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

December 19, 2022

[redacted]
DIAKON LUTHERAN SOCIAL MINISTRIES
[redacted]

RE: CUMBERLAND CROSSINGS
RETIREMENT COMMUNITY
1 LONGSDORF WAY, A,B & C
WINGS
CARLISLE, PA, 17015
LICENSE/COC#: 31731

Dear [redacted]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/08/2022, 11/09/2022 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]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *CUMBERLAND CROSSINGS RETIREMENT COMMUNITY* **License #**: *31731* **License Expiration**: *07/16/2023*

Address: *1 LONGSDORF WAY, A,B & C WINGS, CARLISLE, PA 17015*

County: *CUMBERLAND* **Region**: *CENTRAL*

Administrator

Name: [redacted] **Phone**: [redacted] **Email**: [redacted]

Legal Entity

Name: *DIAKON LUTHERAN SOCIAL MINISTRIES*

Address: *1 LONGSDORF WAY, CARLISLE, PA, 17015*

Phone: [redacted] **Email**: [redacted]

Certificate(s) of Occupancy

Type: *C-2 LP* **Date**: *10/31/1991* **Issued By**: *Labor & Industry*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *54* **Waking Staff**: *41*

Inspection Information

Type: *Full* **Notice**: *Unannounced* **BHA Docket #**:

Reason: *Renewal, Complaint* **Exit Conference Date**: *11/09/2022*

Inspection Dates and Department Representative

11/08/2022 - On-Site: [redacted]

11/09/2022 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *59* **Residents Served**: *37*

Secured Dementia Care Unit

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

Hospice

Current Residents: *2*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *37*

Diagnosed with Mental Illness: *0* **Diagnosed with Intellectual Disability**: *1*

Have Mobility Need: *17* **Have Physical Disability**: *1*

Inspections / Reviews

11/08/2022 - Full

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *11/27/2022*

12/02/2022 - POC Submission

Submitted By: [redacted] **Date Submitted**: *12/12/2022*

Reviewer: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *12/09/2022*

Inspections / Reviews *(continued)*

12/06/2022 - POC Submission

Submitted By: [redacted] **Date Submitted:** *12/12/2022*

Reviewer: [redacted] **Follow-Up Type:** *Document Submission* **Follow-Up Date:** *12/13/2022*

12/19/2022 - Document Submission

Submitted By: [redacted] **Date Submitted:** *12/12/2022*

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

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

Ancillary Staff person A, whose date of hire was [redacted] did not receive training in general fire safety and emergency preparedness, and the following topics until [redacted]:

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 ***Accept (KB - 11/30/2022)***

1. Employee was immediately placed in emergency preparedness, evacuation procedures, location of Fire extinguishers and fire drill ***training by the administrator*** *on [redacted]*

2. Dietary Director will assure all new employees are placed in fire safety and preparedness training before working on the floor.

3, Personal Care Administrator will audit all new employees weekly x4, Monthly x4, Quarterly x3. through Quality Assurance & Performance Improvement implemented 11/10/2022

Licensee's Proposed Overall Completion Date: *11/21/2022*

Implemented (KB - 12/19/2022)

65b - Rights/Abuse 40 Hours

2. Requirements

2600.
65.b. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

4. Reporting of reportable incidents and conditions.

Description of Violation

Ancillary Staff person A whose date of hire was [redacted] completed his/her 40th scheduled work hours prior to

65b - Rights/Abuse 40 Hours (continued)

receiving training on reporting of reportable incidents and conditions on [redacted].

Plan of Correction ***Accept (KB - 12/05/2022)***

1. Administrator will re-educate management staff of required trainings for all employees by 12/31/22
2. Dietary Director was provided audit tool of all new ancillary staff to comply with 65.B
3. Administrator will review records of all staff by 12/31/22 to verify that all staff have reviewed required training with established timeframes starting 12/1/22
4. Quality assurance performance improvement implemented 12/1/22, audit will be reported on during QAPI monthly

Licensee's Proposed Overall Completion Date: *12/02/2022*

Implemented (KB - 12/19/2022)

81b - Resident Personal Equipment

3. Requirements

2600.
81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

Resident #1 has a partially covered enabler bar attached to his/her bed. The open area measuring 11.5 inches wide by 7.5 inches high poses a potential entrapment hazard.

Plan of Correction ***Directed (AS - 12/06/2022)***

1. On 11/8/22 PCA immediately placed a cover over the enabler bar to reduce potential entrapment hazard
2. Order was placed in [redacted] for personal care staff to check enabler bar is covered each shift
3. Resident with enabler was giver risk vs benefit to educate on enabler bar safety
4. PCHA re-educated all staff on the enabler bars being covered
5. Personal Care Administrator will audit all enabler bars weekly x4 monthly x4 and quarterly x3
6. Quality assurance performance improvement implemented 12/1/22, audit will be reported on during QAPI monthly

(Directed)
1. On 11/8/22 PCA immediately placed a cover over the enabler bar to reduce potential entrapment hazard

2. By 12/15/22, The Administrator will place an order in [redacted] for personal care staff to check that enabler bar is covered each shift.

3. By 12/15/22, the resident with enabler was giver risk vs benefit to educate on enabler bar safety by the Administrator.

4. By 12/15/22, the Administrator will re-educate all staff on the requirement and importance of enabler bars being covered.

5. Starting 12/15/22, Personal Care Administrator will audit all enabler bars weekly x4, then monthly x4, and then quarterly ongoing.

81b - Resident Personal Equipment (continued)

6. Quality assurance performance improvement implemented 12/1/22, audit will be reported on during QAPI monthly.

Directed Completion Date: *12/15/2022*

Implemented (KB - 12/19/2022)

85a - Sanitary Conditions

4. Requirements

2600.
85.a. Sanitary conditions shall be maintained.

Description of Violation

On 10/29/22 at 8:09 am, the glucometer belonging to Resident #2 was mistakingly used to measure Resident #3's blood sugar.

Plan of Correction ***Directed (AS - 12/06/2022)***

1. Licensed Practical Nurse and Personal Care Administrator performed an on the spot education 11/9/22 to staff members regarding the prohibition using & sharing glucometers
2. Personal Care Administrator discarded used glucometer immediately on 11/8/22, replaced with new glucometer by the facility
3. Personal Care Administrator to audit glucometers and MARs to prevent the recurrence weekly x4 monthly x4 and quarterly x3
4. Quality assurance performance improvement implemented 12/1/22, audit will be reported on during QAPI monthly

(Directed)

1. Licensed Practical Nurse and Personal Care Administrator performed an on-the-spot education on 11/9/22 to ***clinical care*** *staff members regarding the prohibition using & sharing glucometers.*

2. Personal Care Administrator discarded used glucometer immediately on 11/8/22, replaced with new glucometer by the facility

3. Starting 12/15/22, *Personal Care Administrator will audit glucometers and MARs to prevent the recurrence weekly x4, then monthly x4 and then quarterly ongoing.*

4. Quality assurance performance improvement implemented 12/1/22, audit will be reported on during QAPI monthly Step 3 needs a start date for the audits.

Directed Completion Date: *12/15/2022*

Implemented (KB - 12/19/2022)

85d - Trash Receptacles

5. Requirements

2600.
85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

Description of Violation

On 11/9/22 at approximately 10:15am, the 32-gallon trash can in the dish area of the kitchen was full, uncovered and not in use at the time.

Plan of Correction ***Accept (KB - 12/05/2022)***

1. Trash can lid was placed on trash can immediately on 11/9/22 by Director of Dining Services
*2. **ON 11/9/22**, Director of Dining services immediately provided education **TO ALL DINING STAFF** regarding trash lid on trash can when not in use*
3. Director of Dining Services will do a daily audit weekly x4, monthly x4, and quarterly x3 starting 12/1/22
4. Quality assurance performance improvement implemented 12/1/22, audit will be reported on during QAPI monthly

Licensee's Proposed Overall Completion Date: *12/02/2022*

Implemented (KB - 12/19/2022)

103g - Storing Food

6. Requirements

2600.
103.g. Food shall be stored in closed or sealed containers.

Description of Violation

An 8-quart container of frozen chicken pot pie dated 10/18/22 was found in the walk-in freezer with a warped lid resulting in an open and unsealed container.

Plan of Correction ***Accept (KB - 12/05/2022)***

1. Food was removed immediately by Director of Dietary on 11/8/22
2. Director of Dietary will reeducate all dietary staff of 103g regulation relating to food storage by 12/31/22
3. Director of Dietary will conduct audits of weekly x4, monthly x4, quarterly x3 starting 12/1/22
4. Quality assurance performance improvement implemented 12/1/22, audit will be reported on during QAPI monthly

Licensee's Proposed Overall Completion Date: *12/02/2022*

Implemented (KB - 12/19/2022)

104e - Daily Meals/Dining Room

7. Requirements

2600.
104.e. Breakfast, midday and evening meals shall be served to residents in a dining room except in the following situations:
1. Service in the resident's room shall be available at no additional charge when the resident is unable to come to the dining room due to illness.

104e - Daily Meals/Dining Room *(continued)*

2. When room service is available in a home, a resident may choose to have a meal served in the resident's room. This service shall be provided at the resident's request and may not replace daily meals in a dining room.

Description of Violation

The current practice at the time of the inspection was that on Tuesdays and Thursdays, the evening meal is served to the residents in their rooms. On Saturdays and Sundays, all three (3) daily meals are served to the residents in their rooms. During the times indicated, meal service is not provided in the dining room.

Plan of Correction ***Accept (KB - 11/30/2022)***

1. Effective 11/14/2022, Dining services open for breakfast, Midday, and evening meals.
2. All residents notified on 11/10/22 verbally regarding Dining services opening
3. All residents will be notified formally on December 19,2022 of Service in the resident's room shall be available at no additional charge when the resident is unable to come to the dining room due to illness. When room service is available in a home, a resident may choose to have a meal served in the resident's room. This service shall be provided at the resident's request and may not replace daily meals in a dining room
4. Quality Assurance & Performance Improvement implemented on 11/10/2022 to assure dietary services are open for all meals

Licensee's Proposed Overall Completion Date: *11/23/2022*

Implemented (KB - 12/19/2022)

183f - Discontinued Medications

8. Requirements

2600.
183.f. Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

Description of Violation

Resident #1 is assessed to self-administer some of his/her own medications, including topical medications. On 11/9/22 at approximately 11:00 am, there was a 1 lb tub of Perrigo Hydrocortisone 1% cream on the sink in the resident's bathroom. However, this medication had an expiration date of 12/21.

Plan of Correction ***Accept (KB - 12/05/2022)***

1. Expired medication was removed immediately on 11/9/22 by Clinical Services Manager
2. Medication was reordered on 11/9/22 by Clinical Services Manager
3. Personal Care Administrator will re-educate all clinical staff on the importance of medication expiration dates, both oral and topical, even in the cases where a resident is assessed to self-administer ***BY 12/31/22.***
4. ***STARTING 12/15/22****, Personal Care Administrator will audit all residents that self-administer medications weekly x4, monthly x4, quarterly x3*
5. Quality assurance performance improvement implemented 12/1/22, audit will be reported on during QAPI monthly.

Licensee's Proposed Overall Completion Date: *12/02/2022*

Implemented (KB - 12/19/2022)

185a - Implement Storage Procedures

9. Requirements

2600.
185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

The following blood glucose levels were not recorded properly on the Medication Administration Record (MAR) for Resident #3:

On 11/7/22 at 8:55 pm, the glucometer showed a reading of 279. However, the MAR was recorded as 232.

On 11/7/22 at 5:07 pm, the glucometer showed a reading of 325. However, the MAR was recorded as 321.

It was also determined that the glucometer for Resident #3 is not calibrated to the correct date and time. On 11/7/22 at 8:55 pm, the glucometer read 11/7/22 at 10:28 am.

(Repeat Violation - 3/31/21)

Plan of Correction ***Directed (AS - 12/06/2022)***

1. LPN and PCHA performed an on the spot education on 11/9/22 to all staff members regarding the prohibition using & sharing glucometers

2. PCHA discarded glucometer for resident #3 and facility replaced and calibrated to the correct date and time

*3. **BY 12/31/22**, PCHA to re-educate all diabetic trained staff regarding the importance of accurate glucometer reading and transposition errors.*

4. PCHA audited all glucometer and verified to be accurate date and time on 12/1/22

5. PCHA or designee will audit glucometers weekly to ensure correct calibration

6. Quality assurance performance improvement implemented 12/1/22, audit will be reported on during QAPI monthly

(Directed)

1. By 12/15/22, the Administrator will correct the MAR for Resident #3 to reflect the accurate blood sugar readings.

***2**. LPN and PCHA performed an on-the-spot education on 11/9/22 to all **Clinical care** staff members regarding the prohibition using & sharing glucometers.*

***3**. **On 11/9/22,** PCHA discarded glucometer for resident #3 and facility replaced and calibrated to the correct date and time.*

***4**. **BY 12/31/22**, PCHA to re-educate all diabetic trained staff regarding the importance of accurate glucometer reading and transposition errors.*

***5**. PCHA audited all glucometer and verified to be accurate date and time on 12/1/22.*

***6**. **Starting 12/15/22,** PCHA or designee will audit glucometers weekly to ensure correct calibration.*

***7**. Quality assurance performance improvement implemented 12/1/22, audit will be reported on during QAPI monthly.*

Directed Completion Date: *12/15/2022*

Implemented (KB - 12/19/2022)

224a - Preadmission Screen Form

10. Requirements

2600.

224a - Preadmission Screen Form *(continued)*

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident #1 was admitted to the home on [redacted] however, the resident's preadmission screening form was completed on 7/3/22.

Plan of Correction ***Accept (KB - 12/05/2022)***

1. PCHA was re-educated by Executive Director on proper admission documentation requirements on 12/1/22
2. PCHA will review preadmission screening forms for all new residents to verify the accuracy and completeness of required documentation starting 12/1/22
3. Quality assurance performance improvement implemented 12/1/22, audit will be reported on during QAPI monthly

Licensee's Proposed Overall Completion Date: *12/02/2022*

Implemented (KB - 12/19/2022)