



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: June 1, 2018

Mr. Scott D. Habecker,
Executive Vice President –
Chief Operating Officer/Chief Financial Officer
Diakon Lutheran Social Ministries
1 Longsdorf Way
Carlisle, Pennsylvania 17015

RE: Cumberland Crossings Retirement
Community
Certificate #: 317310

Dear Mr. Habecker:

As a result of the Department's Bureau of Human Services Licensing inspection on May 1, 2018 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 cursive script that reads "Gloria Emick".

Gloria Emick
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report: 31731 - 05/01/2018 - Cargile, Kellie
PCH Name: CUMBERLAND CROSSINGS RETIREMENT COMMUNITY

1. REGULATION 55 Pa.Code §2600
2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION
The Documentation of Medical Evaluation (DME) for Resident #1's medical evaluation, completed 2/5/18, does not include the medical professional license number.

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.

- The Documentation of Medical Evaluation for Resident #1's medical evaluation, completed on 2/5/2018, does not include the medical professional license number.
 - On 5/4/2018 full house audit completed to ensure there were no blank spaces on the DME
 - No concerns observed
 - On 5/1/2018 education provided to Personal Care Clinical on ensuring the DME is filled out to its entirety, with no blank spaces, prior to filing in the medical record.
 - PCHA/Designee will complete random audits.

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

Signature of Legal Entity Representative (Required on EVERY Page)  Senior PCNA

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Cori Stewart Date 5/28/2018

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

The above plan of correction is approved as of 5/30/18 (Date)

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

Plan of correction implementation status as of 5/30/18 (Date)

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

Violation Report: 31731 - 05/01/2018 - Cargile, Kellie
 PCH Name: CUMBERLAND CROSSINGS RETIREMENT COMMUNITY

1. REGULATION 55 Pa.Code §2600

2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

2a. DESCRIPTION OF VIOLATION

The assessment for Resident #1, dated 3/8/18, indicates that the resident has a need for physical therapy due to right knee pain and unsteady gait. The resident's support plan does not reflect how this need will be met.

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.

- The assessment for Resident #1, dated 3/8/2018, indicates that the resident has a need for physical therapy due to right knee pain and unsteady gait. The resident's support plan does not reflect how this need will be met.
 - Between 5/7/2018 and 5/11/2018 a full house audit was completed to ensure additional services needed by the residents were reflected on the support plan.
 - 5/4/1 found additional services that were not listed on the support plan.
 - Support plan updated at that time with services needed.
 - On 5/1/2018 education was provided to all staff that any additional changes to resident care (therapy, falls, skin impairments, dx, ect) need to be added to the Assessment and Support Plan Updates and Changes form. Along with initialing and dating the addition added.
 - Nightshift during chart checks and reading clinical notes will ensure the form has been updated accordingly.
 - PCHA/Designee will complete random audits.

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

Signature of Legal Entity Representative
 (Required on EVERY Page)  Senior PCHA

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Cori Stewart Date 5/28/2018

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

The above plan of correction is approved as of 5/30/18
 (Date)

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

Plan of correction implementation status as of 5/30/18
 (Date)

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