

Department of Human Services
Bureau of Human Service Licensing

November 4, 2020

ASHER BRADY, MANAGING MEMBER
CORNERSTONE LIVING MANAGEMENT LLC
4605 WERLEYS CORNER ROAD
NEW TRIPOLI, PA 18066

RE: CORNERSTONE LIVING
4605 WERLEYS CORNER ROAD
NEW TRIPOLI, PA, 18066
LICENSE/COC#: 22791

Dear Mr. Brady,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/06/2020, 08/07/2020, 08/10/2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Anne Graziano

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

**Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY**

Facility Information

Name: CORNERSTONE LIVING License #: 22791 License Expiration Date: 09/17/2020
 Address: 4605 WERLEYS CORNER ROAD, NEW TRIPOLI, PA 18066
 County: LEHIGH Region: NORTHEAST

Administrator

Name: Amekia Najarian Phone: 6102983300 Email:
 amelia.cornerstoneliving@gmail.com;
 lindscott@pa.gov; agraziano@pa.gov

Legal Entity

Name: CORNERSTONE LIVING MANAGEMENT LLC
 Address: 4605 WERLEYS CORNER ROAD, NEW TRIPOLI, PA, 18066
 Phone: 6102983300 Email: ASHERBRODY@GMAIL.COM

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 54 Waking Staff: 41

Inspection

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Complaint Exit Conference Date: 08/20/2020

Inspection Dates and Department Representative

08/06/2020 - On-Site: Ryan Yankowy
 08/07/2020 - Off-Site: Ryan Yankowy
 08/10/2020 - Off-Site: Ryan Yankowy

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 40 Residents Served: 27

Secured Dementia Care Unit

In Home: Yes Area: n/a Capacity: 40 Residents Served: 27

Hospice

Current Residents: 4

Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 27
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 27 Have Physical Disability: 0

Inspections / Reviews

08/06/2020 - Partial

Lead Inspector: *Ryan Yankowy*Follow-Up Type: *POC Submission*Follow-Up Date: *09/01/2020*

9/1/2020 - POC Submission

Lead Reviewer: *Anne Graziano*Follow-Up Type: *Document Submission*Follow-Up Date: *09/24/2020*

10/22/2020 - Document Submission

Lead Reviewer: *Anne Graziano*Follow-Up Type: *Document Submission*Follow-Up Date: *11/06/2020*

11/4/2020 - Document Submission

Lead Reviewer: *Anne Graziano*Follow-Up Type: *Not Required*

16c - Written Incident Report

1. Requirements

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

Staff interviews indicated that Resident #1 and Resident #2 are not treated with dignity and respect by staff member A. Staff members witnessed this approximately 3 weeks ago. The home did not report the incident to the Department.

Plan of Correction

Directed

An incident report was completed by the administrator and submitted to DHS upon notification of the incident. An Act-13 form was completed and submitted to aging. Additionally, an internal investigation was conducted during which staff were instructed to report to the administrator if they observe staff speaking to residents in an inappropriate manner. A mandatory in-service will be held on September 23, 2020 in which staff will be trained on the residents' rights, abuse and mandated reporting.

Directed Plan of Correction:

Upon Completion of the In Service for 9-23-2020, the home will submit the signed attendance sheets with the training information completed at the top and an outline of the training to the Northeastern Regional Office. Please be sure to include the other 18 events that are reportable to the Department. AG

Completion Date: 09/24/2020

Document Submission

Not Implemented

The signed attendance sheets and training outline have been submitted to the regional office.

Update - 10/22/2020

The home will submit the verification of training via the portal. AG 10-22-2020

Document Submission

Implemented

The signed attendance sheets and training outline are attached.

42c - Treatment of Residents

1. Requirements

2600.

42.c. A resident shall be treated with dignity and respect.

Description of Violation

It has been determined through staff interviews that Direct care staff member A will yell at Resident #1 and tell the resident to "shut up!" Direct care staff member A will yell at Resident #2 and call the resident expletive names. Direct care staff member is not treating Resident #1 and #2 with dignity and respect.

42c - Treatment of Residents (continued)

Plan of Correction

Directed

While the facility conducted an internal investigation, staff member A was permitted to work only under direct supervision. Based off of the results of the internal investigation, the decision was made to place staff member A on a probationary period during which she was not permitted to have unsupervised contact with either resident #1 or #2 and was required to abide by an "open door" policy in which she was not permitted to work one-on-one with any resident behind closed doors. Following the probationary period, staff member A will only be permitted to work with resident #1 or resident #2 with an open door or direct supervision. On September 23, 2020, the ombudsman will lead a mandatory training for all staff on the residents' rights.

Directed Plan of Correction:

How does the home ensure the privacy of the resident while the probationary staff person is providing care under an "open door" policy? The home will submit this policy with their revised Plan of Correction or discontinue the practice if impractical.

AG

Completion Date: 09/24/2020

Document Submission

Implemented

Throughout staff member A's probationary period she was scheduled as the med-tech and was not responsible for independently completing tasks which would violate the privacy of the resident when completed with an open door. On September 21, 2020, the administrator was informed by the ombudsman that he is not permitted to enter facilities until October 2020. An in-service on resident's rights was held and led by the owner, Asher Brody on 9/23/2020. The ombudsman's training was rescheduled for October 14, 2020.

233c - Key-Locking Devices

1. Requirements

2600.

233.c. If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

Description of Violation

The directions for operating the home's locking mechanism are not conspicuously posted near the keypad located in the courtyard that exit to the parking lot.

Plan of Correction

Directed

The code for the key-locking devices have been posted next to the keypad in the courtyard that exits to the parking lot. The administrator will ensure that the new code is posted immediately each time that the code for egress is changed.

Directed Plan of Correction:

The Administrator will submit a digital photo to provide verifiable compliance with their revised Plan of compliance by 9-24-2020. AG

Completion Date: 09/24/2020

Document Submission

Not Implemented

A digital photo of the code for the key-locking device posting was submitted to the regional office.

233c - Key-Locking Devices (continued)**Update - 10/22/2020**

The home will submit a digital photo via the portal.

AG, 10-22-2020

Document Submission**Implemented**

A digital photo of the code for the key-locking device is attached.