

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

February 1, 2023

[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 01/04/2023 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

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: 1 2 Date: 09/09/2011 Issued By: L&I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 56 Waking Staff: 42

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Complaint, Incident Exit Conference Date: 01/04/2023

Inspection Dates and Department Representative

01/04/2023 On Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 40 Residents Served: 28

Secured Dementia Care Unit
 In Home: Yes Area: whole building Capacity: 40 Residents Served: 28

Hospice
 Current Residents: 11

Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 28
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 28 Have Physical Disability: 0

Inspections / Reviews

01/04/2023 - Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 02/04/2023

01/27/2023 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 01/27/2023
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 02/01/2023

Inspections / Reviews *(continued)*

02/01/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/27/2023

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

227g -Support Plan Signatures

1. Requirements

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident #1 participated in the development of their support plan on [REDACTED]/22. However, the resident did not sign the support plan.

Plan of Correction

Accept ([REDACTED] - 01/27/2023)

The Administrator is responsible for completing the support plan and to ensure each section is filled out correctly. Monthly audits will be completed by the Administrator and Assistant Director in a rotating schedule. By adding the Assistant Director into the audits, this will help eliminate errors or missed documentation in the support plan by having an addition layer of review.

Licensee's Proposed Overall Completion Date: 01/25/2023

Implemented ([REDACTED] - 02/01/2023)