

Department of Human Services
Bureau of Human Service Licensing

August 12, 2021

██████████ OWNER
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 ██████████

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/12/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Michele Moskalczyk
Human Services Licensing Supervisor

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: 09/17/2021
Address: 4605 WERLEYS CORNER ROAD, NEW TRIPOLI, PA 18066
County: LEHIGH Region: NORTHEAST

Administrator

Name: [Redacted] Phone: [Redacted] Email: [Redacted]

Legal Entity

Name: CORNERSTONE LIVING MANAGEMENT LLC
Address: 4605 WERLEYS CORNER ROAD, NEW TRIPOLI, PA, 18066
Phone: 6102983300 Email: [Redacted]

Certificate(s) of Occupancy

Type: I-2 Date: 09/09/1984 Issued By: Weinberg Twp

Staffing Hours

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

Inspection

Type: Partial Notice: Unannounced BHA Docket #: [Redacted]
Reason: Complaint Exit Conference Date: 05/12/2021

Inspection Dates and Department Representative

05/12/2021 - On-Site: [Redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 40 Residents Served: 28

Secured Dementia Care Unit

In Home: Yes Area: Entire Home Capacity: 40 Residents Served: 28

Hospice

Current Resident : 5

Number of Residents Who:

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

Inspections / Reviews

05/12/2021 - Partial

Lead Inspector: [REDACTED]

Follow Up Type: *POC Submission*Follow-Up Date: *06/22/2021*

7/22/2021 POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *07/26/2021*

8/12/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

234d - Support Plan Revision

1. Requirements

2600.

234.d. The support plan shall be revised at least annually and as the resident's condition changes.

Description of Violation

The support plan dated 10/08/20 for resident #1 was not updated timely with the following information:

Around January 2021 the resident's ability to self transfer declined and the resident required physical therapy in January 2021 and in March 2021.

The resident required a bed alarm for increased falls and attempts to self transfer.

Staff began using a wheelchair to transport the resident due to the resident's inability to bear weight.

The support plan dated 10/8/20 indicated the resident ambulated independently using a cane and required no assistance with transfers. The support plan was not updated until 4/29/21 after the resident suffered a fall and was hospitalized with a subdural hematoma.

Plan of Correction

Accept

PLAN OF CORRECTION

6/14/2021

ability to self-transfer and ambulate has declined in January 2021 requiring physical therapy. refused most of therapy. therapy was documented in the caregivers notes (please see attached). would try to get out of bed during the night, requiring a bed alarm so allows caregivers know is trying to ambulate on own. also was given a fall mat. fell out of bed and was sent to the hospital. On was admitted for subdural hematoma and cuts on ear.

returned to our facility on . Stitches still noted in ear from hospital visit. Removed from staff LPN at Cornerstone. is doing very well back at Cornerstone. from Office of Aging came in for a quick visit to speak to and myself. was very happy of the care receives from CS.

PLAN

Anytime there is a significant change with a resident, it must be documented on care plan/RASP. Any orders/changes from PCP must be documented as well.

had room moved closer to the nurse's station so we can hear the bed alarm easier. also has a bed alarm and fall mat ordered by PCP. is doing much better now that is home with us. Any other changes will be documented and reported asap.

Teresa Hubbard

Completion Date: 06/14/2021

Update - 07/22/2021

Please send/Attach Resident #1's updated RASP. 7-22-2021 MM

Document Submission

Implemented

Please see updated RASP