

Department of Human Services
Bureau of Human Service Licensing

November 4, 2021

[REDACTED], ADMINISTRATOR
[REDACTED]
[REDACTED]
[REDACTED]

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

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/09/2021, 08/10/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
[REDACTED]
[REDACTED]

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

[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: 63 Waking Staff: 47

Inspection

Type: Full Notice: Unannounced BHA Docket #:
Reason: Renewal Exit Conference Date: 08/10/2021

Inspection Dates and Department Representative

08/09/2021 - On-Site: [REDACTED]
08/10/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 40 Residents Served: 27

Secured Dementia Care Unit

In Home: Yes Area: Entire Home Capacity: 40 Residents Served: 27

Hospice

Current Residents: 5

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: 36 Have Physical Disability: 0

Inspections / Reviews

08/09/2021 - Full

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *09/20/2021*

9/22/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *09/27/2021*

10/8/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *10/18/2021*

11/4/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

3c - Post Current License

1. Requirements

2600.

- 3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

The License Inspection Summary from 10/16/2020 was not posted with the current LIS reports.

Plan of Correction

Do Not Accept

Please see attached

PLEASE ENTER YOUR PLAN OF CORRECTION IN THIS AREA.

Completion Date: 08/09/2021

Plan of Correction

Accept

The LIS was placed in the Violation binder located in the front entry area on 8/9/2021 while inspector was present.

The plan of correction is for the Administrator and/or owner to immediately print and place any LIS in the Violation binder as soon as it is received by the DHS as per protocol.

Please see attached LIS that was placed in the Violation binder.

Completion Date: 08/09/2021

Document Submission

Implemented

Was accepted.

65a - FS Orientation 1st Day

1. Requirements

2600.

- 65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

Description of Violation

Staff Member A was hired on [REDACTED] and works in the home as a cook. There was no documentation that they were trained prior to the first workday in general fire safety and emergency preparedness.

Plan of Correction

Do Not Accept

Please see attached

PLEASE ENTER YOUR PLAN OF CORRECTION IN THIS AREA.

Completion Date: 08/10/2021

65a - FS Orientation 1st Day (continued)

Plan of Correction

Directed

Plan of correction is to ensure all new employee orientation is filled out and dated in a timely manner. The orienteer will be responsible to fill out the paperwork and the Administration will need to sign off on it as it is fully complete. Please see picture.

Within 10 days of receipt of this plan of correction:

The identified staff persons will have all of the training required by this regulation. Documentation of training will be kept in accordance with 2600.65i.

The administrator will develop and implement a system to ensure that all newly-hired staff persons receive the training required by this regulation on or before the first work day.

10-8-2021 [redacted]

Completion Date: 08/10/2021

Update - 10/08/2021

Document Submission

Implemented

New employees will have all of the training that is required by state regulations and documentation will be kept in the employees file. The administrator will ensure all training and documentation is complete on or before their date of hire as required by state regulations.

65b - Rights/Abuse 40 Hours

1. Requirements

2600.

65.b. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

Description of Violation

Staff Member A was hired on [redacted] and works in the home as a cook. There was no documentation that they received orientation prior to working 40 hours in resident rights, emergency medical plan, mandatory reporting, or reportable incidents.

Plan of Correction

Do Not Accept

Please see attached

PLEASE ENTER YOUR PLAN OF CORRECTION IN THIS AREA.

Completion Date: 08/10/2021

65b - Rights/Abuse 40 Hours (continued)

Plan of Correction

Directed

Staff member A did have proper orientation; however, the orientation paperwork was not properly dated/signed.

Plan of correction is to ensure all new employee orientation is filled out and dated correction and in a timely manner. The orienteer will be responsible to fill out the paperwork and the Administrator will need to sign off on it as it is fully complete.

Please see picture.

Within 5 days of receipt of this plan of correction:

The identified staff persons will have all of the training required by this regulation. Documentation of training will be kept in accordance with 2600.65i.

The administrator will develop and implement a system to ensure that all newly-hired staff persons receive the training required by this regulation within 40 scheduled working hours. 10-8-2021 MM

Completion Date: 08/10/2021

Document Submission

Implemented

All staff will have all state regulated training and kept in accordance with 2600.65i.

The administrator will implement all training and documentation will be in compliance with state regulations. The administrator will make sure all training is complete and documented within the first 40 hours work week.

85d - Trash Receptacles

1. Requirements

2600.

85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

Description of Violation

There were 2 trash receptacles in the kitchen that were not covered with a lid and was were not being actively used at the time.

Plan of Correction

Do Not Accept

Please see attached

PLEASE ENTER YOUR PLAN OF CORRECTION IN THIS AREA.

Completion Date: 08/10/2021

Plan of Correction

Accept

Kitchen staff member said she had the lid off the trashcans as she was preparing lunch. After speaking to the staff member in the kitchen cooking that present day, I explained the lid of the trashcan must be on at all times. If the lid needs to be removed for any reason, it must be replaced immediately.

Administrator and kitchen supervisor will ensure all lids are secured on the trash can at all times. Please see picture.

Completion Date: 08/09/2021

Document Submission

Implemented

Was accepted.

89b - Hot Water Temperature

1. Requirements

2600.

89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

Description of Violation

The hot water temperature taken from the sink in room 29 was 130.9 degrees.

Plan of Correction

Do Not Accept

Please see attached

PLEASE ENTER YOUR PLAN OF CORRECTION IN THIS AREA.

Completion Date: 08/10/2021

Plan of Correction

Accept

Plan of correction is to test/check/document monthly temperature checks by the maintenance man to ensure all water sources are not exceeding 120 degrees.

Please see attached picture taken from room 29.

Completion Date: 08/10/2021

Document Submission

Implemented

Was accepted.

141b2 - Medical Evaluation Changes

1. Requirements

2600.

141.b.2. A resident shall have a medical evaluation: If the medical condition of the resident changes prior to the annual medical evaluation.

Description of Violation

The Documentation of Medical Exam for Resident 1 was not dated by the Medical Professional that signed the document.

Plan of Correction

Do Not Accept

Please see attached

PLEASE ENTER YOUR PLAN OF CORRECTION IN THIS AREA.

Completion Date: 08/10/2021

Plan of Correction

Accept

The physician left out the date [redacted] signed for resident's 1 DME (the top of the DME was dated; however, next to the the physicians signature was not dated)

Plan of correction is for the Administrator and/or Wellness Director to ensure all fields on the DME are properly filled out correctly prior to our house physician leaving our building.

Completion Date: 08/10/2021

Document Submission

Implemented

Was accepted.

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

Resident 1's glucometer had a blood sugar reading of 71 listed at 3:52am on 8/6/2021. The MAR was not documented with any blood sugar levels on 8/6/2021.

Plan of Correction

Do Not Accept

Please see attached

PLEASE ENTER YOUR PLAN OF CORRECTION IN THIS AREA.

Completion Date: 08/10/2021

Plan of Correction

Accept

The Wellness Director had a meeting reeducating the Med Techs explaining the importance of proper documentation on our residents and provided a check list for the Med Techs to elevate future mistakes.

Plan of Correction is the Wellness Director will be conducting weekly audits comparing the MAR with the Glucose Meters. If a situation such as this arises, the Med Tech will be taken off the Med Cart.

Please see attached.

Completion Date: 08/10/2021

Document Submission

Implemented

Was accepted.

187d - Follow Prescriber's Orders

1. Requirements

2600.

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

Description of Violation

Resident 1 has a physician's order to have [redacted] blood sugar level taken daily. On 8/4/2021, Resident 1's glucometer indicated that no blood sugar level was taken that day.

Plan of Correction

Do Not Accept

Please see attached

PLEASE ENTER YOUR PLAN OF CORRECTION IN THIS AREA.

Completion Date: 08/10/2021

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

The Wellness Director had a meeting reeducating the Med Techs explaining the importance of proper documentation on our residents and provided a check list for the Med Techs to elevate future mistakes.

*Plan of Correction is the Wellness Director will be conduction weekly audits comparing the MAR with the Glucose Meters. If a situation such as this arises, the Med Tech will be taken off the Med Cart.
Please see attached.*

Completion Date: 08/10/2021

Document Submission**Implemented**

Was accepted.