

Department of Human Services
Bureau of Human Service Licensing

June 26, 2021

██████████ EXECUTIVE VICE PRESIDENT - COO/CFO
DIAKON LUTHERAN SOCIAL MINISTRIES
1022 NORTH UNION STREET
MIDDLETOWN, PA 17057

RE: CUMBERLAND CROSSINGS
RETIREMENT COMMUNITY
1 LONGSDORF WAY, A,B & C
WINGS
CARLISLE, PA, 17015
LICENSE/COC#: 31731

Dear ██████████

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/31/2021, 04/01/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Gloria Emick

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 CROSSINGS RETIREMENT COMMUNITY License #: 31731 License Expiration Date: 07/16/2021
Address: 1 LONGSDORF WAY, A,B & C WINGS, CARLISLE, PA 17015
County: CUMBERLAND Region: CENTRAL

Administrator

Name: [REDACTED] Phone: 7172406049 Email: [REDACTED]

Legal Entity

Name: DIAKON LUTHERAN SOCIAL MINISTRIES
Address: 1022 NORTH UNION STREET, MIDDLETOWN, PA, 17057
Phone: 7172459941 Email: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP Date: 10/31/1991 Issued By: L&I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 56 Waking Staff: 42

Inspection

Type: Full Notice: Unannounced BHA Docket #:
Reason: Renewal Exit Conference Date: 04/01/2021

Inspection Dates and Department Representative

03/31/2021 - On-Site: [REDACTED]
04/01/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 59 Residents Served: 41

Secured Dementia Care Unit

In Home: No Area: Capacity: Residents Served:

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 41
Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 1
Have Mobility Need: 15 Have Physical Disability: 1

Inspections / Reviews

03/31/2021 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *04/22/2021*

6/25/2021 - POC Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *07/02/2021*

6/25/2021 - POC Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *07/10/2021*

6/26/2021 - Document Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *Not Required*

185a - Implement Storage Procedures

1. Requirements

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

On 3/25/21 at 8:00 AM, Resident #2 had a blood sugar reading on their glucometer of 174. The medication administration record (MAR) had a blood sugar reading of 176 recorded.

Plan of Correction

Accept

All Staff conducting blood sugar testing were re educated on the use of glucometers, testing equipment and documenting accurate information on the MAR's on (03/25/2021) as well as reviewing the home's policies regarding 2600.185@Staff will triple check glucometer reading and MAR input to assure they match accordingly. Audits will be done weekly x4, then monthly x2. The findings of the audits will be addressed at the home's next Quality Management review, to be held(June 15th), next meeting will be July 20th.

Completion Date: 06/25/2021

Document Submission

Implemented

All steps have been completed

224a - Preadmission Screen Form

1. Requirements

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident #3's preadmission screening form, dated 5/20/20, was not signed by the person who completed the form and does not include a determination that the needs of the resident can be met by the services provided by the home.

Plan of Correction

Accept

The administrator will ensure that the preadmission screening is accurate and completed in its entirety, including signing and dating the screening form. If the home determines that the resident's needs cannot be met by the home based on the preadmission screening, the home will refer the resident to the appropriate local assessment agency. Sales & Marketing Manager (IL & PC) and Personal Care Administrator educated on preadmission screening forms. Household audit to be completed weekly x4, then monthly x2. Audit finding will be reviewed in Quality Management Review.

Completion Date: 06/25/2021

Document Submission

Implemented

All steps have been completed

227d - Support Plan Medical/Dental

1. Requirements

2600.

227d - Support Plan Medical/Dental *(continued)*

227.d. Each home shall document in the resident’s support plan the 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 home to pay for the cost of these medical and behavioral care services.

Description of Violation

The assessment update for Resident #1, dated 5/26/20, indicates that the resident has a need for a hospital bed. The hospital bed is equipped with half bedrails on each side. The resident uses the half bedrail on their right side for positioning. The resident's support plan, dated 11/26/20, does not document the plan to protect the resident from the potential risk of injury from the bedrails.

Plan of Correction

Accept

The audits will also be conducted for all current residents to ensure that all medical needs have been identified and addressed. The audit will be completed by (04/02/2021) Household audit will be completed to assure anyone that has side rails are educated on risk vs benefits of side rails, and have a MD order and support plan updated. Audits will be completed monthly x2 with new admissions, quarterly there after. Audit finding will be reviewed in Quality Management Review.

Completion Date: 06/25/2021

Document Submission

Implemented

All Steps have been completed