

Department of Human Services  
Bureau of Human Service Licensing

June 7, 2022

[REDACTED]  
CRANBERRY PLACE  
1201 CUMBERLAND ROAD  
[REDACTED]  
PITTSBURGH, PA, 15237

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

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/02/2022, 05/03/2022, 05/04/2022 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: *06/30/2023*  
 Address: *1201 CUMBERLAND ROAD, PITTSBURGH, PA 15237*  
 County: *ALLEGHENY* Region: *WESTERN*

**Administrator**

Name: [REDACTED] Phone: *4126350798* Email: [REDACTED]

**Legal Entity**

Name: *CRANBERRY PLACE*  
 Address: *1201 CUMBERLAND ROAD, [REDACTED], PITTSBURGH, PA, 15237*  
 Phone: *4126350798* Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: <i>C-2 LP</i>	Date: <i>10/09/1998</i>	Issued By: <i>L&amp;I</i>
Type: <i>I-1</i>	Date: <i>02/02/1998</i>	Issued By: <i>Township of McCandless</i>
Type: <i>I-1</i>	Date: <i>06/06/2018</i>	Issued By: <i>Township of McCandless</i>

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *119* Waking Staff: *89*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
 Reason: *Renewal* Exit Conference Date: *05/04/2022*

**Inspection Dates and Department Representative**

*05/02/2022 - On-Site: [REDACTED]*  
*05/03/2022 - On-Site: [REDACTED]*  
*05/04/2022 - On-Site: [REDACTED]*

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *115* Residents Served: *75*

**Special Care Unit**

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

**Hospice**

Current Residents: *3*

**Number of Residents Who:**

Receive Supplemental Security Income: <i>0</i>	Are 60 Years of Age or Older: <i>75</i>
Diagnosed with Mental Illness: <i>1</i>	Diagnosed with Intellectual Disability: <i>1</i>
Have Mobility Need: <i>44</i>	Have Physical Disability: <i>1</i>

## Inspections / Reviews

05/02/2022 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/19/2022*

05/20/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/26/2022*

05/31/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *06/03/2022*

06/07/2022 - Document Submission

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

17 Record confidentiality

1. Requirements

2800.

17. Confidentiality of Records - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

On 5/2/22 at 10:25am, numerous resident face sheets, including face sheets for residents #1, #2 and #3, were unlocked, unattended, and accessible in a black binder at the 2nd floor nurses station. The face sheets include resident information, to include allergies, diagnoses and prescribed medications.

Plan of Correction

Accept

CCM has nurses station on each of the 3 floors, all having locked door handles with self closing tension mechanism. All nurses stations have resident confidential information(demographics/face sheets) in binders and treatments in metal cabinets. On this day, nurses station on 1 and 3 were secured, floor 2 door was not latched closed. Although door handle was locked, licensing representative did gain access. Maintenance Director and administrator attempted to simulate scenario for repair purposes, the door worked without flaw. Administrator, or designee, will audit closure mechanism and door handle daily for 14 days, then weekly for 3 weeks, and quarterly in 2022 to ensure compliance. Education was provided 5/4/22 during staff meeting: the importance of securing nurses station's during their shifts and at report at end of shift.

Completion Date: 12/31/2022

Document Submission

Implemented

CCM has nurses station on each of the 3 floors, all having locked door handles with self closing tension mechanism. All nurses stations have resident confidential information(demographics/face sheets) in binders and treatments in metal cabinets. On this day, nurses station on 1 and 3 were secured, floor 2 door was not latched closed. Although door handle was locked, licensing representative did gain access. Maintenance Director and administrator attempted to simulate scenario for repair purposes, the door worked without flaw. Administrator, or designee, will audit closure mechanism and door handle daily for 14 days, then weekly for 3 weeks, and quarterly in 2022 to ensure compliance. Education was provided 5/4/22 during staff meeting: the importance of securing nurses station's during their shifts and at report at end of shift.

132b Safety inspection/fire drill

1. Requirements

2800.

132.b. A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

Description of Violation

The most recent fire safety inspection and supervised fire drill conducted by a fire safety expert was completed on 10/29/20.

132b Safety inspection/fire drill (continued)

Plan of Correction

Accept

CCM suspended December Fire Drill and Inspection with acting Fire Marshall due to Covid-19 Red and Yellow Zones. Date with Fire Marshall was scheduled after 60 days from Disaster Proclamation was lifted by PA Governor. Fire Marshall inspection was conducted 3/31/22 with [REDACTED], McCandless Township Fire Marshall, witnessed fire drill was scheduled for 5/11/22. Fire Drill was conducted 5/11/22 with Fire Marshall. Attached are documentation from both visits.

October was traditional schedule for annual Fire Drill/Inspection with Fire Marshall, training was incorporated with national fire safety month.

April will be adjusted month for annual Fire Marshall visit, 4/26/23 is next scheduled annual visit.

CCM made change in community Fire Safety Director 5/09/22, education reviewing 2800.132 was complete 5/09/22 with Resident Support Coordinator(RSC).

RSC, or designee, will conduct monthly fire drills, documenting on department(DHS) Fire Drill Log.

Fire Safety Director communicates directly with Fire Marshall, reporting immobility of residents and coordinates trainings as applicable. Ideas for training were discussed with Fire Marshall after witness drill 5/11. CCM Safety Fair is opportunity to resume training with fire extinguisher simulator. We look forward to training opportunities with new fire safety expert.

Completion Date: 05/11/2022

Document Submission

Implemented

CCM suspended December Fire Drill and Inspection with acting Fire Marshall due to Covid-19 Red and Yellow Zones. Date with Fire Marshall was scheduled after 60 days from Disaster Proclamation was lifted by PA Governor. Fire Marshall inspection was conducted 3/31/22 with [REDACTED] McCandless Township Fire Marshall, witnessed fire drill was scheduled for 5/11/22. Fire Drill was conducted 5/11/22 with Fire Marshall. Attached are documentation from both visits.

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RSC, or designee, will conduct monthly fire drills, documenting on department(DHS) Fire Drill Log.

Fire Safety Director communicates directly with Fire Marshall, reporting immobility of residents and coordinates trainings as applicable. Ideas for training were discussed with Fire Marshall after witness drill 5/11. CCM Safety Fair is opportunity to resume training with fire extinguisher simulator. We look forward to training opportunities with new fire safety expert.

132c Fire drill records

1. Requirements

2800.

132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the residence at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

132c Fire drill records (continued)

**Description of Violation**

The fire drill record for the fire drill conducted on 1/31/22 at 2:12pm does not include the number of staff persons who participated in the fire drill.

The fire drill record for the fire drill conducted on 1/31/22 at 2:12pm indicates that all 75 residents present in the residence at the time of the fire drill were evacuated; however, the "problems" section of the fire drill record indicates 3 residents refused to evacuate during the fire drill.

**Plan of Correction**

**Directed**

Fire drill conducted 1/31/22 included 3 hospice residents who did not evacuate during drill. Fire Drill log should have read 72 residents evacuated with 3 Hospice residents not evacuated.

CCM made change in community Fire Safety Director 5/09/22, education reviewing 2800.132 was complete 5/09/22 with Resident Support Coordinator(RSC).

RSC, or designee, will conduct monthly fire drills, documenting on department(DHS) Fire Drill Log. Monthly fire drill records shall be reviewed on a monthly basis indefinitely to ensure fire drills are completed, all residents were evacuated within the time specified by the FSE, and that the fire drill records are completed in their entirety. Audit of fire drill records will be performed by RSC or designee. (DIRECTED: The monthly review shall include ensuring all residents evacuate to a public thoroughfare or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert, as well as ensuring all procedures outlined in the Department's Regulatory Compliance Guide for regulation 2800.29 relating to residents who receive hospice services and are actively dying are followed. LM 5/31/22).

Education review of 2800.29 is scheduled as part of 6/1/22 staff meeting. 2600.29a thru 2600.29b(10) will be used as illustration during education. Documentation will be kept from staff education. (DIRECTED: The education shall include ensuring all residents evacuate to a public thoroughfare or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. The education shall include a review of all procedures outlined in the Department's Regulatory Compliance Guide for regulation 2800.29 relating to residents who receive hospice services and are actively dying. LM 5/31/22).

**Completion Date:** 06/01/2022

**Document Submission**

**Implemented**

Fire drill conducted 1/31/22 included 3 hospice residents who did not evacuate during drill. Fire Drill log should have read 72 residents evacuated with 3 Hospice residents not evacuated.

CCM made change in community Fire Safety Director 5/09/22, education reviewing 2800.132 was complete 5/09/22 with Resident Support Coordinator(RSC).

RSC, or designee, will conduct monthly fire drills, documenting on department(DHS) Fire Drill Log. Monthly fire drill records shall be reviewed on a monthly basis indefinitely to ensure fire drills are completed, all residents were evacuated within the time specified by the FSE, and that the fire drill records are completed in their entirety. Audit of fire drill records will be performed by RSC or designee. (DIRECTED: The monthly review shall include ensuring all residents evacuate to a public thoroughfare or to a fire-safe area designated in writing within the past year by a

132c Fire drill records (continued)

fire safety expert within the period of time specified in writing within the past year by a fire safety expert, as well as ensuring all procedures outlined in the Department's Regulatory Compliance Guide for regulation 2800.29 relating to residents who receive hospice services and are actively dying are followed. LM 5/31/22).

Education review of 2800.29 is scheduled as part of 6/1/22 staff meeting. 2600.29a thru 2600.29b(10) will be used as illustration during education. Documentation will be kept from staff education. (DIRECTED: The education shall include ensuring all residents evacuate to a public thoroughfare or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. The education shall include a review of all procedures outlined in the Department's Regulatory Compliance Guide for regulation 2800.29 relating to residents who receive hospice services and are actively dying. LM 5/31/22).

132d Evacuation

1. Requirements

2800.

132.d. Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. For purposes of this subsection, the fire safety expert may not be a staff person of the residence.

Description of Violation

The residence does not have a maximum safe evacuation time specified in writing by a fire safety expert within the past year. The residence exceeded an evacuation time of 2 minutes, 30 seconds during the following fire drills:

<u>Date/Time</u>	<u>Evacuation Time</u>
• 1/31/22 at 2:12pm	6 min, 1 sec
• 2/25/22 at 3:34pm	10 min, 19 sec
• 3/11/22 at 10:00am	7 min, 27 sec
• 4/20/20 at 2:30am	8 min, 32 sec

The fire drill record for the fire drill conducted on 1/31/22 at 2:12pm indicates that all 75 residents present in the residence at the time of the fire drill were evacuated; however, the "problems" section of the fire drill record indicates 3 residents refused to evacuate during the fire drill.

Plan of Correction

**Directed**

CCM suspended December Fire Drill and Inspection with acting Fire Marshall due to Covid-19 Red and Yellow Zones. Date with Fire Marshall was scheduled after 60 days from Disaster Proclamation was lifted by PA Governor. Fire Marshall inspection was conducted 3/31/22 with [REDACTED], McCandless Township Fire Marshall, witnessed fire drill was scheduled for 5/11/22. Fire Drill was conducted 5/11/22 with Fire Marshall. Attached are documentation from both visits.

Fire Marshall determined Fire Evacuation time to be 11 minutes, 15 seconds based on design and construction of home.

April will be adjusted month for annual Fire Marshall visit, 4/26/23 is next scheduled annual visit.

132d Evacuation (continued)

CCM made change in community Fire Safety Director 5/09/22, education reviewing 2800.132 was complete 5/09/22 with Resident Support Coordinator(RSC).

RSC, or designee, will conduct monthly fire drills, documenting on department(DHS) Fire Drill Log. Monthly fire drill records shall be reviewed by a RSC, or designee on a monthly basis indefinitely to ensure fire drills are completed, all residents were evacuated within the time specified by the FSE, and that the fire drill records are completed in their entirety. (DIRECTED: The monthly review shall include ensuring all residents evacuate to a public thoroughfare or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert, as well as ensuring all procedures outlined in the Department's Regulatory Compliance Guide for regulation 2800.29 relating to residents who receive hospice services and are actively dying are followed. LM 5/31/22).

DIRECTED: By 6/1/22: All staff persons shall be educated on the home's fire drill procedures to ensure all residents evacuate to a public thoroughfare or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. The education shall include a review of all procedures outlined in the Department's Regulatory Compliance Guide for regulation 2800.29 relating to residents who receive hospice services and are actively dying. Documentation of the education shall be kept. LM 5/31/22.

If evacuation time exceeds determined time by fire safety expert, subsequent drills would occur until time was successfully achieved. Subsequent drill would be completed within 48 hours from failed timed drill. Primary drills are planned early in each month to allow for subsequent drills to meet compliance.

Documentation of all fire drills will be kept.

Documentation will be kept for staff education.

**Completion Date:** 10/31/2022

<b>Document Submission</b>	<b>Implemented</b>
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CCM suspended December Fire Drill and Inspection with acting Fire Marshall due to Covid-19 Red and Yellow Zones. Date with Fire Marshall was scheduled after 60 days from Disaster Proclamation was lifted by PA Governor. Fire Marshall inspection was conducted 3/31/22 with [REDACTED], McCandless Township Fire Marshall, witnessed fire drill was scheduled for 5/11/22. Fire Drill was conducted 5/11/22 with Fire Marshall. Attached are documentation from both visits.

Fire Marshall determined Fire Evacuation time to be 11 minutes, 15 seconds based on design and construction of home.

April will be adjusted month for annual Fire Marshall visit, 4/26/23 is next scheduled annual visit.

CCM made change in community Fire Safety Director 5/09/22, education reviewing 2800.132 was complete 5/09/22 with Resident Support Coordinator(RSC).

**132d Evacuation (continued)**

RSC, or designee, will conduct monthly fire drills, documenting on department(DHS) Fire Drill Log. Monthly fire drill records shall be reviewed by a RSC, or designee on a monthly basis indefinitely to ensure fire drills are completed, all residents were evacuated within the time specified by the FSE, and that the fire drill records are completed in their entirety. (DIRECTED: The monthly review shall include ensuring all residents evacuate to a public thoroughfare or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert, as well as ensuring all procedures outlined in the Department's Regulatory Compliance Guide for regulation 2800.29 relating to residents who receive hospice services and are actively dying are followed. LM 5/31/22).

DIRECTED: By 6/1/22: All staff persons shall be educated on the home's fire drill procedures to ensure all residents evacuate to a public thoroughfare or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. The education shall include a review of all procedures outlined in the Department's Regulatory Compliance Guide for regulation 2800.29 relating to residents who receive hospice services and are actively dying. Documentation of the education shall be kept. LM 5/31/22.

If evacuation time exceeds determined time by fire safety expert, subsequent drills would occur until time was successfully achieved. Subsequent drill would be completed within 48 hours from failed timed drill. Primary drills are planned early in each month to allow for subsequent drills to meet compliance.

Documentation of all fire drills will be kept.

Documentation will be kept for staff education.

**183b Medications and syringes locked****1. Requirements**

2800.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's living unit.

**Description of Violation**

On 5/2/22 at 10:25am, numerous over-the-counter topical medications were unlocked, unattended, and accessible in a filing cabinet at the 2nd floor nurses station, to include the following:

- Resident #4's 100g tube of Diclofenac Sodium Topical Gel-1%
- (2) 15g bottles of resident #5's Nystatin powder

**Plan of Correction**

CCM has nurses station on each of the 3 floors, all having locked door handles with self closing tension mechanism. All nurses stations have resident treatments in metal cabinets. On this day, nurses station on 1 and 3 were secured, floor 2 door was not latched closed. Although door handle was locked, licensing representative did gain access. Maintenance Director and administrator attempted to simulate scenario for repair purposes, the door worked without flaw.

**Accept**

**183b Medications and syringes locked (continued)**

Administrator, or designee, will audit closure mechanism and door handle daily for 14 days, then weekly for 3 weeks, and quarterly in 2022 to ensure compliance. Administrator, or designee will monitor during audit all medication storage areas to ensure all medications are kept in an area or container that is locked.

Education was provided 5/4/22 during staff meeting: the importance of securing nurses station's during their shifts and at report at end of shift. Documentation will be kept for staff education.

**Completion Date:** 12/31/2022

**Document Submission****Implemented**

CCM has nurses station on each of the 3 floors, all having locked door handles with self closing tension mechanism. All nurses stations have resident treatments in metal cabinets. On this day, nurses station on 1 and 3 were secured, floor 2 door was not latched closed. Although door handle was locked, licensing representative did gain access. Maintenance Director and administrator attempted to simulate scenario for repair purposes, the door worked without flaw.

Administrator, or designee, will audit closure mechanism and door handle daily for 14 days, then weekly for 3 weeks, and quarterly in 2022 to ensure compliance. Administrator, or designee will monitor during audit all medication storage areas to ensure all medications are kept in an area or container that is locked.

Education was provided 5/4/22 during staff meeting: the importance of securing nurses station's during their shifts and at report at end of shift. Documentation will be kept for staff education.

**187d Follow prescriber's orders****1. Requirements**

2800.

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

**Description of Violation**

Resident #6 is prescribed Lorazepam 0.5mg tablets-Take 1 tablet by mouth daily at bedtime; however, this medication was not administered to resident #6 from 4/21/22 through 5/3/22, because the medication was not available in the residence for administration.

**Plan of Correction****Directed**

Resident was admitted (redacted)/22) from home with med list from PCP. Lorazepam was not listed on med list. CRNP wrote order 4/21/22 for resident pain, RX notified CCM script could not refill before 5/6/22. CCM notified prescriber and resident. Resident was administered routine medication 5/7 and 5/8. Routine order was d/c 5/9, dose(1/2) and schedule(PRN) order changed by CRNP.

Education to all nurses and medication technicians before June 2nd, 2022, education per policy to act when medication is not available to administer. Documentation will be kept for staff education.

Director of Resident Care, or designee will audit 3 residents EMAR per week for 8 weeks to ensure compliance. Full

**187d Follow prescriber's orders (continued)**

medication review for the 3 residents to ensure all prescribed medications are physically present in the home and available for administration in accordance with prescribers' orders. (DIRECTED: The weekly audits shall begin on 6/3/22. LM 5/31/22).

**Completion Date:** 07/16/2022

**Document Submission****Implemented**

Resident was admitted [REDACTED] 22) from home with med list from PCP. Lorazepam was not listed on med list. CRNP wrote order 4/21/22 for resident pain, RX notified CCM script could not refill before 5/6/22. CCM notified prescriber and resident. Resident was administered routine medication 5/7 and 5/8. Routine order was d/c 5/9, dose(1/2) and schedule(PRN) order changed by CRNP.

Education to all nurses and medication technicians before June 2nd, 2022, education per policy to act when medication is not available to administer. Documentation will be kept for staff education.

Director of Resident Care, or designee will audit 3 residents EMAR per week for 8 weeks to ensure compliance. Full medication review for the 3 residents to ensure all prescribed medications are physically present in the home and available for administration in accordance with prescribers' orders. (DIRECTED: The weekly audits shall begin on 6/3/22. LM 5/31/22).