

Department of Human Services
Bureau of Human Service Licensing

August 13, 2020

CORNERSTONE PERSONAL CARE HOME LLC
969 BEDFORD STREET
CLAYSBURG, PA, 16625

RE: CORNERSTONE PERSONAL CARE
HOME
969 BEDFORD STREET
CLAYSBURG, PA, 16625
LICENSE/COC#: 33327

Dear Ms. Moyer-Hand,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/17/2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Brett Swanger
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary (LIS)

cs: Pennsylvania Bureau of Human Service Licensing

**Department of Human Services
Bureau of Human Service Licensing
LICENSE INSPECTION SUMMARY - PUBLIC**

Facility Information

Name: CORNERSTONE PERSONAL CARE HOME License #: 33327 License Expiration Date: 12/15/2020
 Address: 969 BEDFORD STREET, CLAYSBURG, PA 16625
 County: BLAIR Region: CENTRAL

Administrator

Name: Denise Moyer-Hand Phone: 8143175121 Email: denisecornerstonehome@gmail.com

Legal Entity

Name: CORNERSTONE PERSONAL CARE HOME LLC
 Address: 969 BEDFORD STREET, CLAYSBURG, PA, 16625
 Phone: 8143175121 Email: denisecornerstonehome@gmail.com

Certificate(s) of Occupancy

Type: Other Date: 03/14/1984 Issued By: Labor and Industry

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 16 Waking Staff: 12

Inspection

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Complaint Exit Conference Date: 06/30/2020

Inspection Dates and Department Representative

06/17/2020 - Off-Site: Laura Heemer

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:
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Hospice

Current Residents: 1

Number of Residents Who:

Receive Supplemental Security Income: 6	Are 60 Years of Age or Older: 13
Diagnosed with Mental Illness: 2	Diagnosed with Intellectual Disability: 2
Have Mobility Need: 0	Have Physical Disability: 1

Inspections / Reviews

06/17/2020 - Partial

Lead Inspector: Laura Heemer Follow-Up Type: POC Submission Follow-Up Date: 07/10/2020

Inspections / Reviews (*continued*)

7/14/2020 - POC Submission

Lead Reviewer: *Brett Swanger*Follow-Up Type: *Document Submission*Follow-Up Date: *07/31/2020*

8/13/2020 - Document Submission

Lead Reviewer: *Brett Swanger*Follow-Up Type: *Not Required*

60a - Staff/Support Plan

1. Requirements

2600.

60.a. Staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan.

Description of Violation

The home does not routinely schedule a staff person certified and trained to administer medications on duty at all times, as evidenced by the period of 6/9/2020 from 10pm until 6/10/2020 at 8am when no staff member certified to administer medications was on duty. The home currently has residents that require medications to be administered "as needed", including Resident #2 who has a doctor's order for Nitroglycerin sub .4mg, dissolve 1 tab under tongue every 5 minutes for chest pain, max of 3 doses.

Plan of Correction - 07/14/2020**Accept**

I am the backup for any staff as the Med Tech on duty, routinely overnight. Starting July 3, 2020, Cornerstone will "schedule" a med tech to be available on third shift. Resident #2 has never taken his nitroglycerin since he has been here, and it was actually dc'd by his doctor months ago when he received his pacemaker. It was finally dc'd on the eMAR 7-1-20.

Completion Date: 07/03/2020

Update - 07/03/2020

Please send a copy of the updated staffing schedule

Document Submission - 08/13/2020**Implemented**

(see attached)

182b - Prescription Medication

1. Requirements

2600.

182.b. Prescription medication that is not self-administered by a resident shall be administered by one of the following:

1. A physician, licensed dentist, licensed physician's assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic.
2. A graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the home.
3. A student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the home.
4. A staff person who has completed the medication administration training as specified in § 2600.190 (relating to medication administration training) for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

Description of Violation

Staff Person B, who is not a currently licensed medical professional and who has not successfully completed the Department-approved medications administration course, administered the following medications to residents:

On 6/3/2020 at 8am, Lorazepam .5mg tab to Resident #1.

On 6/16/2020 at 8am, Metoprol Suc Tab 50 mg ER, to Resident #2.

On 6/2/2020 at 8pm, Lantus Solostar, 52 Units, to Resident #3.

On 6/24/2020 at 2pm, Gabapentin 300 mg cap to Resident #3.

On 6/24/2020 at 11:30am, Humalog, 24 units, to Resident #3.

182b - Prescription Medication (*continued*)**Plan of Correction - 07/14/2020****Accept**

Staff person B's paramedic license expired in PA on 12-31-19, although he was still currently licensed nationwide. He was able to complete his CPR certification on 7-3-20, therefore renewing his paramedic license through the state on 7-6-20. I have reviewed the records of all employees performing medication administration to ensure they are qualified and have current training.

Completion Date: 07/06/2020

Update - 07/06/2020

I received copies of the verification information for Staff person B. No need to send any further documentation for this

Document Submission - 08/13/2020**Implemented**

(see attached)

183a - Original Containers and Injections

1. Requirements

2600.

- 183.a. Prescription medications, OTC medications and CAM shall be kept in their original labeled containers and may not be removed more than 2 hours in advance of the scheduled administration. Assistance with insulin and epinephrine injections and sterile liquids shall be provided immediately upon removal of the medication from its container.

Description of Violation

On 6/3/2020, Staff Person A pre-filled medication cups with medications and placed these medications on a tray for administration to multiple residents.

Plan of Correction - 07/14/2020**Accept**

This is not the normal practice of Staff person A, or other staff members administering medications to residents. A staff meeting was held on 7-6-20 and medication administration procedures were reviewed with staff. I will continue to monitor medication administration to ensure that proper procedures are being followed. I will observe Staff person A performing a nightly med pass on 7-8-20.

Completion Date: 07/08/2020

Update - 07/08/2020

Please provide verification for the 7/8 med pass observation

Document Submission - 08/13/2020**Implemented**

(see attached)

187d - Follow Prescriber's Orders

1. Requirements

2600.

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

Description of Violation

Resident #3 is prescribed Humalog 24 Units, three times per day. This medication was not administered to Resident #3 on 6/24/2020 at 11:30am, because the medication was not available in the home.

187d - Follow Prescriber's Orders (continued)**Plan of Correction - 07/14/2020****Accept**

Resident #3's Humalog is kept in a lock box in the refrigerator. Staff members re-order the Hualog because we were running low. It did not arrive from the pharmacy on 6/23/20. The resident received his morning dose on 6/24/20, but there was none available for him to take at lunchtime. The pharmacy was able to send more Humalog pens for the resident to self-administer by 5pm on 6/24/20. Staff will continue to monitor and reorder (Humalog) insulin pens on a weekly basis (if needed) with better communication with our pharmacy. A staff meeting was held on 7-6-20 and medication administration procedures were reviewed with staff. I will review the MAR on a weekly basis for the next 4 weeks (July 3, July 10, July 17, and July 24) to ensure that medications are being provided and are available for administration for all residents. I will follow up with the pharmacy as needed.

Completion Date: 07/24/2020

Update - 07/24/2020

Please provide verification that the four weeks of reviews have been completed

Document Submission - 08/13/2020**Implemented**

(see attached)