



SEP 05 2018

Mr. Scott D. Habecker
Executive Vice President – Chief Operating 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 annual inspection on June 25 and 26, 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 that reads "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

Violation Report: 31731 - 06/25/2018 - OPake, Hope
 PCH Name: CUMBERLAND CROSSINGS RETIREMENT COMMUNITY

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
 On October 4, 2017, the fire safety expert recommended that the home add a LPG shutoff valve to the main line in the kitchen, to isolate fuel flow in the event of a fire and limit excessive damage. Currently the home's LPG lines do not have a shut off valve readily accessible to turn off gas to the kitchen grills, fryers and stoves.

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.


2600.95

On October 4, 2017, the fire safety expert recommended that the home add a LPG shutoff valve to the main line in the kitchen, to isolate fuel flow in the event of a fire and limit excessive damage.

- Contractor is being contacted to assess fuel lines and give a summary on adding an additional shutoff valve.

Dispute: Fire Safety specialist stated in his letter "I do not have any specific fire code concerns". He also "recommended" that an LPG shut off valve be added.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)		Licence # 317310
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Cori Stewart	8/23/2018

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

The above plan of correction is approved as of 8/30/18
 (Date)

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

Plan of correction implementation status as of 8/30/18
 (Date)

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

Violation Report: 31731 - 06/25/2018 - OPake, Hope
 PCH Name: CUMBERLAND CROSSINGS RETIREMENT COMMUNITY

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
 On June 26, 2018, the freezer in the "old activity room" had a broken thermometer.

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.

2600.103(f)

The thermometer in the freezer in the old activity room is broken

- Thermometer was replaced prior to the surveyors leaving the building.
- Monthly audits to be completed to ensure thermometer are in place and in good working condition.

Dispute: Thermometer was functioning. There was a small crack in the outside covering.

Repeat Violation: No	Date(s) of Previous Violation(s):	
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Signature of Legal Entity Representative (Required on EVERY Page)	license # 317310
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Carli Stewart	8/23/2018

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The above plan of correction is approved as of <u>8/30/18</u> (Date)	Plan of correction implementation status as of <u>8/30/18</u> (Date)
The above plan of correction was approved by <u>GCE</u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 31731 - 06/25/2018 - OPake, Hope
PCH Name: CUMBERLAND CROSSINGS RETIREMENT COMMUNITY

1. REGULATION 55 Pa.Code §2600
 2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION
 On June 19, 2018, Resident #1 had a blood sugar reading of 303 at 11:45 am. Per sliding scale insulin instructions, the resident should have received six units of insulin, but received only four.

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.

2600.187(d)
 On June 19, 2018 Resident #1 had a blood sugar of 303 at 11:45am. Per the sliding scale insulin instructions, the resident should have received 6 units of insulin, but only received four.

- Order was re-entered as a routine order with the option of four units or six units listed, with clearly defined ranges.
- Education provided to LPN that entered the initial order and administered the incorrect dose.
- Weekly audits to be completed to ensure the correct amount of insulin is being administered.

Repeat Violation: No	Date(s) of Previous Violation(s):	
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Signature of Legal Entity Representative
 (Required on EVERY Page)  License # 317310

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Cori Stewart Date 8/23/2018

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