

Department of Human Services  
Bureau of Human Service Licensing

October 23, 2020

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

RE: CUMBERLAND CROSSING MANOR  
1201 CUMBERLAND ROAD  
PITTSBURGH, PA, 15237  
LICENSE/COC#: 44616

Dear Mr. Grant,

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

Sincerely,  
Larry Mazza

Enclosure  
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

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

**Facility Information**

Name: *CUMBERLAND CROSSING MANOR* License #: *44616* License Expiration Date: *06/30/2021*  
 Address: *1201 CUMBERLAND ROAD, PITTSBURGH, PA 15237*  
 County: *ALLEGHENY* Region: *WESTERN*

**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*  
 Phone: *4126350798* Email: *GRANTD@UPMC.EDU*

**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: *134* Waking Staff: *101*

**Inspection**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
 Reason: *Complaint* Exit Conference Date: *10/08/2020*

**Inspection Dates and Department Representative**

*10/07/2020 - On-Site: Lauren Spagna*  
*10/08/2020 - Off-Site: Lauren Spagna*

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *115* Residents Served: *95*

**Special Care Unit**

In Home: *No* Area: Capacity: Residents Served:

**Hospice**

Current Residents: *8*

**Number of Residents Who:**

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *95*  
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *2*  
 Have Mobility Need: *39* Have Physical Disability: *1*

## Inspections / Reviews

## 10/07/2020 - Partial

Lead Inspector: *Lauren Spagna*Follow-Up Type: *POC Submission*Follow-Up Date: *10/22/2020*

## 10/22/2020 - POC Submission

Lead Reviewer: *Larry Mazza*Follow-Up Type: *Document Submission*Follow-Up Date: *10/28/2020*

## 10/23/2020 - Document Submission

Lead Reviewer: *Larry Mazza*Follow-Up Type: *Not Required*

227d Support plan – med/dental

1. Requirements

2800.

227.d. Each residence shall document in the resident’s final support plan the dietary, medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident’s physician, physician’s assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a residence to pay for the cost of these medical and behavioral care services. The final support plan must document the assisted living services and supplemental health care services, if applicable, that will be provided to the resident.

Description of Violation

Resident #1 has a history of falling frequently and receives bedroom checks twice daily; however, this is not indicated on resident #1's most recent support plan, dated 9/17/20.

Plan of Correction

Accept

Clinical leadership at CCM is Director of Resident Care (DRC) RN and Resident Support Coordinator (RSC). Resident was admitted 13 months ago as independent resident; cognition, safety awareness, and general decline has led to Level of Care change. Resident Support Coordinator notified POA (daughter) 8/11/20, level of care was acknowledged 8/19/20. Safety Checks and Morning/Evening ADL are recorded by Direct Care Staff (DCS) in Electronic Treatment Administration Record (TAR). Twice daily safety checks were implemented 8/11/20 as reflected on TAR. Resident experienced fall with fracture 9/14. RSC updated ASP to include additional assistance needed due to f/x, signed by DRC 9/17/20. DRC provided education during Nursing Staff Meeting 10/13/20. DRC reviewed proper documentation practices, missed orders and refusals (treatments or care) to be documented as such. Repeated refusals are to be communicated to charge nurse. Resident routinely refuses care (TAR September 2020, page 3 of 3). See sign in. RSC added Safety Checks 2x Daily to ASP 10/20/20. DRC or designee will audit to ensure accuracy and consistency of TAR with ASP. DRC or designee will review ASP to ensure resident’s needs are being documented as changes in care occur. Audits will be performed monthly for 3 months, 10 residents per month. Audit results will be submitted for review at Quality Management Meeting. See attached(Page 6 of ASP, TAR September and October, Sign in sheet, reportable incident form)

Completion Date: 12/31/2020

Document Submission

Implemented

Resident ASP uploaded, 15 pages.