



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

JUL 18 2017

Ms. Cheryl Fester,  
Administrator  
Cranberry Place  
Attn: Dan Grant, Chief Operating Officer  
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' annual licensing inspections on April 27, 2017 and April 28, 2017 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.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to [https://www.surveymonkey.com/r/BHSL\\_Inspection](https://www.surveymonkey.com/r/BHSL_Inspection).

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

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**

**RECEIVED**  
 JUN 02 2017  
 WEST REGION FIELD OFFICE  
 Human Services Licensing

PCH Name: Cumberland Crossing Manor		License Number: 44616
Address: 9150 Babcock Blvd, Pittsburgh, PA 15237		County: Allegheny
Administrator: Cheryl Fester		
Legal Entity Name: Cranberry Place		
Legal Entity Address: 9350 Babcock Blvd Pittsburgh, PA 15237		
Certificate(s) of Occupancy: C2 LP (L&I) 10/09/1998		
Type of Inspection: Full		
Reason(s) for Inspection(s): Renewal; Complaint		
On-Site Inspections Dates and Department Representatives On-Site: 4/27/17 Barry, Courtney; Gillespie, Denise; Knee, Donald 4/28/17 Barry, Courtney; Gillespie, Denise; Knee, Donald		
Off-Site Inspection Dates and Inspectors, If Applicable:		
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 115	Number of Residents who:	
Number of Residents Served: 99	Receive Supplemental Security Income: 0	
Secured Dementia Care Unit in Home: N/A	Are 60 Years of Age or Older: 99	
Area: N/A	Have Mental Illness: 1	
Secured Unit Capacity, if Applicable	Have an Intellectual Disability: 1	
Number of Residents Served in Secured Dementia Care Unit, if applicable:	Have a Mobility Need: 22	
Number of Current Hospice Residents: 2	Have a Physical Disability: 1	
Number of Hospice Residents in past year: 21		

RECEIVED  
 JUN 02 2017  
 WEST REGION FIELD OFFICE  
 Human Services Licensing

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

Regulation

2800.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Violation

On 4/27/16, at approximately 10:30 a.m., the North Hall medication administration records for the second floor, including residents #1 and #2, were unlocked, unattended, and accessible on the second floor medication cart in the hallway near room #227.

Plan of Correction

- 1) May 2, 2017, an audit tool was created by DRC and administrator for maintaining confidentiality of medication administration records. (Attachment "A", "A-1").
- 2) May 3, 2017 the audit tool was put into place to ensure meds were kept confidential and the process of locking mar in med cart when unattended was implemented. During this audit, med-passers were educated on regulation 2800.17.
- 3) May 3<sup>rd</sup>, 4<sup>th</sup>, 5<sup>th</sup>, 8<sup>th</sup>, 9<sup>th</sup>, 10<sup>th</sup> and 11<sup>th</sup>, daily audits, of randomly selected carts, were conducted by DRC for daylight and evening shift, and May 6<sup>th</sup> for overnight shift.
- 4) Weekly audits will continue to be done weekly for each shift.
- 5) Audits are conducted by DRC/designee and the audit tool will be kept on file in the DRC office.
- 6) May 31, 2017, a nursing staff meeting was held to review audit results and further educate on maintaining confidentiality of resident records. (Attachment "B")
- 7) The audit will continue and be reviewed by the Quality Assurance committee quarterly.
- 8) The need for future audits will be determined by the QA committee.

*Violation corrected at the time of inspection, 6-5-17*

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 6-2-17
<b>DEPARTMENT USE ONLY – HOMES MAY NOT WRITE BELOW THIS LINE!</b>	
The above plan of correction is approved as of <u>6-5-17</u> (Date)	Plan of correction implementation status as of <u>6-5-17</u> : <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
The above plan of correction was approved by <u>[Signature]</u> (Initials)	

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

**RECEIVED**  
**JUN 02 2017**  
 WEST REGION FIELD OFFICE  
 Human Services Licensing

<p><b>Regulation</b>                  2800.65(e) - Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation training that includes the following:</p> <ol style="list-style-type: none"> <li>(1) Resident rights.</li> <li>(2) Emergency medical plan.</li> <li>(3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. §§ 10225.101-10225.5102).</li> <li>(4) Reporting of reportable incidents and conditions.</li> <li>(5) Safe management techniques.</li> <li>(6) Core competency training that includes the following:                     <ol style="list-style-type: none"> <li>i. Person-centered care.</li> <li>ii. Communication, problem solving and relationship skills.</li> <li>iii. Nutritional support according to resident preference.</li> </ol> </li> </ol>
<p><b>Violation</b>                  On 4/27/17, Ancillary staff person A, hired [redacted] 14, did not receive orientation training within 40 scheduled working hours in the Emergency Medical Plan or Reporting of reportable incidents and conditions.</p>
<p><b>Plan of Correction</b></p> <ol style="list-style-type: none"> <li>1) May 1, 2017 Ancillary staff person A was educated on regulation 2800.65(2) specific to Emergency Medical Plan and 2800.65(4) Reportable Incidents which were placed in his file. (Attachments "C", "D", "E")</li> <li>2) All ancillary staff hired in the future will have their orientation completed in compliance with regulation 2800.65.</li> <li>3) Resident Support Coordinator will utilize the audit tool (Attachment "F") to ensure all future staff hired will have the orientation training within the 40 hours scheduled, required for Assisted Living Facilities by the Bureau of Human Services Licensing.</li> <li>4) After the "First Day" and "Within 40 Scheduled Hours" orientation and forms are complete, the new employee's file will be given to and audited by the Administrative Assistant to ensure all required orientation documentation has been completed. (attachment "H")</li> <li>5) Audits will be reviewed by the QA Committee quarterly and the need for future audits will be determined by the committee.</li> </ol>

Printed Name and Title of Legal Entity Representative (Required on all pages) <u>Cheryl Fester, Administrator</u>	
Signature of Legal Entity Representative (Required on all pages) <u>Cheryl Fester</u>	Date <u>6-2-17</u>
<b>DEPARTMENT USE ONLY – HOMES MAY NOT WRITE BELOW THIS LINE!</b>	
The above plan of correction is approved as of <u>6-5-17</u> (Date)	Plan of correction implementation status as of <u>6-5-17</u> : (Date)
The above plan of correction was approved by <u>[Signature]</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

RECEIVED

JUN 02 2017  
WEST REGION FIELD OFFICE  
Human Services Licensing

### LICENSING INSPECTION SUMMARY

Assisted Living Residences – 55 Pa.Code § 2800

**Regulation**  
2800.66(h) – Direct care staff persons shall have at least 16 hours of annual training relating to their job duties. The training required in §2800.69 (relating to additional dementia-specific training) shall be in addition to the 16 hour annual training.

**Violation**  
On 4/27/17, Direct care staff person B, hired on [redacted] 13, only completed 9.5 hours of the required 16 hours of annual training hours during the 2016 training year.

**Plan of Correction**

1. A staff training plan was created indicating the number of clock hours earned for each of the required trainings relating to regulation 2800.69. (attachment "I")
2. Resident Support Coordinator is responsible for scheduling the trainings and tracking hours to ensure the minimum of 16 hours for direct care staff is met.
3. A form has been utilized to track employee attendance and clock hours for compliance. (attachment "J")
4. If unable to attend the in-service, (i.e. students attending school, those having a second part-time job), self-learning packets and quizzes will be developed using information from the topic scheduled. A specific time frame is established for completion.
5. The Resident Support Coordinator reaches out to the department managers for assistance with obtaining the completed quizzes, which is then entered into the tracker by the RSC.
6. Current direct care staff persons' clock hours were reviewed and in the future, all direct care staff persons, will have at least 16 hours +2 dementia hours relating to their job duties.
7. In-service attendance will be reviewed and discussed at the QA meeting for compliance, quarterly.

*Direct care staff person B completed 7 hours of 2016 annual training 4/27/17. Direct care staff person B will complete an additional 3.5 hours of training in addition to the 16 hours of annual training during the remainder of the 2017 training year. 6-5-17*

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 6-2-17

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

The above plan of correction is approved as of <u>6-5-17</u> (Date)	Plan of correction implementation status as of <u>6-5-17</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

RECEIVED  
 JUN 02 2017  
 WEST REGION FIELD OFFICE  
 Human Services Licensing

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

**Regulation**  
 2800.65(l) - Training topics for the annual training for direct care staff persons must include the following:  
 (1) Medication self-administration training.  
 (2) Instruction on meeting the needs of the residents as described in the assessment tool, medical evaluation and support plan.  
 (3) Care for residents with dementia and cognitive and neurological impairments.  
 (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.  
 (5) Assisted living service needs of the resident.  
 (6) Safe management techniques.  
 (7) Care for residents with mental illness or mental retardation, or both, if the population is served in the residence.

**Violation**  
 On 4/27/17, Direct care staff person B, hired on [REDACTED] 13, did not receive the required training topic, medication self-administration training, in the training year 2016.

**Plan of Correction**

1. A training is scheduled for all direct care staff on June 6, 2017 for Self-Administration of Medication. All direct care staff will be required to attend one of the meetings set for 7am, 2pm, and 6pm. (Attachment "L"). A self-learning packet will be developed from the training information, by the Director of Resident Care and Resident Support Coordinator for those who, with prior notification, cannot attend.
2. Tracking for obtaining the mandatory training will be done by the RSC. (Attachment "J")
3. In-service attendance will be discussed at the QA meeting for compliance.

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 6-2-17

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

The above plan of correction is approved as of <u>6-5-17</u> (Date)	Plan of correction implementation status as of <u>6-5-17</u> : (Date)
The above plan of correction was approved by <u>[Signature]</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

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

**RECEIVED**  
**JUN 02 2017**  
 WEST REGION FIELD OFFICE  
 Human Services Licensing

**Regulation**  
 2800.65(j) - 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 residence that were not previously served, if applicable.

**Violation**  
 On 4/27/17, Direct care staff person B, hired [redacted] 13, and Ancillary staff person C, hired [redacted] 16, did not receive training during the 2016 training year as follows:  
 \* [redacted] with date 6-5-17  
 \* Resident Rights  
 \* The Older Adult Protective Services Act

[redacted] with date 6-5-17

**Plan of Correction**

1. On May 25 & 26, 2017, direct care staff B and ancillary staff person C received training in Resident Rights and The Older Adult Protective Services Act. (Attachment "M-M")
2. [redacted]
3. [redacted]
4. Resident Support Coordinator will utilize tracking audit to ensure all direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers hired in the future shall be trained annually in accordance to 2800.65(j) and remain in compliance.
5. [redacted]

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 6-2-17

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

The above plan of correction is approved as of 6-5-17  
 (Date)

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

Plan of correction implementation status as of 6-5-17  
 (Date)

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



RECEIVED

JUN 02 2017  
WEST REGION FIELD OFFICE  
Human Services Licensing

### LICENSING INSPECTION SUMMARY

Assisted Living Residences – 55 Pa.Code § 2800

**Regulation**  
2800.69 - Administrative staff, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall receive at least 4 hours of dementia-specific training within 30 days of hire and at least 2 hours of dementia-specific training annually thereafter in addition to the training requirements of this chapter.

**Violation**  
On 4/27/17, Ancillary staff person C, hired [redacted] 16, did not receive at least 2 hours of dementia-specific training during the 2016 training year.

**Plan of Correction**

1. Ancillary staff person C received 2 hours of dementia training on May 26, 2017. (Attachment "U")
2. May 2, 2017 ancillary staff person C also attended a 2-hour dementia in-service presented to direct care staff, ancillary staff, substitute personnel and volunteers. (Attachment "V").
3. Resident Support Coordinator will schedule required Bureau of Human Services Licensing trainings and utilize tracking audit (Attachment "J") to ensure all staff persons are in compliance with the training.
4. Trainings and attendance will be reviewed quarterly by the QA committee for ongoing compliance.

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 6-2-17

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

The above plan of correction is approved as of <u>6-5-17</u> (Date)	Plan of correction implementation status as of <u>6-5-17</u> : (Date)
The above plan of correction was approved by <u>[initials]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented – Adequate Progress <u>F</u> <input type="checkbox"/> Partially Implemented – Inadequate Progress <input type="checkbox"/> Not Implemented

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

**RECEIVED**  
 JUN 02 2017  
 WEST REGION FIELD OFFICE  
 Human Services Licensing

<b>Regulation</b> 2800.132(d) - Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. For purposes of this subsection, the fire safety expert may not be a staff person of the residence.
<b>Violation</b> The residence's maximum evacuation time determined by a fire safety expert on 9/7/16 is 12 minutes and 30 seconds. The fire drill record indicates on 3/30/17 at 4:30 p.m. the home conducted a fire drill with an evacuation time of 16 minutes and 30 seconds.
<b>Plan of Correction</b>  <ol style="list-style-type: none"> <li>1. A repeat fire drill was held May 23, 2017 at 4:30 pm to simulate the fire drill held March 30, 2017. The time for the May 23<sup>rd</sup> drill was 11 minutes 14 seconds. (Attachment "W")</li> <li>2. Maintenance will schedule subsequent fire drills within the first two weeks of the month to ensure enough time in the month for additional fire drills, if needed, to meet the evacuation time of 12 minutes 30 seconds determined by a fire safety expert.</li> <li>3. Monthly fire drill training records will be reviewed quarterly by the QA committee.</li> </ol> <p style="margin-top: 20px;"><i>Immediately: If the home is unable to meet the safe evacuation time specified by the fire safety expert within the past year, the home shall add additional staff, at all times, to ensure the safe evacuation time can be met. 6-5-17</i></p>

Printed Name and Title of Legal Entity Representative (Required on all pages) <u>Cheryl Fester</u>	
Signature of Legal Entity Representative (Required on all pages) <u>Cheryl Fester</u>	Date <u>6-2-17</u>
<b>DEPARTMENT USE ONLY – HOMES MAY NOT WRITE BELOW THIS LINE!</b>	
The above plan of correction is approved as of <u>6-5-17</u> <small>(Date)</small>	Plan of correction implementation status as of <u>6-5-17</u> : <small>(Date)</small>
The above plan of correction was approved by <u>[Signature]</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

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

**RECEIVED**  
**JUN 02 2017**  
 WEST REGION FIELD OFFICE  
 Human Services Licensing

<b>Regulation</b> 2800.183(d) - Only current prescription, OTC medications, sample and CAM for individuals living in the residence may be kept in the residence.
<b>Violation</b> Siltussin SA syp 100/5ml prescribed to resident #3 was discontinued on 11/24/16; however, the medication was stored in the medication cart on the first floor.
<b>Plan of Correction</b> <ol style="list-style-type: none"> <li>1. Siltussin SA syp 100/5ml was removed from resident #3's medication cart drawer on April 28, 2017.</li> <li>2. An audit form was created to ensure discontinued medications do not remain in medication cart after the discontinued date. (Attachment "X")</li> <li>3. May 30, 2017, direct care staff were educated on regulation 2800.183(d). (Attachment "Y")</li> <li>4. Per their daily assignment, daylight and evening med-passers are scheduled an assigned room number and are to audit the corresponding medication drawer. One drawer, each of the two shifts, will be audited daily.</li> <li>5. The Director of Resident Care or designee will be responsible for maintaining accountability for the audits. The DRC/designee will monitor the completion of cart audits once daily for one week, then weekly thereafter. (Attachment "Z")</li> <li>6. The need for continued medication audits will be reviewed by the QA committee quarterly.</li> </ol>

Printed Name and Title of Legal Entity Representative (Required on all pages) <u>Cheryl Fester, Administrator</u>	
Signature of Legal Entity Representative (Required on all pages) <u>Cheryl Fester</u>	Date <u>6-2-17</u>
<b>DEPARTMENT USE ONLY – HOMES MAY NOT WRITE BELOW THIS LINE!</b>	
The above plan of correction is approved as of <u>6-5-17</u> (Date)	Plan of correction implementation status as of <u>6-5-17</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

