prescribed in February of 2014 as a PRN. It was a topical that was administered on a PRN basis in February of 2014. Resident #1's hemorrhoid outbreak was resolved and another medication was prescribed to assist in preventing another outbreak. The medication remained in the house and listed on the MAR for a year, but had not been needed since that initial outbreak. In March of 2015 the medication was returned to the pharmacy with a discontinuation notice. The pharmacy did not remove it from the MAR. The medication was crossed out and documented as discontinued. In May it was overlooked, even though the MAR was reviewed. A stop notice was given to the resident #1 at his follow up with his PCP on 8-5-15. This notice was faxed to the pharmacy on 8-5-2015.

Monthly Medication records will be reviewed upon receipt and any changes needed will be faxed to the pharmacy.

Susan A Flowers
Susan A Flowers,
8-5-15 Administrator

Violation Report: 31028 - 05/18/2015 - Rouse, McKinley
 PCH Name: CUMBERLAND VISTA

1. REGULATION 55 Pa.Code §2600
 2600.227(g) - Individuals who participate in the development of the support plan shall sign and date the support plan.

2a. DESCRIPTION OF VIOLATION
 Resident #3 participated in the development of the support plan dated 01/23/2015. The resident did not sign the support plan and there was no documentation that the resident was unable or refused to sign.

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.

See Attachments
(Page 5A)

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Susan A. Flinn*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Susan A. Flinn</i>	Date <i>8-5-15</i>
---	--------------------

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

The above plan of correction is approved as of <u>8/11/15</u> (Date)	Plan of correction implementation status as of <u>8/11/15</u> (Date)
The above plan of correction was approved by <u>BAS</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

Cumberland Vista POC -31028

Resident #3 took part in the development of his support plan on 1/23/2015. Upon completion of the support plan, resident #3 was at work. The plan was placed in his active file without the signature. There were 3 more attempts to obtain his signature and each time resident #3 was not available to sign. Signature was obtained and shown to the licensing representative the day of the inspection.

Because of the population of individuals that reside at Cumberland vista, they remain active. All residents are either competitively employed, attend day programs, or volunteer, involved in county base service unit funded activities such as life fit and habilitation. They also participate in Special Olympics, therapeutic horseback riding as well as church activities and strong family and friend involvement. We believe this active life style is critical for our individuals' continued growth , but because of this activity it makes it difficult to catch up with them at times. From this point forward any unsigned document will remain in a folder with a checklist of what is needed, attached to the front of the folder. Completed documents will be checked off and placed in the resident's active file.