



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail [REDACTED]

eMAILING DATE: November 7, 2022

[REDACTED]
C.R.O.S.S., Inc.
[REDACTED]

RE: Cumberland Vista
1073 York Road
Dillsburg, Pennsylvania 17019
Certificate #: 310280

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Office of Long-term Living) review on August 10, 2022, of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

As the result of your home's recent request to adjust the use of the physical space, the Department has granted an approval for a revised license issued under the authority of 55 Pa. Code Ch. 2600 (relating to Personal Care Homes). The approved capacity revision request is a reduction from 8 to 7. The expiration date of the license remains unchanged.

Sincerely,

Jamie L. Buchenauer

Jamie L. Buchenauer
Deputy Secretary
Office of Long-term Living

Enclosure
License
Licensing Inspection Summary

Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY - PUBLIC

Facility Information

Name: CUMBERLAND VISTA License #: 31028 License Expiration: 04/22/2023
Address: 1073 YORK ROAD, DILLSBURG, PA 17019
County: CUMBERLAND Region: CENTRAL

Administrator

Name: [REDACTED] Phone: 7174322822 Email: [REDACTED]

Legal Entity

Name: C.R.O.S.S., INC.

Address: [REDACTED]

Phone: 7174322822

Email: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP Date: 02/24/2000 Issued By: Labor and Industry

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 6 Waking Staff: 5

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
Reason: Renewal, Capacity Change Exit Conference Date: 08/10/2022

Inspection Dates and Department Representative

08/10/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 8 Residents Served: 6

Secured Dementia Care Unit

In Home: No Area: Capacity: Residents Served:

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 2 Are 60 Years of Age or Older: 0
Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 6
Have Mobility Need: 0 Have Physical Disability: 1

Inspections / Reviews

08/10/2022 - Full

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 09/04/2022

11/03/2022 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/03/2022

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 11/10/2022

11/04/2022 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/03/2022

Reviewer: [REDACTED]

Follow-Up Type: *Exception*

65i - Training Record

1. Requirements

2600.

65.i. A record of training including the staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.

Description of Violation

Staff Member A has no documentation of completing their first day orientation in their file: (evacuation procedures, staff duties and responsibilities- fire drills, designated meeting place, smoking policy, location and use of fire extinguishers, detectors and alarms and Telephone use/notification of Emergency services).

POC Submission

Accept [redacted] - 11/03/2022)

Training for staff member A was completed on 5-13-2021, 5-20-2021 and 6-7-2021. Our training checklist was not signed indicating that the required training was not completed within the time frame required. Staff Member A signed the checklist indicating that [redacted] had completed the training [8/12/22].

For preventing this from happening in the future "sign training record" was added to our new employee checklist and will be monitored by the administrator throughout the orientation and training process. When the employee has completed all of the trainings and are ready to work independently, the checklist will be reviewed by the Administrator for anything possibly overlooked, [beginning 8/12/22].

Licensee's Plan Completion Date: 11/02/2022

Implemented [redacted] - 11/04/2022)

141a - Medical Evaluation

2. 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.

Description of Violation

Resident 1 was evaluated by a physician on [redacted]. The resident was not admitted to the home until [redacted]. The Documentation of Medical Evaluation (DME) for the 6/9/2021 medical evaluation was completed by the home on 1/27/2022, which was outside of the timeframes specified by this regulation,

POC Submission

Directed ([redacted] - 11/03/2022)

Resident 1's initial physical for admittance into Cumberland Vista was signed 1/27/22 by the medical professional. This was also the date that the form was completed. This was handled by the resident's legal guardians. My assumption as administrator was that the Doctor believed that everything on the form was accurate as of 6/9/21 at the time of the last physical. Resident #1 was seen for what was believed to be a follow up on 6/14/2022 but according to the Doctor's records it was a physical. Physical form was completed on 10/17/22 for the 6/14/22 exam.

To prevent citation in the future: Any new resident being admitted, [Beginning 10/17/22] Administrator will conduct a review 30 days before admission date to check the status of the physical and if needed 15 days after admission.

Directed -

Beginning 11/2/22, and prior to any new DMEs being filed in a resident's record, they will be reviewed by the

141a - Medical Evaluation (continued)

administrator to ensure that physicians performed all of the required actions during medical evaluations, and that the medical evaluations were conducted within the required timeframes. Any DME that is incomplete will be corrected within 30 days from the date it was reviewed. [REDACTED] 11/3/22

Directed Completion Date: 11/02/2022

Implemented ([REDACTED] - 11/04/2022)

225a - Assessment 15 Days

3. 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

Resident 1 was admitted to the home on [REDACTED] The resident's initial Resident Assessment and Support Plan (RASP) was not complete. The RASP was missing pages 9-12, including the Signature page.

POC Submission

Directed ([REDACTED] - 11/03/2022)

Missing pages 9-12 of the resident #1 assessment was located and [were found to have been] signed by the resident and administrator [on [REDACTED]].

To prevent this citation in the future, Administrator will conduct a quarterly audit, [beginning 11/2/22] to determine that all assessments are completed by the required date and all are signed by all parties participating in the development of the assessment.

Directed -

The administrator will create and implement a tracking system within 10 days of receipt of this plan, to identify the due dates of each initial resident assessment to ensure that the assessment is completed within 15 days from the resident's admission. [REDACTED] 11/3/22

Directed Completion Date: 11/02/2022

Implemented ([REDACTED] - 11/04/2022)

227a - Support Plan 30 Days

4. 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 to the home on [REDACTED] The resident's initial Resident Assessment and Support Plan (RASP) was not complete. The RASP was missing pages 9-12, including the Signature page.

POC Submission

Directed ([REDACTED] - 11/03/2022)

Missing pages from resident #1 support plan were located and [were found to have been] signed by administrator

227a - Support Plan 30 Days (continued)

and resident [on 1/27/22].

To prevent this citation in the future, Administrator will conduct a quarterly audit [beginning 11/2/22] to determine that all support plans are completed, placed in the file and signed and dated by all parties.

Directed -

The administrator will develop a tracking system, within 10 days of receipt of this plan, to ensure that all support plans are done correctly, completely, and within the time frames required by this Chapter. [REDACTED] 11/3/22

Directed Completion Date: 11/02/2022

Implemented [REDACTED] 11/04/2022)