

Department of Human Services
Bureau of Human Service Licensing

January 24, 2022

[REDACTED]
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 [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/28/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Michele Moskalczyk

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: 09/17/2022
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: 52 Waking Staff: 39

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
Reason: Complaint Exit Conference Date: 09/28/2021

Inspection Dates and Department Representative

09/28/2021 - On-Site: Amy Deluca

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 40 Residents Served: 26

Secured Dementia Care Unit

In Home: Yes Area: Entire Home Capacity: 40 Residents Served: 26

Hospice

Current Residents: 4

Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 26
Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
Have Mobility Need: 26 Have Physical Disability: 0

Inspections / Reviews

09/28/2021 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 01/22/2022

Inspections / Reviews *(continued)*

01/13/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: *01/18/2022*

01/24/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

187d - Follow Prescriber's Orders

1. Requirements

2600.

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

Description of Violation

Resident #1 did not receive the prescribed medication D-Mannose from 9/1/21 to 9/8/21 because the medication was not available as it is usually supplied by the family.

Plan of Correction

Accept

In order to ensure we have enough medication in stock the family provides (D-Mannose Cap - our pharmacy does not supply this), our nurse has placed a order in Quick Mar to ensure there is at least a 10 day supply in our med cart. This will be checked weekly. If we do not have at least 10 days worth, the med tech is to contact the family and inform the POA we are in need of the medication. If for some reason the family is unable to obtain the OTC medication ordered, the Med Tech is to call the PCP to have a alternative medication ordered. Please see attached med order (2ns from bottom).

Document Submission

Implemented

Reviewed