

Department of Human Services
Bureau of Human Service Licensing

July 1, 2022

[REDACTED]
CORNERSTONE OF CLAYSBURG LLC
[REDACTED]

RE: CORNERSTONE OF CLAYSBURG
969 BEDFORD STREET
CLAYSBURG, PA, 16625
LICENSE/COC#: 33327

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 05/24/2022 of the above facility, the citations specified on the enclosed Licensing Inspection Summary (LIS) were found.

We have determined that your plan of correction is: Acceptable

All citations specified on the plan of correction must be corrected by the dates specified on the License Inspection Summary (violation report) and continued compliance with Department statutes and regulations 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: CORNERSTONE OF CLAYSBURG License #: 33327 License Expiration: 12/15/2022
Address: 969 BEDFORD STREET, CLAYSBURG, PA 16625
County: BLAIR Region: CENTRAL

Administrator

Name: [REDACTED] Phone: 8143175121 Email: [REDACTED]

Legal Entity

Name: CORNERSTONE OF CLAYSBURG LLC
Address: 229 MT. PLEASANT STREET, EAST FREEDOM, PA, 16637
Phone: 8143175121 Email: [REDACTED]

Certificate(s) of Occupancy

Type: Other Date: 03/14/1984 Issued By: DL&I

Staffing Hours

Resident Support Staff: Total Daily Staff: 20 Waking Staff: 15

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
Reason: Complaint Exit Conference Date: 05/24/2022

Inspection Dates and Department Representative

05/24/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 24 Residents Served: 20

Secured Dementia Care Unit

In Home: No Area: Capacity: Residents Served:

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 11 Are 60 Years of Age or Older: 12
Diagnosed with Mental Illness: 3 Diagnosed with Intellectual Disability: 3
Have Mobility Need: 0 Have Physical Disability: 1

Inspections / Reviews

05/24/2022 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 06/10/2022

Inspections / Reviews (*continued*)

06/22/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*

Follow-Up Date: *06/29/2022*

07/01/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*

Follow-Up Date: *07/15/2022*

51 - Criminal Background Check

1. Requirements

2600.

51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

Staff Person A was hired on [redacted] and has not had a criminal history background check completed.
Staff Person B was hired on [redacted] and has not had a criminal history background check completed.

Plan of Correction

Accept

Criminal background checks are done when we have new hires. We typically allow for 10-15 days to make sure the employee is going to stay employed with us. Criminal background checks are run by the Administrator or Director at the facility. Staff person A transitioned from our [redacted] to paid staff, working only part time on the weekends. The background check was simply overlooked. Staff person B worked for us from [redacted] until [redacted] was terminated on [redacted] after several no call/no shows. Criminal record checks were done for both of these individuals on 6/10/22.

*Update - New hires will complete a supervised Orientation within the first 40 hours of working at the Home. Also during the first 40 hours, a criminal background check will be run by the Administrator or Director at the facility. New hires will not be left unsupervised at any time during the orientation process, and will not be permitted to work unsupervised until the criminal background check is completed. Since this inspection, the Administrator has conducted an audit of all current staff and completed all but 2 criminal background checks for [redacted] and [redacted]. These 2 background checks will be completed by Friday, July 1, 2022 and placed in the employee's file.

Completion Date: 06/29/2022

63a - First Aid/CPR Training

1. Requirements

2600.

63.a. At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

Description of Violation

The home did not have any staff present who were currently certified in first aid/CPR on 4/9/22, 4/10/22, 5/1/22, 5/8/22, 5/14/22, 5/15/22, and 5/21/22, on all shifts. Staff Persons A, C, D, E and F were present throughout these dates and are currently not first aid/CPR certified.

Plan of Correction

Accept

In 2020, [redacted] was trained with [redacted] Director of Nursing at the time as an Instructor of CPR and first aid. Unfortunately because of the pandemic and a shortage of staff, we were never able to conduct a class. [redacted] did have a paramedic living at the Home during the pandemic who would be available if there was an emergency. [redacted] was finally able to get ahold of another instructor through the American Heart Association to provide [redacted] staff with CPR and first aid training on June 9, 2022. The class was held and the certificates were emailed to the Administrator and printed for the employee's files. [redacted] attaching the roster of all the staff who were trained.

63a - First Aid/CPR Training (continued)

Staff training needs will be addressed at the next staff meeting scheduled for July 13, 2022. After a quality management review of staff training needs, a listing of available classes and topics to be discussed will be provided going forward.

Completion Date: 06/29/2022

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:

1. Evacuation procedures.
2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
5. The location and use of fire extinguishers.
6. Smoke detectors and fire alarms.
7. Telephone use and notification of emergency services.

Description of Violation

Staff person A, whose first day of work was [REDACTED], did not receive orientation on the following topics prior to or on the first day of employment:

1. Evacuation procedures.
2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
5. The location and use of fire extinguishers.
6. Smoke detectors and fire alarms.
7. Telephone use and notification of emergency services

Plan of Correction**Directed**

Staff person A started working on 3rd shift and [REDACTED] orientation was performed on 3rd shift with our trainer at that time. Our night shift runs from 10 pm - 8 am, so although his first day was technically [REDACTED], [REDACTED] would have had orientation that night, overnight into [REDACTED] the paperwork reflects. All new hires complete the facility Orientation during the first 40 hours of employment. New employees receive their file with new hire paperwork on the first day and when it is completed, the paperwork is reviewed with the Administrator. A review of staff training needs will be conducted by 7-8-22 and discussed at the next staff meeting scheduled for July 13, 2022.

Directed -

Orientation on the following topics will be completed prior to or on the first day of employment:

1. Evacuation procedures.
2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
5. The location and use of fire extinguishers.

65a - FS Orientation 1st Day (continued)

6. Smoke detectors and fire alarms.
7. Telephone use and notification of emergency services

Documentation of the training will be kept by the home. M.D. 7-1-22

Completion Date: 06/29/2022

65d - Initial Direct Care Training**1. Requirements**

2600.

65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:

2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.

Description of Violation

Direct Care Staff Person A, hired on [REDACTED], began providing unsupervised ADL services prior to the completion and passing of the Department-approved direct care training course and passing the competency test on 3/7/22.

Direct Care Staff Person B, hired on [REDACTED], began providing unsupervised ADL services, but has not completed or passed the Department-approved direct care training course, nor passed the competency test.

Plan of Correction**Directed**

After reviewing [REDACTED] file, Staff person A did complete the online training on 3-17-22 even though [REDACTED] started on [REDACTED]. He was provided with an orientation and was competent of the job assignment as [REDACTED] was hired for 3rd shift. Staff person B did complete [REDACTED] new staff orientation and take the online training when [REDACTED] was hired, [REDACTED] was not able to produce [REDACTED] certificate for the inspector and [REDACTED] has since been terminated.

At the June staff meeting held on 6-9-22, staff were given their files and asked to finish, complete, or copy any and all information needed for their file. An audit of all the staff files was completed and everything was updated as needed. Staff training needs will be discussed at the next staff meeting scheduled for July 13, 2022.

Directed -

The Administrator will ensure that all staff training is completed and documented as required.

Documentation of the training will be kept by the home. MD 7-1-22

Completion Date: 06/29/2022

141a - Medical Evaluation**1. Requirements**

2600.

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

141a - Medical Evaluation (continued)

Description of Violation

Resident #1 was admitted on [redacted] but did not have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department.

Plan of Correction

Directed

Resident 1 came to us from [redacted] in [redacted]. [redacted] received an application, the state form MA-51, a DME, and a level of care determination from the doctor on site at the hospital. [redacted] Resident Director and [redacted] actually went to meet with the resident before [redacted] was discharged and reviewed all of [redacted] paperwork with [redacted] and [redacted] caseworker at the hospital. I would have never admitted [redacted] without the proper paperwork. Unfortunately, [redacted] have not been able to find the medical forms, which [redacted] have requested from the hospital again. [redacted] am attaching what they sent [redacted]. Resident 1 is also started seeing a new doctor in Blair County so [redacted] have faxed [redacted] the forms to complete a new MA-51 and DME after their evaluation of Resident 1. Since the old DME and MA-51 were not able to be located from the attending physician at [redacted], we have since set-up a referral for resident 1 to see a local provider. [redacted] information has been forwarded to [redacted] and [redacted] have sent the paperwork to their office for completion. Resident 1 has an appointment with this new doctor set up for [redacted] will forward the medical forms to the state as [redacted] receive them from the physician. All new resident paperwork is reviewed and completed by the Administrator and/or the Director of the facility.

Directed -

All newly admitted resident records will be reviewed by the Administrator and/or Director to ensure the DME is completed within 60 days prior to admission or within 30 days after admission.

The Administrator will develop a tracking system to identify due dates to ensure resident DME's are completed within the required time frames.

Any resident record found that does not have the completed paperwork will be referred to the physician for an initial Medical Evaluation. MD 7-1-22

Completion Date: 06/29/2022

225a - Assessment 15 Days

1. Requirements

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

An assessment was not completed for Resident #1, who was admitted to the home on [redacted].

Plan of Correction

Directed

The RASP was started and completed by the Administrator at the time of Resident 1's admission. Again, through several files going "missing" because of staff turn-over, [redacted] was not able to locate the plan in [redacted] file. [redacted] DID locate the RASP, updated it, went over it again with the resident and had [redacted] sign it again after reviewing it. Since our DON has taken on responsibilities at another home, [redacted] will no longer be completing the RASP's. Going forward, all assessments and support plans will be started and completed by the Administrator to ensure timeliness and accuracy.

Directed -

The Administrator will develop a tracking system to identify due dates to ensure resident assessments are

225a - Assessment 15 Days (continued)

completed within 15 days of admission. MD 8-1-22

Completion Date: 06/29/2022

227a - Support Plan 30 Days

1. Requirements

2600.

227.a. A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

Description of Violation

Resident #1 was admitted on [REDACTED] however, the resident's initial support plan has not been completed.

Plan of Correction

Directed

The support plan was completed, just missing from the file. Located, reviewed and sent to the state (see attached above.)

Since our DON has taken on responsibilities at another home, [REDACTED] will no longer be completing the RASP's. Going forward, all assessments and support plans will be started and completed by the Administrator to ensure timeliness and accuracy.

Directed -

All newly admitted residents' records will be reviewed by the Administrator to ensure that each support plan is completed within 30 days after admission.

The Administrator will develop a tracking system to identify due dates to ensure resident support plans are completed within the required time frames. MD 7-1-22

Completion Date: 06/29/2022