

Department of Human Services
Bureau of Human Service Licensing

November 12, 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 09/07/2022, 09/08/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,

[REDACTED]
Human Services Licensing Supervisor

cc: Pennsylvania Bureau of Human Service Licensing

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

Facility Information

Name: CORNERSTONE LIVING **License #:** 22791 **License Expiration:** 09/17/2023
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: [REDACTED] **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 **Working Staff:** 39

Inspection Information

Type: Full **Notice:** Unannounced **BHA Docket #:**
Reason: Renewal **Exit Conference Date:** 09/08/2022

Inspection Dates and Department Representative

09/07/2022 - On-Site: [REDACTED]
09/08/2022 - On-Site: [REDACTED]

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: 10

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

09/07/2022 - Full

Lead Inspector: [REDACTED]

Follow Up Type: *POC Submission*Follow Up Date: *10/02/2022*

10/13/2022 POC Submission

Submitted By: [REDACTED]

Date Submitted: *11/03/2022*

Reviewer: [REDACTED]

Follow Up Type: *POC Submission*Follow Up Date: *10/19/2022*

10/28/2022 POC Submission

Submitted By: [REDACTED]

Date Submitted: *11/03/2022*

Reviewer: [REDACTED]

Follow Up Type: *Document Submission*Follow Up Date: *11/04/2022*

11/12/2022 Document Submission

Submitted By: [REDACTED]

Date Submitted: *11/03/2022*

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

18 - Compliance With Laws

1. Requirements

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

The home did not have a carbon monoxide monitor installed near the propane powered dryers located in the laundry room as required by the Care Facility Carbon Monoxide Alarms Standards Act.

POC Submission

Accept ([redacted]) 10/28/2022

On 09/07/2022, Administrator provided verbal education to the Director of Maintenance, who is responsible for maintaining all facility safety measures, that a carbon monoxide monitor needs to be installed near the propane powered dryers as required by the Care Facility Carbon Monoxide Alarms Standards Act.

A Carbon monoxide detector was immediately purchased. On 09/07/2022 the Dir of Maintenance installed and tested the new carbon monoxide detector near the propane powered dryers. Re-education for all staff members was completed on 09/29/2022 during our quality management meeting.

Dir of Maintenance will include this new CO detector on his maintenance monitoring schedule.

See attached picture of carbon monoxide detector.

See attached in-service.

Licensee's Plan Completion Date: 10/19/2022

Implemented ([redacted]) 11/12/2022

26b - Quality Management Plan Content

2. Requirements

2600.

26.b. The quality management plan shall address the periodic review and evaluation of the following:

1. The reportable incident and condition reporting procedures.
2. Complaint procedures.
3. Staff person training.
4. Licensing violations and plans of correction, if applicable.
5. Resident or family councils, or both, if applicable.

Description of Violation

The home's quality management meeting held in 2021 did include the review of licensing inspection violations as required.

POC Submission

Accept ([redacted]) - 10/28/2022

On 09/29/2022, Administrator (responsible for the QA meetings), held our Quality Management meeting with our Dir of Wellness and all employees. We reviewed all the required topics including the licensing inspection violations. On 09/29/22 the QA binder was updated to include a place mark for the review of the licensing inspection violations for this meeting, and all future QA meetings.

Administrator will include the QA meetings and its proper content on his regular compliance checklist.

See attached quality management plan that reviews the five topics including licensing inspection violations.

Licensee's Plan Completion Date: 10/19/2022

Implemented ([redacted]) - 11/12/2022

26b - Quality Management Plan Content (continued)

101j7 - Lighting/Operable Lamp

3. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

The bed in resident room [redacted] did not have a an operable lamp or lighting device located near the resident's bed.

POC Submission

Accept ([redacted] - 10/28/2022)

On 09/08/2022, Administrator provided verbal education to all staff members regarding the proper lighting near the bedside of a resident. On 09/08/2022, Wellness director moved an operable lamp to the bedside table of the resident in room [redacted] to ensure that the lamp can be turned on at the bedside. For the resident's that do not want a lamp on the bedside table, a tap light will be located near the bed. Wellness Dir will continue to remind the direct care staff who frequent the resident rooms, to be sure that every resident has access to light at their bedside.

Dir of Maintenance will add this to [redacted] routine maintenance checklist.

Re-education for all staff members was held on 09/29/2022 during quality management meeting at 2pm.

See attached picture of tap light near bedside.

Licensee's Plan Completion Date: 10/19/2022

Implemented ([redacted] - 11/12/2022)

102f - Towel/Washcloth/Soap

4. Requirements

2600.

102.f. An individual towel, washcloth and soap shall be provided for each resident.

Description of Violation

The bathroom in resident room [redacted] did not have a towel or washcloth in it for the resident's use.

POC Submission

Accept ([redacted] - 10/28/2022)

On 09/08/2022, The Administrator provided verbal education to the Housekeeping Director (responsible for hanging towels in each room) and to all staff members regarding individual towel, washcloth and soap shall be provided for each resident.

Housekeeping Dir will monitor and ensure that a Towel or washcloth will be replaced immediately in the resident's room when taken to the laundry room. Re-education for all staff members was completed on 09/29/2022 during quality management meeting.

See attached picture of towel in room [redacted]

See attached in-service

Licensee's Plan Completion Date: 10/19/2022

Implemented ([redacted] - 11/12/2022)

103g - Storing Food

5. Requirements

2600.

103g - Storing Food (continued)

103.g. Food shall be stored in closed or sealed containers.

Description of Violation

The home's freezer contained 5 dishes of leftover ice cream stored in small dishes that were not sealed or covered.

POC Submission

Accept (████) 10/28/2022)

On 09/07/2022 Administrator provided verbal education to kitchen staff and DCS on proper food storage. Re-education for all staff members was completed on 09/29/2022 during the quality management meeting at 2pm. The Administrator completed an unannounced refrigerator and freezer audit on 09/22/2022 at 8:15am to ensure that all food shall be stored in closed or sealed containers.

Administrator will periodically audit the refrigerator and freezer to be sure all is labeled correctly.

See attached picture of leftover ice cream small dishes that are properly stored and labeled.

Licensee's Plan Completion Date: 10/19/2022

Implemented (████) - 11/12/2022)

132c - Fire Drill Records

6. Requirements

2600.

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 home 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.

Description of Violation

Fire drills recorded on the home's fire drill logs for the dates of 03/31/22, 05/31/22, and 06/28/22 did not indicate if the time of the drill was a.m. or p.m.

POC Submission

Accept (████) - 10/13/2022)

On 09/07/2022, regulation 2600.132.c reviewed by replacement Administrator, Director of Wellness, and Assistant Director of Wellness to ensure written fire drill record is filled out correctly. The Administrator or Director of Wellness will do a monthly audit of the fire drill log that will be completed by the Assistant Director of Wellness to ensure proper documentation is being done correctly. See attached monthly audit spreadsheet.

Licensee's Plan Completion Date: 09/30/2022

Implemented (████) - 11/12/2022)

132h Designated Meeting Place

7. Requirements

2600.

132.h. Residents shall evacuate to a designated meeting place away from the building or within the fire safe area during each fire drill.

Description of Violation

The home's fire drill logs indicate that not all residents were evacuated during the fire drills conducted on 02/17/22 and 06/28/22. On 02/17/22 at 9:22pm a fire drill was conducted and only 21 of the 22 residents present were evacuated. On 06/28/22 at 10:47 a.m. or p.m. only 20 of the 27 residents present were evacuated.

POC Submission

Accept (████) 10/13/2022)

On 09/07/2022, regulation 2600.132.h reviewed by the replacement Administrator, Director of Wellness, and

132h - Designated Meeting Place (continued)

Assistant Director of Wellness to ensure all residents are evacuated to our designated meeting area. All staff members had verbal education by the Director of Wellness on 09/07/2022 and 09/08/2022. Re-education for all staff members was completed on 09/29/2022 during quality management meeting at 2pm to ensure that all residents are evacuated properly during fire drills.

Licensee's Plan Completion Date: 09/30/2022

Implemented (████ - 11/12/2022)

231b Medical Evaluation

8. Requirements

2600.

231.b. A resident shall have a medical evaluation by a physician, physician s assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident s diagnosis of Alzheimer s disease or other dementia and the need for the resident to be served in a secured dementia care unit.

Description of Violation

The Document of Medical Evaluation (DME) for resident #1 dated █████ 22 did not have the special health needs (section 4) completed to indicate that the resident requires █████

POC Submission

Accept (████ 10/28/2022)

Director of wellness, responsible for admission paperwork including the DME, will review the medical evaluation form (DME) immediately when completed by the provider. If missing information or changes need to be made, the Director of Wellness/RN will contact the provider who performed the in-person evaluation, obtain consent, and document the date, time, and person spoken to on the DME next to the correction. Monthly audits will be completed by the Director of Wellness to ensure all sections of the DME are filled out completely and correctly.

Licensee's Plan Completion Date: 10/19/2022

Implemented (████ - 11/12/2022)