



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Mailing Date: May 5, 2020

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 Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on January 21, 2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

A handwritten signature in black ink that reads "Brett Swanger".

Brett Swanger
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

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: 31731

Administrator

Name: Cori Stewart Phone: Email:

Legal Entity

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

Certificate(s) of Occupancy

Type: C-2 LP Date: Issued By:

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 64 Waking Staff: 48

Inspection

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

Inspection Dates and Department Representative

01/21/2020 - On-Site: Jason McCloskey
01/24/2020 - Off-Site: Jason McCloskey

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: 3

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: 18 Have Physical Disability: 1

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

Resident 1 was not administered the prescribed Azasite 1% eye drops from 1/11/2020 through 1/15/2020. These medication errors were 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 next page Page 2A

Legal Entity Representative

[Handwritten Signature]

Signature

Cori Stewart, SR PHA

Printed Name and Title

2/18/2020

Date

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

The above plan of correction is approved as of 2/19/2020
(Date)

Plan of correction implementation status as of 5/5/2020
(Date)

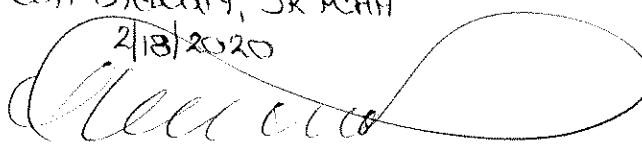
The above plan of correction was approved by BAS
(Initials)

Implemented
 Not Implemented

2600.16.(c) – The home shall report the incident or condition to the Department’s personal care home complaint hotline within 24 hours in a manner designated by the Department.

Resident 1 was not administered the prescribed Azasite 1% eye drops from 1/1/2020 through 1/15/2020. These medication errors were not reported to the Department

- Personal Care employees will have completed Relias education “Reportable Incidents” by 2/28/2020.
- Education initiated on 1/22/2020 and on-going for LPN’s/Med Tech’s regarding notifying SR PCHA/Designee when a medication error occurs and the different types of medication errors. Education provided by SR PCHA.
 - See attached in-service
- Education provided to SR PCHA on 1/22/2020 by ED regarding regulation on reporting medication errors.
 - See attached
- Education initiated and on-going regarding regulation 2600.16.
 - See attached in-service
 - Regulation posted at nurses station
- The SR PCHA/Designee will complete weekly audits through April 30, 2020 of all current resident’s Medication Administration Records to ensure that all medication errors were reported properly per regulation (reporting to department within 24hrs, notification of PCP/Resident/Resident’s designated person immediately and documentation of medication error and the PCP’s response shall be kept in the resident record)
 - Audit findings will be reviewed during monthly QAPI meeting.
 - Any medication error reportable will be reviewed during monthly QAPI meeting.
 - Documentation will be provided to DHS upon completion.

2600.16.c
Cumberland Crossings
Cari Stewart, SR PCHA
2/18/2020

317310

127a - Portable Space Heaters

Regulations

2600.
127.a. Portable space heaters are prohibited.

Description of Violation

An electric space heater was located in the administrator's office within the home.

Plan of Correction (POC)

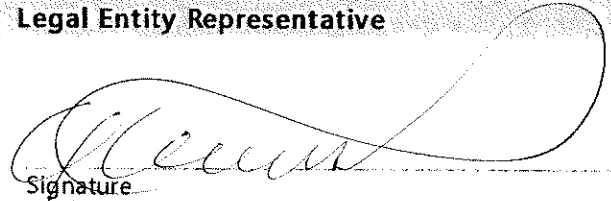
(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

2600.127.(a) – Portable space heaters are prohibited.

An electric space heater was located in the administrator's office within the home.

- **Electric space heater was removed from the building upon being pointed out by the DHS surveyor.**
- **Education provided to SR PCHA on 1/22/2020 by ED regarding regulation on portable space heaters.**
 - **See attached**

Legal Entity Representative


Signature

Cori Stewart, SR PCHA
Printed Name and Title
2/12/2020
Date

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The above plan of correction is approved as of 2/19/2020 Plan of correction implementation status as of 5/5/2020
(Date) (Date)

Implemented
 Not Implemented

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

187d - Follow Prescriber's Orders

Regulations

2600.
187.d. The home shall follow the directions of the prescriber.

Description of Violation

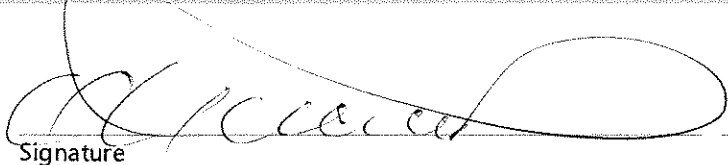
Resident 1 was prescribed a treatment regimen that included Azasite 1% eye drops to be administered daily. The treatment was not performed from 1/11/2020 through 1/15/2020 because the eye drops were not available to be administered.

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 4A

Legal Entity Representative



Signature

C. Stewart, SR PHA 2/18/2020

Printed Name and Title

Date

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The above plan of correction is approved as of 2/19/2020 (Date) Plan of correction implementation status as of 5/5/2020 (Date)

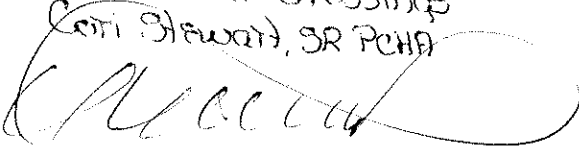
Implemented
 Not Implemented

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

2600.187.(d) – The home shall follow the directions of the prescriber.

Resident 1 was prescribed a treatment regimen that included Azasite 1% eye drops to be administered daily. The treatment was not performed from 1/11/2020 through 1/15/2020 because the eye drops were not available to be administered.

- Education initiated on 2/6/2020 and on-going for LPN's/Med Tech's regarding following physician prescriptions and what to do if a medication is unavailable. Education provided by SR PCHA.
 - See attached in-service
- The SR PCHA/Designee will complete weekly audits through April 30, 2020 of comparing Medication Administration Records vs Dates Physician Orders received vs Dates Medications Received vs Dates Medications Initiated to ensure physician orders are up to date and medications are available and administered as ordered.
 - Audit findings will be reviewed during monthly QAPI meeting.
 - Documentation will be provided to DHS upon completion.

2600.187.d
Cumberland Crossings
Coti Stewart, SR PCHA

2/18/2020
317310