



MAILING DATE: December 5, 2019

Mr. Lee A Stickler
President and CEO
Cornwall Manor
P.O. Box 125
Cornwall, Pennsylvania 17016

RE: Cornwall Manor
Corson Hall
Certificate #: 342880

Dear Mr. Stickler:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Office of Long-term Living) review on October 10, 2019 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

Gloria Emick

Gloria Emick
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report

Facility Information

Name: CORNWALL MANOR

License Number: 34288

Address: P.O. BOX 125,, CORSON HALL,, CORNWALL, PA 17016

County: LEBANON

Region: CENTRAL

Administrator

Name: Courtney Gruber

Phone: 7172732647

Email:

Legal Entity

Name: CORNWALL MANOR

Address: PO BOX 125, CORNWALL, PA, 17016

Certificate(s) of Occupancy

Type: C-2 LP

Date: 09/26/1996

Issued By: Labor and Industry

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 20

Waking Staff: 15

Inspection

Type: Full

BHA Docket #:

Notice: Unannounced

Reason: Renewal

Inspection Dates and Department Representative

10/10/2019 - On-Site: Kellie Cargile, Jason McCloskey

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 35

Residents Served: 20

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: 20

Diagnosed with Mental Illness: 0

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 0

Have Physical Disability: 0

Rec'd
10/29/19
GE

183d - Prescription Current

Regulations

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

Two bottles of Va-Alphagan, .15% eye drops, prescribed for Resident #1, had expiration dates of 9/2019 and were located in the home's medication cart.

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.)

1. Expired eye drops returned to pharmacy on 10/10/19 as shown on attached page number one "Record of return or disposal of drugs"
2. New eye drops delivered from pharmacy on 10/10/19 as shown on attached page number two "Delivery Sheets"
3. Please see attached page number three. Plan to go into affect immediately. See Attached Page 2A of 3

Legal Entity Representative

Courtney Gruber
Signature

Courtney Gruber, LPN/Administrator 10/29/19
Printed Name and Title Date

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

The above plan of correction is approved as of 12/4/19 Plan of correction implementation status as of 12/4/19
 (Date) Implemented (Date)

The above plan of correction was approved by GE
 (Initials) Not Implemented

DG: #3 10/28/19
Carmen Green

3.

A log will be kept. When a medication arrives it will be added to the log along with the expiration date of that medication. The 11-7 shift will be responsible for reviewing the log weekly to check for any medications soon to expire and re-order as needed. The full-time 7-3 LPN will then do bi-monthly audit to check for expired medications in the medication cart. The results of the audits will then be included in the Quality Management Review.