



Mailing Date: August 14, 2018

Mr. Robert D. Hand
Owner
Cornerstone Personal Care Home, LLC
969 Bedford Street
Claysburg, Pennsylvania 16625

RE: Cornerstone Personal Care Home
Certificate #: 333270

Dear Mr. Hand:

As a result of the Department's Bureau of Human Services Licensing inspection on and June 19, 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 violations cited 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.

Sincerely,

A handwritten signature in black ink that reads "Brett Swanger". The signature is written in a cursive style.

Brett Swanger
Human Services Licensing Supervisor

Enclosure
Violation Report

Violation Report

Facility Information

Name: CORNERSTONE PERSONAL CARE HOME
Address: 969 BEDFORD STREET, CLAYSBURG, PA 16625
County: BLAIR Region: CENTRAL

License Number: 333270

Administrator

Name: Denise Moyer-Hand Phone: 814-317-5121 Email:

Legal Entity

Name: CORNERSTONE PERSONAL CARE HOME LLC
Address: 969 BEDFORD STREET, PA, 16625

Certificate(s) of Occupancy

Type: Other Date: Issued By:

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 18 Waking Staff: 14

Inspection

Type: Partial BHA Docket #: Notice: Unannounced
Reason: Complaint

Inspection Dates and Department Representative

06/19/2019 - On-Site: Laura Heemer, Mike Palermo

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 24 Residents Served: 18

Secured Dementia Care Unit

In Home: No Area: Capacity: Residents Served:

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 9 Are 60 Years of Age or Older: 14
Diagnosed with Mental Illness: 3 Diagnosed with Intellectual Disability: 2
Have Mobility Need: 0 Have Physical Disability: 0

15a - Resident Abuse Report

Regulations

2600.

15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

On 4/14/2019, the administrator received an allegation of abuse concerning Resident 1. This allegation was not reported in compliance with the Older Adult Protective Services Act.

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.)

The incident involving Resident 1 was reported to me on 4-14-19 a week after it allegedly took place. The incident was documented, the resident's sons were notified, I confronted, subsequently disciplined the staff member involved. The night I was told, I asked her repeatedly what she wanted me to do, she refused to call the ombudsman without her one son present. He was on vacation. I offered to call the police and file a report, she refused. At this point, and for several weeks prior, her sons and I thought that the resident was exhibiting "manic" behavior, exaggerating stories and out-right lying about certain facts and events.

(see additional page)

Continued on Pages 2A and 2B

Legal Entity Representative

Denise Moyer-Hand
Signature

Owner/Administrator
Denise Moyer-Hand 7-5-19
Printed Name and Title Date

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The above plan of correction is approved as of 7/16/19 (Date) Plan of correction implementation status as of 8/14/19 (Date)

The above plan of correction was approved by BAS (Initials) Fully Implemented Partially Implemented - Adequate Progress Partially Implemented - Inadequate Progress Not Implemented

Regarding violation 2600.15a

(continued...) Although we knew it was a serious accusation, it was the consensus of the group to not contact the Ombudsman or the state at the time, as we did not want to ruin the reputation of our staff member, or draw unnecessary attention to the home for something we all believed was false. The resident's 3 sons were called into the office and met with the resident, the Administrator and the owner of Cornerstone. The resident agreed that the accusations were unfounded and something the staff member said had triggered a bad memory. We all agreed that the resident would follow up with her therapist and seek additional help.

In hindsight, we should have reported the incident to the State when it occurred and acted on behalf of the resident. The incident was documented and all of the information from April 14 was handed over to the DHS inspectors when they came on June 19, 2019. To this day, the resident's sons are looking for a skilled nursing facility for her, as they believe her mental illness is getting worse and she needs a higher level of care. Her doctor believes that she is once again "manic" and has increased her medication to help alleviate some of the symptoms.


Moving forward, Cornerstone Administration will document and report ALL incidents of alleged abuse/neglect to DHS and the Ombudsman in compliance with the Older Adult Protective Services Act. We also plan to work with staff on certain issues as well. We would like to contact our local ombudsman Jamie Rose, and have her come out for staff training on reporting to the state. We have also asked our local Ombudsman to attend our monthly Resident Council meetings, so the residents are familiar with her and comfortable with her should they need her advice or counsel.


Denise Moyer-Hand, Owner and Administrator

7-5-19

Regarding violation 2600.16c

Cornerstone Administration will document and report ALL incidents of alleged abuse/neglect to DHS by calling the complaint hotline within 24 hours of ANY reported incident. We will also follow through with our local Ombudsman in compliance with the Older Adult Protective Services Act. We also plan to work with staff on certain issues as well. We would like to contact our local ombudsman Jamie Rose, and have her come out for staff training on reporting to the state. We have also asked our local Ombudsman to attend our monthly Resident Council meetings, so the residents are familiar with her and comfortable with her should they need her advice or counsel.


Denise Moyer-Hand, Owner and Administrator

7-5-19

Violation 2600.15a continued:

On 8/6/2019, Natalie Hockenberry from the Blair County Protective Services Unit will be providing a presentation to review how to identify abuse/neglect, incident reporting, OAPSA, and an overview of protective services. Documentation of staff participation in this presentation will be maintained for Department Review. On 8/15/2019, Natalie Hockenberry will also be providing a presentation to the residents during the resident council meeting. BAS 7/16/19

16c - Written Incident Report

Regulations

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On 4/14/2019, the administrator received an allegation of abuse concerning Resident 1. This allegation was not reported to the Department.

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.)

(see attached)

Continued on Page 2A

*On 8/6/2019, Natalie Hockenberry from the Blair County Protective Services Unit will be providing a presentation to review how to identify abuse/neglect, incident reporting, OAPSA, and an overview of protective services. Documentation of staff participation in this presentation will be maintained for Department review.

BAS 7/16/19

Legal Entity Representative

Denise Moyer Hand
Signature

Owner/Administrator
Denise Moyer-Hand
Printed Name and Title

7-5-19
Date

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141a - Medical Evaluation

Regulations

2600.

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, within 60 days prior to admission or within 30 days after admission.

Description of Violation

The current medical evaluation for Resident 2 is not documented on the Documentation of Medical Evaluation form as required by the Department.

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.)

Resident 1 had a DME signed on 2/8/18 before she first came to our facility. Resident 1 did have a yearly physical exam and was seen by her PCP on 1/8/19 and a new MA-51 was completed and signed by her PCP. It was Cornerstone's understanding that the yearly renewal of the MA-51 was sufficient documentation. Moving forward, all yearly PCP visits and any new resident will have a DME signed and on file in accordance with the state regulation.

Continued on Page 4A

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Signature

Owner, Administrator
Denise Moyer-Hand 7-5-19
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Violation 2600.141a continued:

The administrator will review all current resident files to identify the residents who do not have a DME form completed for the most recent medical evaluation. This review will be completed within 45 days from the approval date of this plan.

The administrator, or another designated staff member, will review all future DME forms for completeness and proper documentation prior to it being added to the resident's file. BAS 7/16/19

141b1 - Annual Medical Evaluation

Regulations

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident 1's most recent medical evaluation was on 12/28/2017.

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.)

Resident 1 was seen by her PCP for her yearly medical evaluation on 1-8-19. (See attached notes from UPMC - Dr. George Zubak) + updated MA-51 was completed. From now on, each resident will have a DME completed yearly by their PCP during their annual medical exam.

Continued of Page 5A

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Signature

owner, Administrator
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Violation 2600.141b1 continued:

The administrator will audit all resident records to ensure that each resident has a current medical evaluation documented on the form specified by the Dept. Any resident whose medical evaluation is overdue will have an evaluation completed as soon as can be scheduled by the provider and at least annually thereafter. This review will be completed within 45 days from the approval date of this plan. BAS 7/16/19

225c - Additional Assessment

Regulations

2600.

225.c. The resident shall have additional assessments as follows:

- 1. Annually.

Description of Violation

Resident 1's assessment, dated 2/28/2019, is incomplete. There is no listing for and assessment of the needs related to the resident's diagnoses of Schizoaffective Disorder, OsteoArthritis, Depression, GERD and Bi Polar DO.

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.)

Resident 1's assessment was incomplete. Typically, I like to sit down with each resident and go through their assessment after their yearly physical to address their specific issues. It was simply overlooked. Moving forward, I will make sure the RASP's are complete to the best of my knowledge using any input from the PCP and the resident themselves, addressing any issues and working with the resident to help them with any ADL's and/or other concerns.

Legal Entity Representative

Continued on Page 6A



Signature

Owner, Administrator
Denise Moyer-Hand 7-5-19

Printed Name and Title

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Violation 2600.225c:

A detailed comprehensive assessment that identifies and assess all of Resident #1's personal care needs has been completed.

The administrator will complete an audit all resident assessments and support plans (RASPs) to ensure that an accurate assessment of the current needs and abilities of each resident, and a description of how the needs of each resident will addressed by the home, has been documented. The audit and completion of any new RASPs shall be completed within 45 days from the acceptance date of this plan

BAS 7/16/19

227d - Support Plan Medical/Dental

Regulations

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

Resident 2's support plan, dated 3/30/19, does not include behavioral health services provided by PHN-Behavioral Health.

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.)

Resident 2 started seeing several therapists at Primary Health Network. She has asked to increase her visits with them as she "hears voices" and is well aware of her schizophrenic diagnosis. Since her visits have increased, and she is just now hitting her annual exam/medical evaluation, we are working with resident 2 to address certain/specific concerns and working with primary health network. We will update her support plan accordingly.

Continued on Page 7A

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Signature

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Violation 227d:

Resident #2's support plan will be updated to include all necessary information within 10 days from the acceptance date of this plan.

The administrator will complete an audit all resident support plans to ensure that all services and service providers have been documented. The audit and any updates to the support plans shall be completed within 45 days from the acceptance date of this plan.

BAS 7/16/19