



pennsylvania
DEPARTMENT OF HUMAN SERVICES

SEP 26 2016

Mr. Mark D. Bondi, President UPMC Senior Communities
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 Mr. Bondi:

As a result of the Department of Human Services' annual licensing inspections on May 17, 2016, May 18, 2016 and May 19, 2016 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 black ink, appearing to read "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
Licensing Inspection Summary

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

PCH Name: Cumberland Crossing Manor		License Number: 446160
Address: 9150 Babcock Boulevard Pittsburgh, Pennsylvania 15237		County: Allegheny
Administrator: Cheryl Fester		
Legal Entity Name: Cranberry Place		
Legal Entity Address: 9350 Babcock Boulevard Pittsburgh, Pennsylvania 15237		
Certificate(s) of Occupancy: C2, LP (L&I) 10/9/98		
Type of Inspection: Full		
Reason(s) for inspection(s): Renewal		
On-Site Inspections Dates and Department Representatives On-Site: May 17, 18 and 19, 2016 Doug Hoover		
Off-Site Inspection Dates and Inspectors, if Applicable: NA		
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 115	Number of Residents who:	
Number of Residents Served: 97	Receive Supplemental Security Income: 0	
Secured Dementia Care Unit in Home: No	Are 60 Years of Age or Older: 97	
Area: NA	Have Mental Illness: 0	
Secured Unit Capacity, if Applicable: NA	Have an Intellectual Disability: 1	
Number of Residents Served in Secured Dementia Care Unit, if applicable: NA	Have a Mobility Need: 26	
Number of Current Hospice Residents: 3	Have a Physical Disability: 4	
Number of Hospice Residents in past year: 4	<p>RECEIVED</p> <p>JUL 29 2016</p> <p>CENTRAL REGION FIELD OFFICE Human Services Licensing</p>	

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

Regulation

183d - Only current prescription, OTC medications, sample and CAM for individuals living in the residence may be kept in the residence.

Violation

Metformin HCL, 500 mg. tab, for Resident #1 was in the 2nd floor medication cart with a "discard after" date of 4/22/16.

Maxifloxacin, 0.5 % ophthalmic solution, for Resident #2 was in the 2nd floor medication cart. The order had been discontinued by the physician on 3/4/16.

Plan of Correction

On June 8, 2016, the Director of Resident Care educated nurses and med techs on removing meds from the med cart as soon as a discontinued order from the physician is received and if they are meds ordered for a specified time period, they should be removed from the cart when the last prescribed dose was given. A medication cart audit was implemented. Carts will be audited by the nurse/med tech responsible for that cart during their shift. They will monitor for discontinued meds and expired meds. These audits will take place daily for four weeks then weekly for six weeks. The Director of Resident Care will randomly audit the medication carts weekly to ensure compliance.

See attached documentations "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

7-29-16

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

The above plan of correction is approved as of 8/16/16
(Date)

Plan of correction implementation status as of 8/16/16:
(Date)

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

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

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

<p>Regulation 187a - A medication record shall be kept to include the following for each resident for whom medications are administered:</p> <ol style="list-style-type: none"> (1) Resident's name. (2) Drug allergies. (3) Name of medication. (4) Strength. (5) Dosage form. (6) Dose. (7) Route of administration. (8) Frequency of administration. (9) Administration times. (10) Duration of therapy, if applicable. (11) Special precautions, if applicable. (12) Diagnosis or purpose for the medication, including pro re nata (PRN). (13) Date and time of medication administration. (14) Name and initials of the staff person administering the medication.
<p>Violation On 5/18/16, the medication administration record (MAR) for Resident #3's <i>Levothyroxin tab, 50 mcg.</i> and <i>Omeprazole, 20 mg.</i> were initialed as already been given for the following morning's doses on 5/19/16 at 6:00 am.</p> <p>There were no initials on the MAR for the 5/18/16 8:00 am administration of the following medications for Resident #4 as of 1:30 pm on 5/18/16: <i>Vitamin B-12, 2500 mcg; Vitamin D3, 1000 units; Levotrastin, 250 mg; Metoprol Tartrate, 25 mg; Oxycbutynin, 5 mg; Anastrozole, 1 mg; Aspirin, 325 mg; Furosemide, 20mg; Magnesium Oxide, 400 mg; Pantoprazole, 40 mg.</i> and <i>Potassium Chloride Micro, 20 meq.</i></p> <p>There were no initials on the MAR for the 5/18/16 9:00 am administration of <i>Quinapril, 20 mg.</i> for Resident #4 as of 1:30 pm on 5/18/16.</p> <p>There were no initials on the MAR for the 5/18/16 11:00 am administration of <i>Artificial Tears 1.4% ophthalmic solution</i> for Resident #4 as of 1:30 pm on 5/18/16.</p>
<p>Plan of Correction</p> <p style="text-align: center;">See Attached. <i>Page 3 A of 3. -EE</i></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	7-29-16
DEPARTMENT USE ONLY – HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of <u>8/16/16</u> <small>(Date)</small>	Plan of correction implementation status as of <u>8/16/16</u> : <small>(Date)</small>
The above plan of correction was approved by <u>EE</u> <small>(Initials)</small>	<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