



Sent via e-mail [denisecornerstonehome@gmail.com]

MAILING DATE: April 10, 2020

Ms. Denise Moyer-Hand
Owner/Administrator
Cornerstone Personal Care Home LLC
969 Bedford Street
Claysburg, Pennsylvania 16625

RE: Cornerstone Personal Care Home
Certificate #: 333270

Dear Ms. Moyer-Hand:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Office of Long-term Living) review on December 18, 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: CORNERSTONE PERSONAL CARE HOME

License Number: 33327

Address: 969 BEDFORD STREET,, CLAYSBURG, PA 16625

County: BLAIR

Region: CENTRAL

Administrator

Name: Denise Moyer-Hand

Phone: 8143305431

Email: denisecornerstonehome@gmail.com

Legal Entity

Name: CORNERSTONE PERSONAL CARE HOME LLC

Address: 969 BEDFORD STREET, CLAYSBURG, PA, 16625

Certificate(s) of Occupancy

Type: Other

Date: 03/14/0184

Issued By: Labor and Industry

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 16

Waking Staff: 12

Inspection

Type: Full

BHA Docket #:

Notice: Unannounced

Reason: Renewal

Inspection Dates and Department Representative

12/18/2019 - On-Site: Hope O'Pake, Jason McCloskey

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 24

Residents Served: 16

Secured Dementia Care Unit

In Home: No

Area:

Capacity:

Residents Served:

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 11

Are 60 Years of Age or Older: 13

Diagnosed with Mental Illness: 3

Diagnosed with Intellectual Disability: 2

Have Mobility Need: 0

Have Physical Disability: 0

42s - Privacy

Regulations

2600.

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 second floor shower rooms, with toilets, have no locks on the doors.

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.)

A dead-bolt type lock has been purchased and installed on both of the upstairs bathroom doors as of 1-14-20. (Attached receipt.)

Legal Entity Representative

Denise Moyer-Hand
Signature

Denise Moyer-Hand
owner/Administrator
1-14-20
Printed Name and Title Date

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

The above plan of correction is approved as of 4/10/20 Plan of correction implementation status as of 4/10/20
(Date) (Date)

Implemented
 Not Implemented

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

87 - Lighting

Regulations

2600.

87. Lighting - The home's hallways, interior stairs, outside steps, outside doorways, porches, ramps, evacuation routes, outside walkways and fire escapes shall be lighted and marked to ensure that residents, including those with vision impairments, can safely move through the home and safely evacuate.

Description of Violation

There is no exterior light outside of the doorway at the bottom of the emergency stairs, leading from the second floor to the first floor. When exiting the home from the stairwell, there is no outside light.

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.)

An exterior light with bulbs was purchased on 1-6-20 @ Home Depot. We are working with our electrician to get it properly installed and functioning as soon as possible. (see attached receipt.)

* Installed and working properly on 1-16-20
DJA

Legal Entity Representative

Denise Mayer-Hand
Signature

Denise Mayer-Hand
owner/Administrator
Printed Name and Title

1-14-20
Date

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102i - Soap Dispenser

Regulations

2600.

102.i. A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.

Description of Violation

There was an unlabeled, used bar of green soap in the shower room at the top of the steps, as well as an unlabeled purple travel container, which contained a bar of soap.

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.)

All residents soaps are put into containers upon their arrival (and labeled.) We are aware of who the soap belongs to, but the showers have been cleaned and everything removed from the showers since the inspection. All unlabeled soap has been discarded.

Legal Entity Representative

Denise Moyer Hand
Signature

Denise Moyer-Hand
Owner/Administrator 1-14-20
Printed Name and Title Date

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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 been reviewed and remain unchanged, according to the Administrator. There is no documentation they have been reviewed, nor have they been submitted to the local emergency management agency.

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 Home's Emergency procedures were reviewed during/after our supervised fire drill on 12/2/2019. Since the procedures remained unchanged at that time, but there was no documentation, a new form was developed & signed & will be filed and updated on a yearly basis. A copy of the emergency policy & procedures were mailed to the local fire company and local EMA office on 1-15-20.

Legal Entity Representative

Denise Moyer-Hand
Signature

Denise Moyer-Hand
owner/Administrator 1-15-20
Printed Name and Title Date

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124 - Notice to Fire Department

Regulations

2600.

124. The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.

Description of Violation

The home does not have documentation of written notification to the local fire department of the address of the home, location of the bedrooms, and the assistance needed to evacuate in an emergency.

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.)

written notification was submitted to the local fire department in December of 2017 when we were first licensed. There has been nothing further documented as far as residents are concerned. A letter was sent to the local dept. with updated floor plans and current resident(s) needs on 1-15-20. (see attached copy)

Legal Entity Representative

Denise Moyer-Hand
Signature

Denise Moyer-Hand
Owner/Administrator 1-15-20
Printed Name and Title Date

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125b - Combustible Restrictions

Regulations

2600.

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

Description of Violation

Under the stairs in an unlocked storage area, which is accessible to residents, was a gas-fired generator and two 11-ounce aerosol cans of starter fluid.

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.)

We have been working to repair the generator which has not been starting. Our local maintenance (snow removal) guy had used the starter fluid to try to start the generator when he was last here. We were simply unaware that he had left 2 cans near the generator & had left the door unlocked. The cans have since been discarded and the door re-locked to prevent any injury.

Legal Entity Representative

Denise Moyer-Hand
Signature

Denise Moyer-Hand
owner/Administrator 1-14-20
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126a - Furnace Inspection

Regulations

2600.

126.a. A professional furnace cleaning company or trained maintenance staff person shall inspect furnaces at least annually. Documentation of the inspection shall be kept.

Description of Violation

The home has a forced-air, propane-fired furnace in the activity room. It has not been inspected or serviced in the past year.

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.)

A local guy, Dave Lockard has been contacted (through Lockard HVAC : Commercial Refrigeration) to come and inspect our propane furnace. He was called on 1-14-20 and has not returned our call as of 1-16-20. We hope to have him come out and make sure our furnace is running smoothly, inspect it, and service it if needed by January 31, 2020. I can forward any paperwork to you at that time.

We had a local furnace (HVAC) company come in to inspect and service the propane heaters in our building. Please find attached the service order and paid invoice for that service. Completed 1/23/20.

Legal Entity Representative



Signature

Denise Moyer-Hand
Owner/Administrator

Printed Name and Title

1-15-20

Date

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132d - Evacuation

Regulations

2600.

132.d. Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. For purposes of this subsection, the fire safety expert may not be a staff person of the home.

Description of Violation

The home does not have a maximum safe evacuation time specified in writing within the past year by a fire safety expert. The home exceeded an evacuation time of 2 minutes 30 seconds during the fire drill on December 2, 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.)

Our "safe evacuation time" was determined to be 3 minutes as of 10-2-17 when the home was starting up. Since then, we have used the same "letter" stating the 3 minute evac. time. I was unaware that the letter needed to be updated every year. On 1-15-20, the Home was reviewed again by Robert Opett: a new letter/form was determined and signed. (see attached)

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Signature

Denise Moyer-Hand
Owner/Administrator
Printed Name and Title

1-15-20
Date

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132e - Fire Drill Sleeping Hours

Regulations

2600.

132.e. A fire drill shall be held during sleeping hours once every 6 months.

Description of Violation

The only fire drill conducted during sleeping hours in the last 12 months was on May 30, 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.)

On 1-11-20, Cornerstone conducted our monthly fire drill at 2:05 AM during sleeping hours.

I was under the impression that the regulation was 2 per year, not 1 every 6 months.

We are now aware and will conduct our monthly fire drills with residents accordingly.

Legal Entity Representative

Denise Moyer-Hand
Signature

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owner/Administrator 1-15-20
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183b - Meds and Syringes Locked

Regulations

2600.

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 room.

Description of Violation

A 45-gram tube of Betamethasone Dipropionate, a 100-gram tube of Diclofenac Sodium Topical Gel, and two 1-ounce tubes of Hydrocortisone Ointment were unlocked, unattended, and accessible in Room 22.

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 resident who sleeps in room 22 is well aware of our rules regarding medication storage but continues to make her choices and schedules appointments around us. We have since removed the tubes of ointment from her room and they are secured in the med. cart. We are looking into a lock box for her and are waiting for a doctors order that she can self-administer these ointments on her own. In the meantime, they are secure in the med cart.

Legal Entity Representative

Denise Moyer-Hand

Signature

Denise Moyer-Hand

Owner/Administrator 1-15-20

Printed Name and Title

Date

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