



October 28, 2019

Mr. Scott D. Habecker
Executive Vice President – COO/CFO
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 21, 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, appearing to read "Kevin Hancock", written over a light blue horizontal line.

Kevin Hancock
Deputy Secretary
Office of Long-term Living

Enclosure
Violation Report

Violation Report

Facility Information

Name: CUMBERLAND CROSSINGS RETIREMENT COMMUNITY
Address: 1 LONGSDORF WAY A B & C WINGS, CARLISLE, PA 17015
County: CUMBERLAND Region: CENTRAL

License Number: 317310

Administrator

Name: Corinne Stewart Phone: 7172459941 Email: stewartc@DIAKON.ORG

Legal Entity

Name: DIAKON LUTHERAN SOCIAL MINISTRIES
Address: 1022 NORTH UNION STREET, MIDDLETOWN, PA, 17057

Certificate(s) of Occupancy

Type: C-2 LP Date: 10/31/1991 Issued By: Labor and Industry

Staffing Hours

Resident Support Staff: Total Daily Staff: 62 Waking Staff: 47

Inspection

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

Inspection Dates and Department Representative

06/21/2019 - On-Site: Kellie Cargile, Cybil Bomberger

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 59 Residents Served: 46

Secured Dementia Care Unit

In Home: No Area: Capacity: Residents Served:

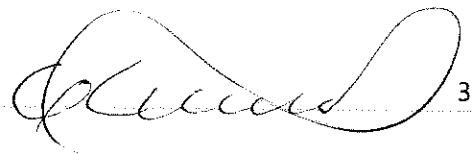
Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 46
Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 1
Have Mobility Need: 16 Have Physical Disability: 0

Rec'd
8/22/19
GE



85d - Trash Receptacles

Regulations

2600.

85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

Description of Violation

There were 3 uncovered trash cans in the shared bathroom inside of Bedroom 10.

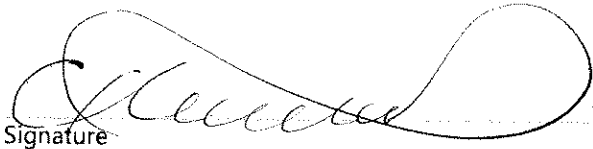
Plan of Correction (POC)

(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 next page

Page 2A of 3

Legal Entity Representative



Signature

Cori Stewart SR PCA

Printed Name and Title

8/2/2019

Date

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

The above plan of correction is approved as of

9/23/19
(Date)

Plan of correction implementation status as of

9/23/19
(Date)

The above plan of correction was approved by

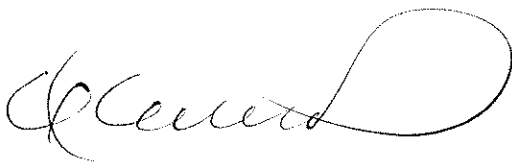
GE
(Initials)

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

2600.85.d

There were 3 uncovered trash cans in the shared bathroom inside of bedroom 10.

- On 6/21/2019 education provided by SR PCHA and on-going by designee regarding covered trash receptacles.
 - See attached education.
- On 6/24/2019 trash receptacles in both semi-private rooms were replaced with covered receptacles.
- A letter is being sent to Personal Care Residents and their families regarding the regulation about requiring covered trash cans.
 - See attached letter.
- House audit to be completed by SR PCHA by the end of August to determine what trash receptacles are in need of replacement.
 - Lidded trash receptacles will be replaced upon availability.


317310
8/21/2019
SR PCHA

185a - Implement Storage Procedures

Regulations

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

Blood sugar readings in the residents' glucometers do not match readings documented on the residents' medication administration records, as follows:

On 6/18/19, at 5:08 pm, Resident #1's glucometer showed a reading of 242. A reading of 244 was recorded on the medication administration record.

On 6/19/19, at 7:19 am, Resident #2 had a reading of 117 on their glucometer. No reading was recorded on the medication administration record.

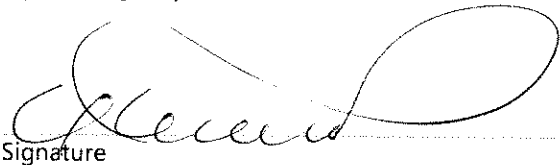
Plan of Correction (POC)

(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 next page

Page 3A of 3

Legal Entity Representative



Signature

Cori Stewart SR PHN

Printed Name and Title

8/21/2019

Date

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

The above plan of correction is approved as of 9/23/19 (Date)

Plan of correction implementation status as of 9/23/19 (Date)

Fully Implemented

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

Partially Implemented - Adequate Progress

Partially Implemented - Inadequate Progress

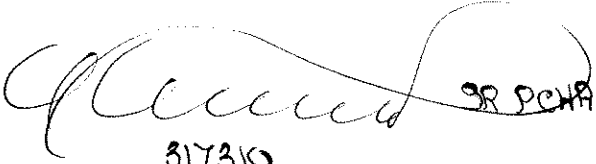
Not Implemented

2600.185.a

Blood sugar readings in the residents' glucometers did not match readings documented on the residents' medication administration records.

- On 6/21/2019 education provided by SR PCHA and on-going by designee regarding when taking a blood sugar to ensure documentation matches the exact reading that was shown on the glucometer.
- Instructions on how to go back in the glucometer machine to see what the previous reading was to ensure the reading that is being documented is the correct reading is posted on each medication cart.
- Daily audits being completed by designee to compare glucometer readings to EMR documentation.
 - Audits are reviewed by SR PCHA/CSM and any individual education needed will be completed.
 - See attached audits

The findings of the audits will be addressed at the home's next Quality Management Review. - GE, 9/23/19


317310
8/21/2019