



October 11, 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  
Certificate #: 446160

Dear Mr. Robinson:

As a result of the Department's Bureau of Human Services Licensing annual inspection on May 13, 2019 and May 14, 2019, 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](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 "Kevin Hancock", written over a white background.

Kevin Hancock  
Deputy Secretary  
Office of Long Term Living

Enclosure  
Violation Report

## Violation Report

### Facility Information

Name: CUMBERLAND CROSSING MANOR  
Address: 1201 CUMBERLAND ROAD, PITTSBURGH, PA 15237  
County: ALLEGHENY                      Region: WESTERN

License Number: 44616

### Administrator

Name: Wesley Robinson                      Phone: 4126350798                      Email: GRANTD@UPMC.EDU

### Legal Entity

Name: CRANBERRY PLACE  
Address: 1201 CUMBERLAND ROAD, ATTN: DAN GRANT COO, PITTSBURGH, PA, 15237

### Certificate(s) of Occupancy

Type: C-2 LP                      Date: 10/09/1998                      Issued By: Dept L & I

### Staffing Hours

Resident Support Staff: 0                      Total Daily Staff: 129                      Waking Staff: 97

### Inspection

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

### Inspection Dates and Department Representative

05/13/2019 - On-Site: Courtney Barry, Karen Georgoulis, Joe Eveses  
05/14/2019 - On-Site: Courtney Barry, Karen Georgoulis

### Resident Demographic Data as of Inspection Dates

#### General Information

License Capacity: 115                      Residents Served: 97

#### Special Care Unit

In Home: No                      Area:                      Capacity:                      Residents Served:

#### Hospice

Current Residents: 97

#### Number of Residents Who:

Receive Supplemental Security Income: 0                      Are 60 Years of Age or Older: 97  
Diagnosed with Mental Illness: 0                      Diagnosed with Intellectual Disability: 0  
Have Mobility Need: 32                      Have Physical Disability: 1

42s Privacy - self/possessions

Requirements

2800.  
42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

Description of Violation

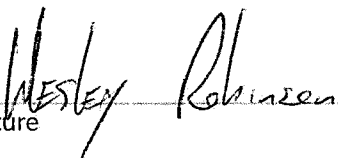
The residence records video in the hallways, capturing a view of resident bedrooms 209 and 309.

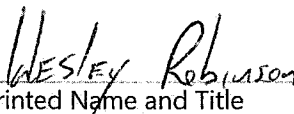
Plan of Correction (POC)

2800.42.s.

Maintenance Director scheduled visit 5/15/2019 with service contractor to adjust camera angles to ensure resident privacy. Cameras on 2<sup>nd</sup> and 3<sup>rd</sup> floor south hall were angled to only see stairwell door and hallway walls. Audits of security camera angles will occur weekly for x2 , monthly x3 , and quarterly x2 to ensure compliance.

Legal Entity Representative

  
Signature

 Administrator 8-22-19  
Printed Name and Title Date

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The above plan of correction is approved as of

8/26/19  
(Date)

Plan of correction implementation status as of

8/26/19  
(Date)

The above plan of correction was approved by

  
(Initials)

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

86b Bathroom ventilation

Requirements

2800.

86.b. A bathroom that does not have an operable, outside window shall be equipped with an exhaust fan for ventilation.

Description of Violation

On 5/13/19, at approximately 10:30 a.m., the ventilation system in the south wing bathroom, near the water fountain, was inoperable.

Plan of Correction (POC)

2800.86.b.

Routine environmental rounds lead to discover fan was not operable 5/10/2019. Maintenance Director consulted with UPMC BMS(building management services) 5/13, necessary parts were ordered and installed 5/28. Nurse aides and housekeeping staff report any maintenance concerns via work orders to maintenance. Work orders are collected daily by Maintenance Director. Maintenance director will provide education to all staff during September staff meeting on work order prioritization. Education provided to all staff for reporting to maintenance via work orders. Work order logs will be audited quarterly at Quality Management meeting.

Legal Entity Representative

*Wesley Robinson*  
Signature

*Wesley Robinson, Administrator 8-22-19*  
Printed Name and Title Date

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95 Furniture & Equipment

Requirements

2800.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

On 5/13/19, the bed cane belonging to resident #1, in room 116 .was not tightly secured to the bed. It moving approximately 4 inches, posing a fall hazard.

Plan of Correction (POC)

2800.95.

Furniture & Equipment

Maintenance Director secured bed cane immediately. All rooms with bed canes were inspected 5/13 by maintenance staff. List of support devices are kept by Maintenance Director and Resident Support Coordinator. Nurse aides and housekeeping staff report any maintenance concerns via work orders to maintenance. Work orders are collected daily by Maintenance Director. Maintenance director will provide education to all staff during September staff meeting on work order prioritization. Education provided to all staff for reporting to maintenance via work orders. Work order logs will be audited quarterly at Quality Management meeting.

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100a Exterior – free of hazards

Requirements

2800.

100.a. The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

Description of Violation

The residence has an exterior water feature in the rear, containing water measuring approximately 1 foot deep. There is one sign posted inside the sunroom indicating "Danger water Hazard." Residents have not been assessed for their ability to safely avoid the water feature.

Plan of Correction (POC)

2800.100.a.

New procedure has been developed to properly assess safety around the water feature. New procedure is all new residents will be assessed on their ability to safely avoid the water feature by the Director of Resident Care (DRC) through the judgement/supervision portion of the support plan. The DRC and/or the Resident Support Coordinator will attach an addendum on all new admission's support plans that will address if the resident is able to safely avoid the water feature. All current residents support plans will be updated within the next 90 days to ensure that the facility follows the new procedure and is properly assessing resident's safety. Currently the facility does have residents with wander guards, these individuals would be furthered monitored through an alarm system that is activated throughout the building to alert staff that to a resident with a wander guard is near any exit within the facility, which does include the back sunroom. The facility has also added another safety feature in terms of having a video camera facing the fountain. Audits will be reviewed at the quality management meeting.

Legal Entity Representative

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101j1 Bed/Fire retardant mattress

Requirements

2800.

101.j. Each resident shall have the following in the living unit:

- 1. A bed with a solid foundation and fire retardant mattress that is in good repair, clean and supports the resident. An exception will be permitted for residents who wish to provide their own mattresses.

Description of Violation

On 5/13/19, there were multiple cracks measuring approximately 2 inches, 19 inches and 10 inches long, on the top center area of resident 2's mattress.

Plan of Correction (POC)

2800.101.j.

Resident refused replacement mattress on 5/14/2019. Mattress is resident's property; a mattress cover was placed on the mattress 5/14/2019. A replacement mattress was ordered, resident will accept replacement mattress before 9/1/2019. Education was provided to nursing and housekeeping staff to inform maintenance director and administrator when resident mattresses are in disrepair. Administrator or designee will communicate residents needs to resident/family/POA as necessary to coordinate replacement.

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103g Storing food

Requirements

2800.

103.g. Food shall be stored in closed or sealed containers.

Description of Violation

On 5/13/19, there were several unsealed foods in the walk-in cooler in the main kitchen:

\* A torn 5 pound bag of chicken

\* 2 unsealed bags of fish

Plan of Correction (POC)

2800.103.g.

Both items were placed into separate resealable bags for proper storage 5/13/2019. Original packaging that cannot be resealed or covered according to Allegheny County Health Department are to be placed in resealable bags or plastic containers with lids. All food items that are opened need to be dated for storage. Education was provided to Dietary managers and "float" chefs within UPMC Senior Communities on June 25, 2019. It is the responsibility of the closing chef to ensure opened containers of food are covered, wrapped, and dated. This process is to be performed daily. Dietary manager or designee will audit coolers daily for 7 days, weekly for 4 weeks, and monthly for 6 months to ensure compliance. Audits will be reviewed at quarterly Quality Management meeting.

Legal Entity Representative

*Wesley Robinson*  
Signature


*Wesley Robinson Administrator*  
Printed Name and Title

*8-22-19*  
Date

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107c Food/water – 3 day supply

Requirements

2800.

107.c. The residence shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.

Description of Violation

The residence currently serves 97 residents requiring a minimum of 291 gallons of drinking water for a 3-day emergency supply. The home stores 163 gallons of emergency drinking water on-site. However, the water delivery agreement, dated 1/16/18, with Turner Dairy Farms does not indicate:

\* How much water will be delivered

\* A guarantee that the water will be delivered as a priority in the event of a regional emergency.

Plan of Correction (POC)

2800.107.c.

Dietary manager ordered 150 additional gallons of water to exceed 291 gallons necessary for current resident population. Inventory of emergency water is performed semi-annual to ensure use Date and quantity. Attached is current letter from emergency provider.

Legal Entity Representative

*Wesley Robinson*  
Signature

*Wesley Robinson Administrator*  
Printed Name and Title

*8-22-19*  
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121a Unobstructed egress

Requirements

2800.

121.a. Stairways, hallways, doorways, passageways and egress routes from living units and from the building must be unlocked and unobstructed.

Description of Violation

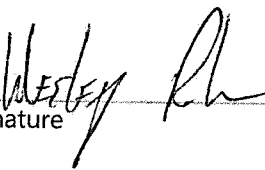
On 5/13/19, the emergency exit doors in the activity room required excessive force to open.

Plan of Correction (POC)

2800.121.a.

Maintenance Director repaired door same day. Corrosion on threshold was cleaned allowing for smooth open and close. Weekly environmental rounds are performed by maintenance director as proactive measure to ensure emergency egress exits are functional. Education provided to all staff for reporting to maintenance via work order. Work order logs will be audited weekly for 2 weeks then monthly for 2 months. Audits will be reviewed at quarterly Quality Management meeting.

Legal Entity Representative

  
Signature

Wesley Robinson Administrator  
Printed Name and Title

8-22-19  
Date

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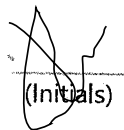
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132c Fire drill records

Requirements

2800.

132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the residence at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Description of Violation

The monthly fire drill record indicates that not all residents in the residence were at the time of the drill were evacuated during the following fire drills:

Date	Residents in the facility	Residents evacuated
5/10/19	91	87
4/5/19	86	81
3/8/19	89	87
2/8/19	95	93
12/11/18	96	92
11/10/18	95	86
8/6/18	92	91

Plan of Correction (POC)

2800.132.c.

Monthly fire drills conducted have been routinely refused by some residents and documented as such. Education to importance of participation during fire drills occurs monthly with residents who refuse. Staff participating during drill make multiple attempts to encourage resident participation. Fire drill logs are reviewed at monthly Safety Committee meetings. Fire safety training and witnessed fire drill is scheduled in September with Fire Marshall. Fire safety expert will communicate importance to participate in monthly drills during the September visit. Fire drill log will be reviewed at quarterly Quality Management meeting. Immediately - Residents who refuse to evacuate for fire drills will be counseled regarding participation in drills. Documentation will be kept. Residents who repeatedly refuse to evacuate for fire drills will be issued a 30-day notice. - JRW 8/26/19

Legal Entity Representative

The administrator will observe the next 3 fire drills to ensure all residents are evacuated to a public thoroughfare, or to a fire-safe area designated in writing by a fire safety expert. JRW 8/26/19

*Wesley Robinson*  
Signature

*Wesley Robinson Administrator*  
Printed Name and Title

*8-22-19*  
Date

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162c Menus - posted

Requirements

2800.162.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 5/13/19, the menus for the current week and the prior week were posted; however, the menu for the upcoming week was not posted.

Plan of Correction (POC)

2800.162.c.

Weekly menus are posted for residents outside of the dining for residents and visitors to view and take copies. Current week and upcoming week menus are placed in display case outside of activities room. Dietary manager replaces previous weeks menu with next week's menu on Sunday evening. Education has been provided to dietary manager to ensure designee performs menu replacement when manager is absent. Audit of menu board by administrator or designee will occur weekly for 4 weeks to ensure compliance.

Legal Entity Representative

Signature *Wesley Robinson*

Printed Name and Title *Wesley Robinson Administrator*

Date *8-22-19*

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183b Medications and syringes locked

Requirements

2800. 183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's living unit.

Description of Violation

On 5/13/19, there were multiple unlocked and accessible medications on top of the refrigerator in resident #2's bedroom including: Vitamin A&D ointment, Calmoseptine, Hydrocortisone 2.5%, Triple antibiotic cream Mupirocin 2%, and Imiquimod cream 5%

Plan of Correction (POC)

2800.183.b.

On 5/13/19, licensed nursing staff became aware of the medicated treatments stored improperly in resident #2's room. Immediately on 5/13/19, all medicated treatments were removed from the room and returned to the proper storage in the treatment storage unit located within the nursing station. Staff will be educated on the proper storage of medication and treatment guidelines within the next 30 days. Weekly audits of the location of treatments and room checks will be conducted by DRC or designee to ensure compliance with the medication regulations for the next 60 days. Audits will be reviewed at the quality management meeting.

Legal Entity Representative


Signature 

Wesley Robinson Administrator 8-22-19  
Printed Name and Title Date

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- Not Implemented

## 184a Labeling

## Requirements

2800.

184.a. The original container for prescription medications shall 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.

## Description of Violation

Resident #3 is ordered Repaglinide 1mg, 1 tablet, 3 times daily with meals; however, the medication label for the morning dose indicates Repaglinide 1mg, take ½ tablet every morning no more than 15 minutes before meal.

Resident #3 was ordered Warfarin 2.5 mg on 5/9/19, 5/11/19, 5/14/19, and 5mg all other days; however, there were several medication packets with various labels indicating:

\* Warfarin 2.5 mg, take 1 tablet every Saturday

\* Warfarin 5mg, take 1 tablet once daily on Friday (5/10/19), Sunday (5/12/19) and Monday (5/13/19) handwritten on the label was "Use bottle first."

\* Warfarin 5mg, take 1 tablet once daily except Saturday. Handwritten on label was "use bottle first."

Resident #4 is ordered Tramadol 450mg, give 1 tablet every 8 hours as needed for pain. However the labels on the medication indicate Tramadol 450mg give 1 tablet once daily as needed, and another medication pack label indicates Tramadol 450mg take 1 tablet twice a day as needed.

Resident #5 is ordered Warfarin MAR 1mg, 2 tablets (2mg) by mouth every other day and alternate with 1½mg dose on other days. However, the medication label indicates Warfarin 1mg, take 2 tablets daily.

Repeat violation date(s): 5/14/18 et al


## Plan of Correction (POC)

184.4.

Labeling

Please see attached sheet.

See Page 14a of 17

 8/26/19

2800.184.a.


All the identified resident's medication labels have since been changed/and or wasted. On 5/14/19, licensed nursing staff put a sticker to all medication packaging to notify staff to see EMAR for medication changes. This sticker is to alert staff the labeling on the package is incorrect and to look at the EMAR for correct dosage.

Staff will be educated on when a dosage of a medication changes the proper steps to take to ensure the medication label matches correctly with the EMAR system. Nursing staff will also be educated on following the five rights of medication administration to ensure we are following the correct medication administration guidelines. Weekly audits of the EMAR and medication labels will be conducted by the DRC or designee to ensure compliance for the next 60 days. DRC or designee will review audits to ensure compliance. Audits will be reviewed at the quality management meeting.

Wesley Robinson

Wesley Robinson  
Administrator

8-22-19

 8/26/19

184a Labeling (continued)

Legal Entity Representative

Wesley Robison  
Signature

Wesley Robison Administrator 8-22-19  
Printed Name and Title Date

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(Date) (Date)

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 Partially Implemented - Inadequate Progress  
 Not Implemented

187d Follow prescriber's orders

Requirements

2800.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #6 is ordered Alendronate 35mg take 1 tablet every Thursday. However, on 4/2/19, the resident was administered a 70mg dose of this medication.

Plan of Correction (POC)

2800.187.d.

Upon discovery of the medication error for resident #6 on 5/14/19, Licensed nursing staff notified the resident, resident's family (POA) and the PCP. Labs were then ordered by PCP to be drawn on 5/15/19 to check renal function, which was within the normal range. There were no adverse effects noted due to the medication error. The pharmacy was also contacted by the facility to notify them of the wrong order in the EMAR system and the correct dose was sent and was correctly entered into the EMAR system. Licensed Nursing Staff will be educated by the Director of Resident Care on the proper way to check that new medication orders are being approved correctly in the EMAR system within the next 30 days. Weekly audits of the EMAR will be conducted by the DRC to ensure compliance on a weekly basis for the next 90 days. DRC or designee will review audits to ensure compliance. Audits will be reviewed at the quality management meeting.

Legal Entity Representative

Signature Wesley Robinson

Wesley Robinson Administrator Printed Name and Title 8-22-19 Date

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- Not Implemented

227g Support plan - signatures

Requirements

2800.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

The support plan for resident #1, dated 12/13/18, is not signed by the resident or indicate if the resident was unable or refused to sign.

The final support plan for resident #4, dated 12/18/18, is not signed by the resident or indicate if the resident was unable or refused to sign.

Plan of Correction (POC)

2800.227.g.

Support plans

- a) Resident #1, on 5/14/2019, the Resident support coordinator explained the resident's support plan with them and had them sign that they did understand and agreed to the support plan.
- b) Resident # 4, on 5/14/2019, the Resident support coordinator explained the resident's support plan with them and had them sign that they did understand and agreed to the support plan.
- The Resident Support Coordinator will conduct random weekly audits of resident support plans to ensure that they are complete and accurate and that all participants including the resident sign the support plan for the next 90 days. Audits will be reviewed at the quality management meeting.

Legal Entity Representative

*Wesley Robinson*  
Signature

Wesley Robinson Administrator  
Printed Name and Title

8-22-19  
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