

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

June 2, 2023

[REDACTED]  
CORNWALL MANOR  
PO BOX 125  
CORNWALL, PA, 17016

RE: CORNWALL MANOR  
1 BOYD STREET, PO BOX 125  
CORNWALL, PA, 17016  
LICENSE/COC#: 34288

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/11/2023 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:** CORNWALL MANOR      **Licen e #:** 34288      **Licen e Expiration:** 01/31/2024  
**Address:** 1 BOYD STREET, PO BOX 125, CORNWALL, PA 17016  
**County:** LEBANON      **Region:** CENTRAL

**Administrator**

**Name:** [REDACTED]      **Phone:** [REDACTED]      **Email:** [REDACTED]

**Legal Entity**

**Name:** CORNWALL MANOR  
**Address:** PO BOX 125, CORNWALL, PA, 17016  
**Phone:** [REDACTED]      **Email:** [REDACTED]

**Certificate(s) of Occupancy**

<b>Type:</b> C-2 LP	<b>Date:</b> 09/26/2996	<b>Issued By:</b> Department of Labor and Industry
<b>Type:</b> Other	<b>Date:</b> 09/10/2021	<b>Issued By:</b> Cornwall Borough

**Staffing Hours**

**Resident Support Staff:** 0      **Total Daily Staff:** 36      **Waking Staff:** 27

**Inspection Information**

**Type:** Full      **Notice:** Unannounced      **BHA Docket #:**  
**Reason:** Renewal      **Exit Conference Date:** 05/11/2023

**Inspection Dates and Department Representative**

05/11/2023 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

<b>General Information</b>			
<b>Licen e Capacity:</b> 45	<b>Re ident Served:</b> 36		
<b>Secured Dementia Care Unit</b>			
<b>In Home:</b> No	<b>Area:</b>	<b>Capacity:</b>	<b>Re ident Served:</b>
<b>Hospice</b>			
<b>Current Re ident :</b> 0			
<b>Number of Residents Who:</b>			
<b>Receive Supplemental Security Income:</b> 0	<b>Are 60 Years of Age or Older:</b> 36		
<b>Diagnosed with Mental Illness:</b> 0	<b>Diagnosed with Intellectual Disability:</b> 0		
<b>Have Mobility Need:</b> 0	<b>Have Physical Disability:</b> 0		

**Inspections / Reviews**

05/11/2023 Full

**Lead Inspector:** [REDACTED]      **Follow-Up Type:** POC Submission      **Follow-Up Date:** 05/27/2023

Inspections / Reviews *(continued)*

05/25/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 06/02/2023

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 06/01/2023

05/31/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 06/02/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 06/06/2023

06/02/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/02/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

107d - Procedure Emergency Management Agency Submission

1. Requirements

2600.

107.d. The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

Description of Violation

The home's written emergency procedures were submitted to the local emergency management agency on [REDACTED]/2021 and not again until [REDACTED]/2022.

Plan of Correction

Accept ([REDACTED] - 05/31/2023)

The Personal Care Home Administrator has created a tickler on their outlook calendar to alert 30 days prior (September 28) to the date due for October submission to the emergency management agency. Tickler alert was made on 5/25/23.

Licensee's Proposed Overall Completion Date: 05/31/2023

Implemented ([REDACTED] - 06/02/2023)

185a - Implement Storage Procedures

2. 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

Resident #1 is prescribed [REDACTED], 1 capsule by mouth every 8 hours as needed for [REDACTED]. On 5/11/2023, this medication was not available in the home.

Plan of Correction

Accept ([REDACTED] - 05/31/2023)

Nursing staff will initial a resident PRN medication checklist, created by the Personal Care Home Administrator, that all PRN medications will be reconciled monthly to assure that medications are in stock and readily available for resident use. Resident #1 Loperamide was ordered by 7-3 nursing staff on 5/11/2023 and was received the same day. An initial audit of all PRN medications was completed on 5/30/2023 by Nursing staff and Personal Care Home Administrator. This will initiate the first monthly audit of said medications and will be completed by the 30th of every month by all full time unit manager LPN's. Each unit manager has been assigned a floor to complete by the timeline set above.

Licensee's Proposed Overall Completion Date: 05/31/2023

Implemented ([REDACTED] - 06/02/2023)