



pennsylvania
DEPARTMENT OF HUMAN SERVICES

AUG 1 0 2015

Ms. Cheryl Fester, Administrator
Cranberry Place
Attn: Dan Grant, COO
9350 Babcock Boulevard
Pittsburgh, Pennsylvania 15237

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

Dear Ms. Fester:

As a result of the Department of Human Services' licensing inspection on May 19, 2015 and May 20, 2015 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.

Your regular license for the period June 30, 2015 to June 30, 2016 was issued on April 6, 2015. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink, appearing to read "Matthew J. Jones".

Matthew J. Jones
Director

Enclosure
License 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: Full
Reason(s) for Inspection: Renewal
Notice: Unannounced
On-site Inspection Dates and Department Representatives On-Site: 5/19/2015 and 5/20/2015 – Dale Rosenblat
Off-Site Inspection Dates and Inspectors, if Applicable:

RECEIVED

JUL 08 2015

CENTRAL REGION FIELD OFFICE
Human Resources Licensing

Regulation
 § 2800.100. Exterior conditions.
 (a) The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

Violation
 Outside of the North exit door, the concrete patio area transitions to the sidewalk by the use of brick pavers. The pavers have settled in areas which has created a 2"-3" difference in grade. Also the pavers are uneven in areas which present a tripping hazard for residents.

Plan of Correction

100a-exterior free of hazards

On 5/21/15, orange cones were placed along the uneven bricks as a visual reminder that they were uneven. 5/21/15, Gumpher Inc. submitted a quote to repair and replace the concrete pad located outside the NW exit of the building. The bricks will be replaced by a concrete pad adjacent to, and to grade, of the sidewalk. A Purchase Order Inquiry was issued 6/17/15. Work to be started 7/20/15. Attached are the quote (Attachment A) and PO Inquiry (Attachment B).

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 July 6, 2015
 Cheryl Fester

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

The above plan of correction is approved as of <u>8/4/15</u> (Date)	Plan of correction implementation status as of <u>8/4/15</u> : (Date)
The above plan of correction was approved by <u>CF</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

Regulation

§ 2800.183. Storage and disposal of medications and medical supplies

(e) Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Violation

There were three loose pills in the Medication Cart "200" in the 3 pm-11 pm drawer.

- 1 round white pill
- 1 round yellow pill
- 1 white oblong pill

Plan of Correction

183e-storage of meds

To avoid blister packs from inadvertently becoming opened from crowding within the medication cart, multiple/consecutive blister packs for individual residents will be removed and stored in the locked medication room until needed. Medication carts are checked by the nurse/med-passer at the end of each shift, ensuring there are no loose medications in the drawers. (Attachment C). Med-passers and nurses were made aware of this new process 5/26/15.

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

July 6, 2015

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(Initials)

Fully Implemented

Partially Implemented - Adequate Progress

Partially Implemented - Inadequate Progress

Not Implemented

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

Violation
 Resident #1 has a prescription for Vitamin D3 1000 mg, take 1 capsule daily. The container was not labeled with the resident's name. *Repeat Violation-4/30/2014*

Plan of Correction

184b-labeling of medications

Over the counter medications brought in by the families are given to the charge nurse who labels them, with resident name and room number, and places them in the appropriate cart. A letter was sent to families 5/26/15 informing them of this procedure. Nurses and med-passers were made aware of this procedure 5/26/15. Audits will be conducted daily by nurses and med-passers and monitored weekly by the Director of Resident Care. Results will be communicated to nurses/med-passers and administrator. (Attachments 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) Date
Cheryl Fester *July 6, 2015*

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<p>Regulation § 2800.185. Accountability of medication and controlled substances a) The residence shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.</p>
<p>Violation Resident #2 has a prescription for Bisacodyl 5 mg that is listed on the Medication Administration Record (MAR). On 5/20/2015, the medication was not available in the medication cart (North Cart). Procedures were not implemented to ensure that the resident would receive the medication, if requested.</p>
<p>Plan of Correction</p> <p style="margin-top: 20px;">185a-medication on MAR, not facility</p> <p>When the resident in question moved in to Cumberland Crossing on 4/30/15 from another facility and the medication reconciliation was being performed, the nurse listed Bisocodyl on the medication list since it was prescribed for the resident at the referring facility. The resident informed the nurse that she never used the Bisocodyl and won't use it. The current physician did not order Bisocodyl, however, it was erroneously transcribed to the MAR and was identified during monthly MAR review and removed on 5/21/15. The correct process for medication reconciliation was reviewed with nurses and med-passers on 5/26/15. Audits will be conducted daily and monitored weekly by the DRC. Results will be communicated to nurses/med-passers. This process was explained to nurses and med-passers 5/26/15. (Attachments I, J, K)</p>

Printed Name and Title of Legal Entity Representative (Required on all pages) <i>Cheryl Fester, Administrator</i>	
Signature of Legal Entity Representative (Required on all pages) <i>Cheryl Fester</i>	Date <i>July 6, 2015</i>
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