



pennsylvania
DEPARTMENT OF HUMAN SERVICES

SEP 14 2016

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' annual licensing inspection on May 24, 2016 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.

Sincerely,

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

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

VIOLATION REPORT
PERSONAL CARE HOMES - 55 PaCode Chapter 2600

PCH Name: CUMBERLAND VISTA		License Number: 31028
Address: 1073 YORK ROAD, DILLSBURG, PA 17019		County: Cumberland
Administrator: Susan Flowers		Region: CENTRAL
Legal Entity Name: C R O S S I N C		
Legal Entity Address: 712 PINOLA ROAD, SHIPPENSBURG, PA 17257		
Certificate(s) of Occupancy C-2 02/24/2000 Labor & Industry		
Staffing Hours Resident Support: 0 Total Daily Staff: 7 Waking Staff: 5		
Type of Inspection: Full BHA Docket Number: Notice: Unannounced		
Reason(s) for inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 05/24/2016: McCloskey, Jason; Gensil, Lori		
Off-Site Inspection Dates and Inspectors, if Applicable		
<div style="border: 1px solid black; padding: 5px; display: inline-block; transform: rotate(-5deg);"> <p align="center">RECEIVED AUG 08 2016 CENTRAL REGION FIELD OFFICE Human Services Licensing</p> </div>		
Other Details		
Partial or Full Triggers:	Random Indicators:	
Resident Demographic Data as of inspection Dates		
Licensed Capacity: 8	Number of Residents who:	
Number of Residents Served: 7	Receive Supplemental Security Income: 2	
Secured Dementia Care Unit in Home: No	Are 60 Years of Age or Older: 1	
Area:	Have Mental Illness: 4	
Secured Dementia Unit Capacity, if Applicable:	Have an Intellectual Disability: 7	
Number of Residents Served in Secured Dementia Care Unit, if Applicable:	Have a Mobility Need: 0	
Number of Current Hospice Residents: 0	Have a Physical Disability: 0	
Number of Hospice Residents in past year: 0		

Susan A. Flowers 8-5-16

Violation Report: 31028 - 05/24/2016 - McCloskey, Jason
 PCH Name: CUMBERLAND VISTA

1. REGULATION 55 Pa. Code §2600
 2600.16(b) - The home shall develop and implement written policies and procedures on the prevention, reporting, notification, investigation and management of reportable incidents and conditions.

2a. DESCRIPTION OF VIOLATION

Staff 8 yelled at Resident 1 at approximately 9:00 pm on 4-8-16. Another staff person asked Staff B to leave the area. The home did not report this incident to the Department.

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.

SHORT TERM CORRECTION: Incident was reported by the resident 1 to █ county supports coordinator on the first day of living in █ new home. The investigation was begun immediately under ODP and Act 70 Guidelines. The administrator cooperated with the investigation and followed all recommendations. Administrator reviewed Act 70 and OPSPA guidelines.

Long Term Correction: Administrator reviewed resident rights, Act 70 and OPSPA guidelines to the PCH staff. The mandatory reporting requirements and process was reviewed. 6/29/16 and 7/13/16. A short course on "What is Mistreatment" was presented on 8/15/16. Ongoing training will occur with the PCH staff.

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) *Susan A. Flowers*

Date *8-3-16*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE

The above plan of correction is approved as of 8/11/16
 (Date)

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

Plan of correction implementation status as of 8/11/16
 (Date)

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

Violation Report: 31028 - 05/24/2016 - McCloskey, Jason
 PCH Name: CUMBERLAND VISTA

1. REGULATION 55 Pa. Code §2600

2600.42(b) - A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

2a. DESCRIPTION OF VIOLATION

On 4-8-16 at approximately 900 pm, Resident 1 refused to take medication without yogurt. Staff Member B got into a verbal argument with the resident attempting to get the resident to accept the medication. The actions by Staff Member B visibly upset Resident 1. At which point, another staff person told Staff Member B to leave the area to deescalate the situation. During an interview with Resident 1 on 5-27-16, the resident was still upset by the incident and stated that Staff B was "yelling and screaming" and took his/her "anger out on me."

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.

SHORT TERM CORRECTION: Resident 1 reported this incident on the day [redacted] had moved into another home setting. Administrator was made aware on 5-3 and at that time staff B was removed from the schedule while the incident was being investigated. The investigation was completed and verbal abuse was founded on 5/5/16. Recommended corrective action is in the process of being completed. (Attached recommendations). Disciplinary action has been taken against staff B according to PCH's policy. Act 70 training was conducted on 6/29/16 and resident rights and OPSA training was conducted on 7/13/2016.

LONG TERM GOAL: Staff B will be reevaluated by October 31st, 2016. Staff B will continue to be observed and educated in the areas of abuse and abuse prevention, Positive approaches and working with individuals with IDD and working with individuals with challenging behaviors, coping skills and crisis management. Staff B is completing a series of online ODP trainings for Direct Support Professionals (attached training certificates) A referral has been made to the Advocacy Alliance for a Positive Approaches training. For all staff. (See referral) Contact has been made but a date has not been set. All training will be completed by 10/31/2016. Ongoing training will be conducted with all staff in the home.

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

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Jusan A. Flowers* Date *8-3-16*

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

The above plan of correction is approved as of <u>8/11/16</u> (Date)	Plan of correction implementation status as of <u>8/11/16</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

Violation Report: 31028 - 05/24/2016 - Mcckskey, Jason
 PCH Name: CUMBERLAND VISTA

1. REGULATION 65 Pa. Code §2600

2600.42(s) - A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

2a. DESCRIPTION OF VIOLATION

There are two electronic audio monitoring devices in the bedroom hallways of the home. Per interview with Staff person B, these units are activated from 1000 pm to 6:30 am and broadcast sounds and voices audible in the hallways to a receiving unit in the adjoining apartment occupied by the houseparent. Audio monitoring in any location on the grounds of the home is prohibited.

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.

SHORT TERM PLAN OF CORRECTION: The 2 baby monitors that were connected at night for safety reasons were disconnected and removed.
LONG TERM PLAN TO PREVENT FUTURE VIOLATIONS: The monitors will not be replaced at this time.

As the administrator of the home that serves only individuals with intellectual disabilities, and having long term experience working with this population, I do not agree with this violation. Those baby monitors have been used in the home for 10 years. Over the last 10 years that I have been the administrator of the home, there has only been a handful of times that there have been disturbances at night. Those disturbances were individuals that started wandering or were confused. It turned out that those individuals were beginning the early stages of dementia. With this documentation we were able to begin looking for the next level of care for those individuals. Some individuals with IDD will develop dementia or Alzheimer's sooner than the average population. Dementia in individuals with IDD does not always present itself in the same way as the general population because of existing communication deficits. Changes in functioning, new behaviors and an increase in existing behaviors are signs that we monitor. The baby monitors were not state of the art audio monitors nor did not pick up conversations inside the bedrooms. It did pick up people walking and doors opening and closing.

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

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Jason A. Flowers* Date *8-3-16*

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

The above plan of correction is approved as of 8/11/16
 (Date:)

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

Plan of correction implementation status as of 8/11/16
 (Date:)

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

Violation Report: 31028 - 05/24/2016 - McCloskey, Jason
 PCH Name: CUMBERLAND VISTA

1. REGULATION 65 Pa.Code §2600

2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
- (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
- (3) Resident rights.
- (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).
- (5) Falls and accident prevention.
- (6) New population groups that are being served at the home that were not previously served, if applicable.

2a. DESCRIPTION OF VIOLATION

Ancillary staff C did not receive training in topics required under this regulation for the staff training year running from January 2015 through December 2015. The licensing representative interviewed the staff person who recognized the training topics required, however, stated that s/he did not recall having completed training for those topics during the 2015 training year.

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.

SHORT TERM CORRECTION: On 6/7/2016, Ancillary staff C was provided with learning materials in the above trainings listed in 2600.65(g). Staff C was instructed to review the video and material provided. Staff C was also instructed that after completion of the review, a time would be set up to review material and field any questions. Staff C was also provided competency quizzes to complete. Staff C was given a 2 week deadline to complete. On June 13, 2016 the home was notified that Ancillary Staff C contracted an illness and would not be able to perform the duties any day during the week. The training was completed on June 23 and June 24th. See attached signature sheet.

LONG TERM CORRECTION TO PREVENT FUTURE VIOLATIONS: A checklist has been developed for each of the annual mandatory trainings with a space for names of all staff working in the home and revised as necessary. This form will be used in addition to the record of staff training sign off sheet and will serve as a quick reference to who has completed the training and who has not. The form will be kept in the training book along with the training plan and record of staff training and will be reviewed at the beginning of each staff meeting that is held every 2 weeks. There will be a plan to schedule any staff person that is in need of any missed trainings.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Jessica A. Flowers

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

Jessica A. Flowers

Date *8-3-16*

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

The above plan of correction is approved as of

8/11/16
 (Date)

Plan of correction implementation status as of

8/11/16
 (Date)

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

The above plan of correction was approved by

JAS
 (Initials)

Violation Report: 31028-05/24/2016 - McCloskey, Jason
 PCH Name: CUMBERLAND VISTA

1. REGULATION 55 Pa.Code §2600
 2600.95- Furniture and equipment must be in good repair, clean and free of hazards.

2a. DESCRIPTION OF VIOLATION

The emergency lighting unit in the men's hallway was not operable when the test light was depressed. Per interview with Staff A, the administrator, the unit was noted to be faulty on 4-14-16.

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.

Short Term Correction: The emergency light in the men's hallway was replaced on 6/28/16.

Long Term Correction: All 6 emergency units located at Cumberland Vista have been replaced with new units with LED lighting and new battery packs. (attached invoice dated 7/12/2016) Lights will be tested monthly at the same time our smoke detectors and water is tested. This test will be documented on the attached sheet. Administrator will be notified immediately with any malfunctions.

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)

Susan A. Flowers

Date *8-3-16*

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

The above plan of correction is approved as of

8/11/16
 (Date)

Plan of correction implementation status as of

8/11/16
 (Date)

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

The above plan of correction was approved by

BAF
 (Initials)

Violation Report: 31028 - 05/24/2016 - McCloskey, Jason
 PCH Name: CUMBERLAND VISTA

1. REGULATION 65 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 during fire drills conducted on 7-29-15 at 10:30 pm and on 8-30-15 at 11:00 pm.

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.

SHORT TERM CORRECTION: Resident 2 participated in 2 night drills in 2015. One being in May and the 2nd one in October. He also participated in April 2016. All 3 of these drills he agreed to exit the building when the alarm sounded in the allotted time. The overnight fire drills that were completed in June of 2015 and July 2015 were in addition to the day drills. They were also part of the home's POC from last year and part of our continued attempts at educating this individual on the importance of exiting for the nighttime drills. The behavior specialist that was working with him believed that we should stop the night drills and give resident 2 a break from them. Resident 2 was exiting for the day drills with no problem. Resident 2 then exited the home on 10/24/15.

LONG TERM CORRECTION: The home is continuing to educate resident 2 by utilizing his county waiver funds to provide behavior support (see Behavior support Plan) Resident 2 is also on a county list waiting for a consolidated waiver and an opening at an ODP run Group home.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	05/18/2015
-----------------------	-----------------------------------	------------

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Jessica A. Flowers</i>	Date <i>8-3-16</i>
---	--------------------

DEPARTMENT USE ONLY HOMES MAY NOT WRITE BELOW THIS LINE

The above plan of correction is approved as of <u>8/11/16</u> (Date)	Plan of correction implementation status as of <u>8/11/16</u> (Date)
The above plan of correction was approved by <u>BAF</u> (Initials)	<input type="radio"/> Fully Implemented <input checked="" type="radio"/> Partially Implemented - Adequate Progress <input type="radio"/> Partially Implemented - Inadequate Progress <input type="radio"/> Not Implemented

Violation Report: 31026 - 05/24/2016 - McCloskey, Jason
 PCH Name: CUMBERLAND VISTA

1. REGULATION 56 Pa. Code §2600

2600.187(c) - If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident 2 has an order for *Nizoral 2% shampoo*, apply topically twice per week with at least 3 days between each shampooing. The resident refused shampoo on 5/2/16, 5/6/16 and 5/14/16, however, the home did not report the refusals to the prescriber.

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.

SHORT TERM CORRECTION: Resident 2 was indirectly refusing the shampoo on the nights he refused a shower. This was addressed with the Fractioner on 10/2/15. The refusals of Nizoral shampoo was reported to the prescriber on 6/3/16 again and the shampoo was discontinued by the prescriber at that time. (see attached medical form.)

LONG TERM GOAL: Staff training was conducted on June 1, 2016 that included the medication violations that the home received. The proper medication process was presented. Additional more in depth training will be conducted by 9/30/16.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

[Handwritten Signature]

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

Susan A. Flowers

Date

8-3-16

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

The above plan of correction is approved as of

8/11/16
 (Date)

Plan of correction implementation status as of

8/11/16
 (Date)

- Fully Implemented
- Partially Implemented/Adequate Progress
- Partially Implemented - inadequate Progress
- Not Implemented

The above plan of correction was approved by

SAS
 (Initials)

Violation Report: 31028 - 05/24/2016 - McCloskey, Jason
 PCH Name: CUMBERLAND VISTA

1. REGULATION 55 Pa Code §2800
 2600.167(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident 2 has an order for *Mira/lax Polyethylene Glyc* OL255G, mix 1 capful in glass of water and drink on Monday, Wednesday and Friday. The medication was administered on Thursday 5-5-16, thus the resident received an additional dose during that week.
 Resident 3 has an order for *Tylenol, 500mg*, take 2 caplets every 6 hours by mouth while symptoms last. On 5-17-16, 3 caplets of 325 mg Tylenol were administered, thus the resident received the incorrect dose of medication.

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

Short Term Correction: Resident 2 received an extra dose of Mira/lax. In reviewing the medication log it was determined that resident 2 did not receive an extra dose. This turned out to be a documentation error. The staff person responsible for this documentation error works Monday, Wednesday and Friday consistently from week to week (See attached schedule, timesheet and med log.) The importance of documenting the medication accurately was stressed to this staff person.

Resident 3 received 3 caplets of 325 mg Tylenol which made his dosage short by 5 mg. The order was not followed exactly as stated. The 500 mg tablets of Tylenol expired the previous month and was not replaced. Tylenol 500 mg tablets were made available on May 25th, 2016. The medication related violations were discussed with all staff on June 15th at a staff meeting. The importance of communicating any medication administration problems with the Houseparent and Administrator. Every two weeks the houseparent or administrator will be checking the medication cart for expired medications and check for quantity of over the counter medications as well as any medications that need to be refilled that are not included in the cycle fill that is delivered by the pharmacy.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Susan A. Flower

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

Susan A Flower

Date *5-10-16*

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

The above plan of correction is approved as of

8/11/16
 (Date)

Plan of correction implementation status as of

8/11/16
 (Date)

The above plan of correction was approved by

BAS
 (Initials)

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