



pennsylvania
DEPARTMENT OF HUMAN SERVICES

AUG 03 2018

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
Certificate #: 310280

Dear Mr. Roberts:

As a result of the Department's Bureau of Human Services Licensing's annual licensing inspection on May 3, 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.

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.

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
License Inspection Summary

Violation Report: 31028-05/0312018-McCloskey, Jason
 PCH Name: CUMBERLAND VISTA

1. REGULATION 55 Pa.Code §2600

2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

2a. DESCRIPTION OF VIOLATION

There are two chest freezers located in the garage. At approximately 3:00pm, one chest freezer measured 10 degrees Fahrenheit and the other unit measured 15 degrees Fahrenheit. At approximately 3:55pm, the temperatures were rechecked and the temperature in one freezer remained at 10 degrees Fahrenheit and the other unit was 12 degrees Fahrenheit.

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: Temperature controls on all 5 Fridge/Freezer Units were adjusted. The Outside and garage temperature were relatively warmer than what they had been. The home had temperature logs already in place on all units. On the morning of May 3rd, the readings had been documented by staff. The unit in question that measured at 10 degrees F at the time of inspection was -2 degrees F. The other unit in question measured at 10 degrees. After the temperature control was adjusted, the temperature on May 4th was at -6 degrees F. The temperature through the remainder of the month in both units remained at 0 degrees and below (See Attached B & C)

Long Term Correction: The home will continue to monitor the temperature of all Fridge/Freezer Units and will document daily on the temperature logs. Staff will report any increases in temperature that go above safe temperatures set by the department. A second reading will be completed later in the day after the units have not been opened for at least 1 hour. Based on the findings, the Administrator will determine a course of action accordingly—Adjusting temperature controls and requesting service if necessary. Staff training will be conducted on July 25th, 2018.

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 *7-9-18*

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

The above plan of correction is approved as of 7/19/18
 (Date)

Plan of correction implementation status as of 7/19/18
 (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: 31028-05/03/2018 - Mccloskey, Jason
 PCH Name: CUMBERLAND VISTA

1. REGULATION 65 Pa.Code §2600

2600.132(9) - Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

2a. DESCRIPTION OF VIOLATION

The last three sleeping hour fire drills were held at 11pm. The sleeping hour drills include:

4/2/17	11:00 pm
10/11/16	11:00 pm
4/16/16	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: A night Fire Drill was conducted at 2:30 AM on May 5, 2018. The drill was a success. All 8 residents exited the building in 2 minutes and 3 seconds. (See Attached C)

Long Term Correction: In the night drills conducted every 6 months at least every other one will be conducted around 2:30 AM-3 AM. The other drill will be conducted somewhere between 12 AM and 5 AM varying the time and day of the week.

*The administrator shall review the fire drill record monthly to ensure that the drills are being conducted at varying times of the day. BAS 7/19/18

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Violation Report: 31028 - 05/03/2018 - McCloskey, Jason

PCH Name: CUMBERLAND VISTA

1. REGULATION 55 Pa.Code §2600

2600.183(e) - Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

2a. DESCRIPTION OF VIOLATION

The bottom drawer of the medication cart contained a large, loose white pill identified as 325mg acetaminophen. A blister card kept in the bottom drawer belonging to Resident 2 had 33 tablets of 325mg acetaminophen in 17 blisters (2 tablets per blister). Three of the blisters were opened including a blister that was taped over and had a single tablet adhered to the tape. In addition, the label on the medication card stated the prescription was filled on 12/13/16 and expired 12/2017.

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's Acetaminophen prescription was renewed and was filled by the pharmacy. (See Attached D)

Long Term Correction: Medication will be checked daily by direct care staff as administering medication to ensure there are no tears on the back of blister pack. They will also check for expiration dates and inform the administrator/ Medication Administration Trainer of any problems. The Administrator/Trainer will also check the Medication cart once weekly for expired medications on any problem with medication packaging. Requests for new scripts will be made to the appropriate Physician. Training with staff will occur by 8/8/2018.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Susan A. Flowers

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Violation Report: 31028 - 05/03/2018 - McCloskey, Jason
 PCHName: CUMBERLANDVISTA

1. REGULATION 55 Pa.Code §2600

(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosageform.
- (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.

2a. DESCRIPTION OF VIOLATION

The medication administration record for Resident 1 does not include the diagnosis or purpose for Donepezil 5mg or for Tricor 48mg. The medication administration record for Resident 3 does not include the diagnosis or purpose for Olanzapine 7.5mg or for Lexapro 20mg.

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 diagnosis/purpose was placed on the MAR's of Resident 1 & Resident 3's MAR. See Attached E and F)

Long Term Correction: MAR's will be closely reviewed prior to the month of administration and any needed Diagnosis /purpose for the medication will be written on MAR. A list of of medications that are missing the diagnosis/ Purpose will be sent to the Pharmacy. List will be sent on an ongoing basis as needed. Staff will be trained by 8/3/2018.

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
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