



June 21, 2019

Mr. Wesley Robinson
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 Mr. Robinson:

As a result of the Department's Bureau of Human Services Licensing annual inspection on May 14, 2018 and May 15, 2018, of the above facility, the violations with 55 Pa. Code Ch. 2800 (relating to Assisted Living Residence) specified on the enclosed violation report were found.

All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report 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.

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 that reads "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
Violation Report

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

ALR 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) 10/19/1998	
Type of Inspection: Full	
Reason(s) for Inspection(s): Renewal	
On-Site Inspections Dates and Department Representatives On-Site: 5/14/2018: Barbara Barone, Jan Cutter 5/15/2018 Barbara Barone, Jan Cutter	
Off-Site Inspection Dates and Inspectors, if Applicable:	
Resident Demographic Data as of Inspection Dates	
Licensed Capacity: 115 Number of Residents Served: 101 Secured Dementia Care Unit in Home: NO Area: N/A Secured Unit Capacity, if Applicable: N/A Number of Residents Served in Secured Dementia Care Unit, if applicable: N/A Number of Current Hospice Residents: 4 Number of Hospice Residents in past year: 13	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 101 Have Mental Illness: 0 Have an Intellectual Disability: 1 Have a Mobility Need: 29 Have a Physical Disability: 1

LICENSING INSPECTION SUMMARY

Assisted Living Residences – 55 Pa.Code § 2800

Regulation: 2800.3(d) –

The assisted living residence shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the assisted living residence.

Violation:

On 5/14/2018, the most current license inspection summary, dated 4/27/2017, was not posted in the home.

Plan of Correction:

2800.3.(d)

Administrator confirmed location of Inspection Summary Report. Current 2018 ISR replaced 2017 ISR in blue folder labeled Inspection Summary Report. Blue folder is located in plain view at receptionist desk. Administrator educated front desk staff to location of folder and contents within. Administrator or designee will audit ISR folder location weekly times 4, then monthly to May 2019. Audits will be submitted for review at quarterly QAPI meeting.

Printed Name and Title of Legal Entity Representative (Required on all pages)

Wesley Robinson Administrator

Signature of Legal Entity Representative (Required on all pages)

Wesley Robinson

Date

10-29-2018

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

The above plan of correction is approved as of 5/14/19
(Date)

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

Plan of correction implementation status as of 5/14/19:
(Date)

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

LICENSING INSPECTION SUMMARY

Assisted Living Residences – 55 Pa.Code § 2800

Regulation: 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.

Violation:

The home's maximum evacuation time determined by a fire safety expert on 10/6/2017 was 11 minutes 15 seconds. The home exceeded this time on the following fire drills:

Date	Time	Evacuation Time
5/12/2018	12:00 AM	11 minutes 51 seconds
3/22/2018	10:46 AM	12 minutes 8 seconds

Plan of Correction:

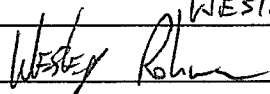
2800.132(d)

Monthly fire drills have been conducted in each subsequent month since inspection with all drills successfully meeting 11 minutes 15 seconds as indicated by Fire Safety Expert. Drills are conducted on rotating schedule during varying shifts to ensure regulatory compliance. Education of all staff to resident evacuation time and fire drill readiness will be completed by administrator or designee before 11/30/2018. Administrator or designee will audit fire drill logs monthly to ensure compliance. Administrator Audit will be reviewed during quarterly QAPI meeting.

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Wesley Robinson, Administrator

Signature of Legal Entity Representative (Required on all pages)




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LICENSING INSPECTION SUMMARY

Assisted Living Residences – 55 Pa.Code § 2800

Regulation: 2800.141(a) A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, subject to the provisions of §2800.22 (relating to application and admission). The evaluation must include the following:

- (1) A general physical examination by a physician, physician's assistant or nurse practitioner.
- (2) Medical diagnosis including physical or mental disabilities of the resident, if any.
- (3) Medical information pertinent to diagnosis and treatment in case of an emergency.
- (4) Special health or dietary needs of the resident.
- (5) Allergies.
- (6) Immunization history.
- (7) Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
- (8) Body positioning and movement stimulation for residents, if appropriate.
- (9) Health status.
- (10) Mobility assessment, updated annually or at the Department's request.
- (11) An indication that a tuberculin skin test has been administered with negative results within 2 years; or if the tuberculin skin test is positive, the result of a chest X-ray. In the event a tuberculin skin test has not been administered, the test shall be administered within 15 days after admission.
- (12) Information about a resident's day-to-day assisted living service needs.

Violation:

Resident #1's medical evaluation, dated 3/13/2018, indicates the last date the resident had been administered a tuberculin skin test was in the year 2014.

Resident #2 was admitted on 11/13/2017; however, the initial medical evaluation, dated 11/2/2017, and the next one, dated 4/19/2018, do not give the date the resident had been administered a tuberculin skin test. These areas on the forms are marked "unknown".

Plan of Correction:

2800.141(a)

Resident 1 was administered tuberculin skin test 10/26/2018, with no positive result.

Resident 2 was administered tuberculin skin test 10/26/2018 with no positive result.

All residents admitted must have recorded TB skin test prior to admission within 2 years with negative result or chest x-ray for residents with positive skin test. When ADME indicates unknown date of TB skin test, facility will administer tuberculin skin test within 15 days of admission. Director of Resident Care has asked for additional column to be added to EMAR to record last known date of TB test as nursing measure. All licensed staff will be educated to nursing measure added to EMAR by November 15, 2018. Resident Support Coordinator or designee will audit all new admissions and annual ADME's to confirm date of last TB skin test. Audit will be submitted for review at quarterly QAPI meeting.

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Wesley Robinson Administrator

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

Regulation: 2800.183(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.

Violation:

Resident #3 is prescribed Lantanoprost Sol 0.005%, instill 1 drop into left eye daily at bedtime. On 5/15/2018 the medication's open date was written as 3/29/2018. According to the manufacturer's directions, once opened the medication must be disposed of after 6 weeks. However, resident #3 was administered the medication from 5/11/2018 through 5/14/2018.

Resident #3 is prescribed Timolo Mal Sol 0.5% OP, instill 1 drop into right eye twice daily. On 5/15/2018 the medication was dated opened on 4/10/2018. According to the manufacturer's directions, the medication once opened expires in 28 days. However, resident #3 was administered the medication from 5/2/2018 through 5/14/2018.

Plan of Correction:

2800.183(e)

Medications were immediately disposed of 5/15/18. Director of Resident Care(DRC) to re-educate Licensed Staff and Medication Technicians to administration of eye drops by 11/15/2018. Currently, all eye drop containers are labeled with date opened. Date of manufacture's expiration date will be recorded in addition to open date. Audit of eye drops in medication carts are to be performed by night shift supervisor monthly times 6. DRC or designee will review audit to ensure compliance. Monthly audit will be reviewed at quarterly QAPI meeting.

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LICENSING INSPECTION SUMMARY

Assisted Living Residences – 55 Pa.Code § 2800

Regulation: 2800.184(a) - The original container for prescription medications must be labeled with a pharmacy label that includes the following:

- (1) The resident's name.
- (2) The name of the medication.
- (3) The date the prescription was issued.
- (4) The prescribed dosage and instructions for administration.
- (5) The name and title of the prescriber.

Violation:

Resident #2 is prescribed Humalog based on a sliding scale; however, on 5/15/2018 the plastic bag containing the medication did not have the sliding scale coverage listed on the label.

Resident #4 is prescribed Humalog Kwik Inj 100/ML. On 5/15/2018 the plastic bag containing the medication did not have a pharmacy label.

Plan of Correction:

2800.184(a)

All insulin pen packaging was inspected by LPN charge nurse 5/15/2018. Resident insulin pharmacy labels were copied for placement in insulin pen medication cart storage bags. Pharmacy labels include; residents name, name of medication, date prescription was issued, prescribed dosage and instructions for administration, and name title of prescriber. LPN performed audit of insulin pen storage bags on 10/24/2018. Pharmacy committed to change packaging to include labels for medication cart storage bags 11/2018. All licensed staff and medication administration technicians will be educated to medication storage policy by Director of Resident Care(DRC) or designee by 11/15/2018. DRC or designee will audit insulin pen storage bags weekly times 4, then monthly time 3 to ensure compliance. Audits will be submitted for review at quarterly QAPI meeting.

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LICENSING INSPECTION SUMMARY

Assisted Living Residences – 55 Pa.Code § 2800

Regulation: 2800.185(a) - The residence shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Violation:
On 5/15/2018 resident #4's glucometer was not set to the correct date and time.

Plan of Correction:

2800.185(a)

Glucometer was immediately set to record accurate date and time on 5/15/2108. Nursing staff educated by Director of Resident Care(DRC) to importance of equipment function and accuracy of recorded information by 11/30/2018. During time of use, nursing staff is to report to Charge Nurse if equipment has low battery reading or needs replacement batteries to record readings. Batteries are replaced frequently which may necessitate function check for accuracy of date and time. DRC or designee will conduct random audit weekly times 4, then monthly to April 2019 to ensure accuracy of Glucometer's. Audits will be submitted for review at quarterly QAPI meeting.

Printed Name and Title of Legal Entity Representative (Required on all pages) Wesley Robinson Administrator

Signature of Legal Entity Representative (Required on all pages) Wesley Robinson Date 10/29/2018

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