



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

AUG 12 2015

Mr. Scott D. Habecker, Executive Vice President-COO/CFO  
Diakon Lutheran Social Ministries  
1 Longsdorf Way  
Carlisle, Pennsylvania 17015

RE: Cumberland Crossings Retirement Community  
License #: 317310

Dear Mr. Habecker:

As a result of the Department of Human Services' licensing inspection on July 1, 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 July 16, 2015 to July 16, 2016 was issued on May 5, 2015. Your regular license remains in good standing.

Sincerely,

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

Matthew J. Jones  
Director

Enclosure  
License Inspection Summary



Violation Report: 31731 - 07/01/2015 - Springs, Israel  
 PCH Name: CUMBERLAND CROSSINGS RETIREMENT COMMUNITY

**1. REGULATION 55 Pa.Code §2600**

2600.141(a)(1) - A resident shall have a medical evaluation by a physician, physician's assistant, or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

**2a. DESCRIPTION OF VIOLATION**

The initial medical evaluation form for Resident #2, admitted on 10/17/14, had the date the resident was evaluated documented as "unknown".

**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.*

2600.141(a)(1)

- Incomplete medical evaluation form, evaluation date marked as unknown
  - DRS/PC Clinical Director will review regulation 2600.141(a)
    - DRS/PC Clinical Director review regulation on 7/7/2015
  - Audit will be completed on all current resident DME's to ensure forms are filled out completely
    - Audit completed on 7/9/2015
      - Current DME's were found to be in compliance
  - Weekly audit of DME's will be completed by the DRS and reviewed during the monthly QAPI meeting

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)



Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page)

Cori Stewart

Date

7/23/2015

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

The above plan of correction is approved as of 7/28/15  
 (Date)

Plan of correction implementation status as of 7/28/15  
 (Date)

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

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

Violation Report: 31731 - 07/01/2015 - Springs, Israel  
 PCH Name: CUMBERLAND CROSSINGS RETIREMENT COMMUNITY

1. REGULATION 55 Pa.Code §2600  
 2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION  
 The last medical evaluation for Resident #3 occurred on 5/5/14.

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.

2600.141(b)(1)

- Medical evaluation not completed annually
  - DME completed 7/3/2015 on resident identified as not being in compliance with having a DME completed annually per the evaluation date
  - DRS/PC Clinical Director will review regulation 2600.141(b)
    - DRS/PC Clinical Director reviewed regulation on 7/7/2015
  - Audit will be completed on all current resident DME's and compared to internal tracking tool to ensure next annual due date is prior to previous years evaluation date
    - Audit completed on 7/9/2015
    - Per internal tracking tool 1 out of 41 DME's were found to not be going by the evaluation date
      - Tracking tool revised to reflect evaluation dates
  - Weekly audit of DME's will be completed by the DRS and reviewed during the monthly QAPI meeting

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

Signature of Legal Entity Representative (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)      Date

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The above plan of correction is approved as of 7/28/15 (Date)

The above plan of correction was approved by [Signature]

Plan of correction implementation status as of 7/28/15 (Date)

Fully Implemented

Partially Implemented - Adequate Progress

Partially Implemented - Inadequate Progress

Violation Report: 31731 - 07/01/2015 - Springs, Israel  
 PCH Name: CUMBERLAND CROSSINGS RETIREMENT COMMUNITY

1. REGULATION 55 Pa.Code §2600  
 2600.141(b)(2) - A resident shall have a medical evaluation if the medical condition of the resident changes prior to the annual medical evaluation.

2a. DESCRIPTION OF VIOLATION

The status change medical evaluation form for Resident #1, signed by the doctor on 5/27/15, had no date documenting when the resident was evaluated.

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.

2600.141(b)(2)

- Incomplete medical evaluation form, no date documenting when the resident was evaluated.
  - DRS/PC Clinical Director will review regulation 2600.141(b)(2)
    - DRS/PC Clinical Director review regulation on 7/7/2015
  - Audit will be completed on all current resident DME's to ensure forms are filled out completely
    - Audit completed on 7/9/2015
      - Current DME's were found to be in compliance
  - Weekly audit of DME's will be completed by the DRS and reviewed during the monthly QAPI meeting

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page)



Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Carol Stewart	7/23/2015

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The above plan of correction is approved as of 7/28/15  
 (Date)

Plan of correction implementation status as of 7/28/15  
 (Date)

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

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

Violation Report: 31731 - 07/01/2015 - Springs, Israel  
 PCH Name: CUMBERLAND CROSSINGS RETIREMENT COMMUNITY

1. REGULATION 55 Pa.Code §2600  
 2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

2a. DESCRIPTION OF VIOLATION  
 The assessment for Resident #4, admitted 4/2/15, was completed on 4/30/15, more than 15 days after the move in date.

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.

2600.225(a)

- Initial Assessment not completed within 15days of admission
  - DRS/PC Clinical Director will review regulation 2600.225(a)
    - DRS/PC Clinical Director reviewed regulation on 7/7/2015
  - DRS will review RASP's within 15days of admission to ensure the initial assessment has been completed
  - Findings will be reviewed during the monthly QAPI meeting

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page)



Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Carol Stewart	Date 7/23/2015
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The above plan of correction was approved by <u>BRS</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