



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

SENT VIA EMAIL: [robinsonwj@upmc.edu](mailto:robinsonwj@upmc.edu)  
[wilhelmc@upmc.edu](mailto:wilhelmc@upmc.edu)

MAILING DATE: May 4, 2020

Mr. Wesley Robinson  
Administrator  
Cranberry Place  
**Attn: Dan Grant, Chief Operating Officer**  
9350 Babcock Boulevard  
Pittsburgh, Pennsylvania 15237

RE: Cumberland Crossing Manor  
9150 Babcock Boulevard  
Pittsburgh, Pennsylvania 15237  
Certificate #: 446160

Dear Mr. Robinson:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on February 25, 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, appearing to read "Jason Williams".

Jason Williams  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary

4/27/20

Western Region Field Office  
Bureau of Human Services Licensing

## Violation Report

## Facility Information

Name: CUMBERLAND CROSSING MANOR  
 Address: 1201 CUMBERLAND ROAD, PITTSBURGH, PA 15237  
 County: ALLEGHENY Region: WESTERN

License Number: 44616

## Administrator

Name: Wesley Robinson Phone: 4126350798 Email: robinsonwj@UPMC.EDU

## Legal Entity

Name: CRANBERRY PLACE  
 Address: 1201 CUMBERLAND ROAD, ATTN: DAN GRANT, COO, PITTSBURGH, PA, 15237

## Certificate(s) of Occupancy

Type: C-2 LP Date: 10/09/1998 Issued By: L & I

## Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 122 Waking Staff: 92

## Inspection

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

## Inspection Dates and Department Representative

02/25/2020 - On-Site: Laurie Garrigan

## Resident Demographic Data as of Inspection Dates

## General Information

License Capacity: 115 Residents Served: 94

## Special Care Unit

In Home: No Area: Capacity: Residents Served:

## Hospice

Current Residents: 2

## Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 94  
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0  
 Have Mobility Need: 28 Have Physical Disability: 1

184a Labeling

Requirements

2800.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- 4. The prescribed dosage and instructions for administration.

Description of Violation

On 2/18/20, resident #1 was prescribed Triamcinolone ointment-apply twice a day as needed for itching/rash, do not use more than 7 days without taking a break for 3 days. However, the pharmacy label indicated Triamcinolone ointment-apply topically to hand rash twice daily for 5 days.

Repeat Violation: 5/13/19 et al

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 Attachment Page: 2a of 3



4/27/20

Legal Entity Representative

Signature Wesley Robinson

Printed Name and Title Wesley Robinson, Administrator

Date 4-21-20

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

The above plan of correction is approved as of 4/27/20  
(Date)

Plan of correction implementation status as of 4/27/20  
(Date)

The above plan of correction was approved by [Signature]  
(Initials)

- Implemented
- Not Implemented

2800.184.(a) Labeling

Original physician order was written 01/23/2020, Apply to Left hand Twice Daily for 5 days. Subsequent orders were taken from MD; 1/30/20, 2/06/20, 02/14/20. PRN order written "do not use for more than 7 days" was discontinued and noted in EMAR, see attached. MD wrote for order to be changed from PRN (as Needed) to Straight (occurring daily) 2/4/20.

Licensed nursing staff coordinate MD orders to pharmacy for fulfillment. When MD prescription orders change, licensed nursing staff a Cumberland Crossing Manor update EMAR to reflect change. Pharmacy changes are noted with label "SEE MAR" attached to medication (bottles or card) corrections added to medication packaging.

DRC corrected medication label 2/25/2020 during onsite inspection...

Education was provided by Director of Resident Care(RN) to Licensed/Certified staff reviewing Medication Administration documentation 1/29/2020 and 2/6/2020. See attached.

DRC or designee will conduct random audits of 3-4 residents MAR's 2 times per month to compare EMAR to medication labels to measure compliance. See attached MAR's, Pictures of MAR's since 01/27/2020.

Nursing Audits will continue monthly times 3 months to measure compliance. Audits will be reviewed at Quality Management meeting.

Wesley Robinson

Wesley Robinson, Administrator 4-21-20

187d Follow prescriber's orders

Requirements

2800.

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

Description of Violation

On 1/23/20, resident #1 was prescribed Triamcinolone 1% ointment- apply topically twice a day for 5 days; however, on 1/26/20 at 5:00 p.m. and 1/27/20 at 8:00 a.m., the medication was not administered to the resident as it could not be found.

Repeat violation: 5/13/19 et al

Plan of Correction (POC)

After the topical application was administered 1/26/20, the remaining ointment was discarded. CCM staff realized error, informed MD and family of the error, ordered medication from pharmacy for application the next day. Absence of medication resulted in missed dose, CCM reported medication error to BHSL as outlined in 2800.16.(13). See attached

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Legal Entity Representative

Wesley Robinson  
Signature

Wesley Robinson, Administrator  
Printed Name and Title

4-21-20  
Date

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