

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

May 2, 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 04/05/2023, 04/07/2023 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]

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

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 60 **Waking Staff:** 45

Inspection Information

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

Reason: Incident **Exit Conference Date:** 04/05/2023

Inspection Dates and Department Representative

04/05/2023 On Site [REDACTED]

04/07/2023 Off Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 40 **Residents Served:** 30

Secured Dementia Care Unit

In Home: Yes **Area:** N/A **Capacity:** 40 **Residents Served:** 30

Hospice

Current Residents: 14

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 30

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

Have Mobility Need: 30 **Have Physical Disability:** 0

Inspections / Reviews

04/05/2023 - Partial

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 05/01/2023

04/25/2023 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 04/26/2023

Reviewer: [REDACTED] **Follow-Up Type:** Document Submission **Follow-Up Date:** 05/02/2023

Inspections / Reviews *(continued)*

05/02/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/26/2023

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

231b - Medical Evaluation

1. 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

Resident #1 was admitted to the home on [REDACTED]/23 without a primary diagnosis of [REDACTED] [REDACTED]. On [REDACTED] 23 the CNRP assessed Resident #1 with a primary diagnosis of [REDACTED]. A new DME was not completed after the resident was seen by the CNRP.

Plan of Correction

Accept [REDACTED] - 04/25/2023)

A new Documentation of Medical Evaluation (DME) completed by certified registered nurse practitioner on [REDACTED]/2023. Primary diagnosis of [REDACTED] added to DME. Administrator and Assistant Director will complete monthly DME/RASP checks to ensure information is not missing and up to date.

Licensee's Proposed Overall Completion Date: 04/21/2023

Implemented ([REDACTED] - 05/02/2023)