



MAILING DATE: November 20, 2018

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's Bureau of Human Services Licensing inspection on August 16, 2018, of the above facility, the violations with 55 pa. Code Ch. 2800 (relating to Assisted Living Residence) 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.

Sincerely,

A handwritten signature in black ink, appearing to read "L. Mazza".

Larry Mazza
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

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

Name of Assisted Living Residence: Cumberland Crossing Manor	License Number: 446160
Address: 9150 Babcock Boulevard Pittsburgh, PA 15237	County: Allegheny
Administrator: Wesley Robinson	
Legal Entity Name: UPMC Senior Communities	RECEIVED
Legal Entity Address: Forbes Tower, Suite 10055B 200 Lorthrop Street Pittsburgh, PA 15213	11/15/18 Western Region Field Office Bureau of Human Services Licensing
Certificate(s) of Occupancy: C-2 LP Labor and Industry 10/9/98	
Type of Inspection: Partial	
Reason(s) for inspection(s): Complaints	
On-Site Inspections Dates and Department Representatives On-Site: 8/6/18-Roser, Ashley; Spagna, Lauren	
Off-Site Inspection Dates and Inspectors, if Applicable: 8/29/18-Roser, Ashley	
Resident Demographic Data as of Inspection Dates	
Licensed Capacity: 115 Number of Residents Served: 98 Secured Dementia Care Unit in Home: N/A 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: 3 Number of Hospice Residents in past year: 12	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 98 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 32 Have a Physical Disability: 1

11/15/18

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

Western Region Field Office
 Bureau of Human Services Licensing

Regulation 182(b)- Prescription medication that is not self-administered by a resident shall be administered by one of the following:

- (1) A physician, licensed dentist, licensed physician's assistant, RN, certified registered nurse practitioner, LPN or licensed paramedic.
- (2) A graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the residence.
- (3) A student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the residence.
- (4) A staff person who has completed the medication administration training as specified in § 2800.190 (relating to medication administration training) for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

Violation:

Resident #1 is prescribed, Cyanocobalam Injection-1000mcg-Inject 1ml (1000mcg) intramuscularly every month. On 7/23/18, staff person A administered resident #1's B-12 injection; however, staff person A is not qualified to administer this medication as he/she is not a physician, licensed physician's assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic.

Plan of Correction

2800.182(b)

Staff person A has discontinued giving B-12 injections. All intramuscular injections must be administered by Licensed staff members, RN or LPN.

Administrator reviewed regulation with Director of Resident Care. Qualified staff to administer B-12, IM injection is physician, licensed physician's assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic.

Medication Administration Records for all residents receiving B-12 injections will be audited monthly by Director of Resident Care or designee. MAR audits will continue for 6 months to verify licensed staff are administering B-12 IM injections. Attached list are residents prescribed B-12 injections.

DRC or designee will review monthly audits to ensure compliance. Monthly audit will be reviewed 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

11-13-18

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

The above plan of correction is approved as of 11/15/18
 (Date)

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

Plan of correction implementation status as of 11/15/18
 (Date)

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

11/15/18

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

Western Region Field Office
 Bureau of Human Services Licensing

Regulation 187(b)-The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Violation:

Resident #1 is prescribed, Cyanocobalam Injection-1000mcg-Inject 1ml (1000mcg) intramuscularly every month. The medication was administered to the resident on 6/23/18; however, the resident's June 2018 medication administration record does not include the initials of the staff person who administered this medication, or the time the medication was administered.

Plan of Correction

2800.187(b)

The June 2018 medication administration record does include the initials of the LPN who administered the medication to resident #1, see attached MAR.

Director of Resident Care or designee has reviewed with all licensed staff and medication administration technicians our Documentation Guidelines policy. The policy clearly outlines "Signature Log" with attention to corresponding initials.

DRC or designee will conduct audits of residents receiving monthly B-12 injections. Audits will be monitored monthly for 6 months to ensure accuracy. DRC or designee will review audit to ensure compliance. Monthly audit will be reviewed 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

11-13-18

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The above plan of correction is approved as of 11/15/18
 (Date)

The above plan of correction was approved by [Signature]
 (Initials)

Plan of correction implementation status as of 11/15/18
 (Date):

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