



July 5, 2019

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 April 9, 2019 of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) 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. 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". The signature is stylized and cursive.

Jacqueline L. Rowe
Director

Enclosure
Violation Report

Violation Report

Facility Information

Name: CUMBERLAND VISTA
Address: 1073 YORK ROAD, DILLSBURG, PA 17019
County: CUMBERLAND Region: CENTRAL

License Number: 310280

Administrator

Name: Sue Flowers Phone: 7174322822 Email: ROBERTSJ@GMAIL.COM

Legal Entity

Name: C R O S S INC
Address: 712 PINOLA ROAD, PA, 17257

Certificate(s) of Occupancy

Type: C-2 LP Date: 02/24/2000 Issued By: Labor and Industry

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 8 Waking Staff: 6

Inspection

Type: Full Reason: Renewal BHA Docket #: Notice: Unannounced

Inspection Dates and Department Representative

04/09/2019 - On-Site: Laura Heemer

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 8 Residents Served: 8

Secured Dementia Care Unit

In Home:	Area:	Capacity:	Residents Served:
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Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 8	Are 60 Years of Age or Older: 2
Diagnosed with Mental Illness: 1	Diagnosed with Intellectual Disability: 8
Have Mobility Need: 0	Have Physical Disability: 0

107d - Procedure Emergency Management Agency Submission

Regulations

2600.

107.d. The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

Description of Violation

The home's written emergency procedures have not been reviewed and submitted to the local Emergency Management Agency since 2/28/2017

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 Plan: A letter was written to the Cumberland County Department of Public Safety and attached to the Cumberland Vista'sn to Cumberland Emergency plan to review.(Attachment 1)

Long Term Plan:A reminder will be placed on Cumberland Vista"s planning calendar to send Emergency plan to Cumberland County Public Safety regardless if changes were made or not. We will follow our previous agency schedule and Emergency plan will be sent by December 31, 2019 and annually there after.(Attachment 2)

Legal Entity Representative

Susan Flowers
Signature

Susan Flowers Administrator 6-13-19
Printed Name and Title Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of	6/18/19 (Date)	Plan of correction implementation status as of	6/18/19 (Date)
		<input checked="" type="checkbox"/> Fully Implemented	
The above plan of correction was approved by	BAS (Initials)	<input type="checkbox"/> Partially Implemented - Adequate Progress	
		<input type="checkbox"/> Partially Implemented - Inadequate Progress	
		<input type="checkbox"/> Not Implemented	

125b - Combustible Restrictions

Regulations

2600.

125.b. Combustible materials shall be inaccessible to residents.

Description of Violation

On 4/9/2019, a tank of propane gas was unlocked, unattended, and accessible to residents at the gas grill located near the parking area's entrance to the home.

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 Plan: Propane tank was removed the day of our inspection and placed in a locked shed. It will remain there until it is needed to utilize the grill.

Long Term Plan: The Home has purchased a new grill that has a door to the lower level where the tank is attached.(Attached Picture). There is a plan in place to a lock on the door and a metal cover on the back of the grill. This will allow the tank to remain with the grill and not be accessible to residents. The proposed date of completion is within 4 months of the date of inspection. In the mean time the tank will only be attached to the grill when it is in use.

*Within 15 days from the receipt of this plan, all staff will receive training on the need to ensure that combustible materials are properly stored and inaccessible to resident, with specific reference made to the propane tank for the grill. BAS 6/18/19

Legal Entity Representative

Susan Flowers
Signature

Susan Flowers, Administrator 6-13-19
Printed Name and Title Date

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The above plan of correction was approved by	BAS (Initials)	<input checked="" type="checkbox"/> Partially Implemented - Adequate Progress	
		<input type="checkbox"/> Partially Implemented - Inadequate Progress	
		<input type="checkbox"/> Not Implemented	

132b - Safety Inspection/Fire Drill

Regulations

2600.

132.b. A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

Description of Violation

The most recent fire safety inspection and drill observed by a fire safety expert was conducted on 11/8/2017

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 Plan: At the time of inspection a fire safety expert was scheduled to come out to Cumberland Vista on May 1, 2019 @ 6 PM. That training was cancelled by the home due to 4 of the 8 residents unable to be present at the time of the training. The inspection was rescheduled for May 22, 2019 @ 6 PM. (Attachment 4).

Long Term Plan: An event was placed on the home's calendar 2 months in advance to remind Administrator to schedule the Fire Safety expert inspection. This will be repeated on the calendar on an annual basis to serve as a reminder that the inspection needs to be scheduled.(Attachment 5)

Legal Entity Representative

Susan Flowers
Signature

Susan Flowers Administrator
Printed Name and Title

6-13-19
Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 6/18/19
(Date)

Plan of correction implementation status as of 6/18/19
(Date)

Fully Implemented

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

Partially Implemented - Adequate Progress

Partially Implemented - Inadequate Progress

Not Implemented

162c - Menus Posted

Regulations

2600.

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Violation

On 4/9/2019, the home only had menus posted for the days through 4/12/2019.

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 Plan: Menus were posted through 4-28-2019 the day of inspection. (Attachment 6)

Long Term Plan: When the designated staff person that is responsible for the completion of menus is absent from the home, the Administrator will be responsible for the completion of the menus.

Legal Entity Representative

Susan Flowers
Signature

Susan Flowers
Administrator
Printed Name and Title

6-15-19
Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of	<u>6/18/19</u> (Date)	Plan of correction implementation status as of	<u>6/18/19</u> (Date)
		<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	

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