

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

November 22, 2023

[REDACTED], ADMINISTRATOR  
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 10/19/2023 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]  
Acting Human Services Licensing Supervisor

cc: Pennsylvania Bureau of Human Service Licensing

**Facility Information**

**Name:** CORNERSTONE LIVING **License #:** 22791 **License Expiration:** 09/17/2024  
**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-1 **Date:** 09/09/2011 **Issued By:** PA L&I

**Staffing Hours**

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

**Inspection Information**

**Type:** Full **Notice:** Unannounced **BHA Docket #:**  
**Reason:** Renewal, Complaint, Incident **Exit Conference Date:** 10/19/2023

**Inspection Dates and Department Representative**

10/19/2023 - On-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:** The entire facility **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**

10/19/2023 Full

**Lead Inspector:** [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 11/17/2023

11/15/2023 - POC Submission

**Submitted By:** [REDACTED] **Date Submitted:** 11/22/2023  
**Reviewer:** [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 11/22/2023

Inspections / Reviews (*continued*)

## 11/22/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/22/2023

Reviewer: [REDACTED]

Follow Up Type: *Bypass Document  
Submission*

## 11/22/2023 Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/22/2023

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

65e - 12 Hours Annual Training

1. Requirements

2600.

65.e. Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.

Description of Violation

Staff person A received only 7 hours of annual training in 2022.

Staff person B received only 8 hours of annual training in 2022.

Plan of Correction

Accept ( ) - 11/22/2023

Staff person A and B will receive the correct hours of annual training in 2023. Prior Administrator, misplaced staff training binder or did not complete training with staff person A and B. Current Administrator/RN started annual training 01/2023. All annual training hours will be completed in 2023. Administrator/RN will continue to provide annual training each year to meet the requires hours and need for our residents. See attached training log for 2023 for staff person A and B. See attached training log for 2024.

Licensee's Proposed Overall Completion Date: 11/21/2023

Implemented ( ) - 11/22/2023

65f - Training Topics

2. Requirements

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

Description of Violation

Staff person A did not receive training in the following topics in training year 2022: Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan; Care for residents with dementia and cognitive impairments; Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration; Personal care service needs of the resident; Safe management techniques.

Staff person B did not receive training in the following topics in training year 2022: Medication self-administration training; Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan; Personal care service needs of the resident.

Plan of Correction

Accept ( ) - 11/22/2023

Staff person A and B will receive the correct annual training in 2023. Prior Administrator, misplaced staff training binder or did not complete training with staff person A and B. Current Administrator/RN started annual training in 01/2023. All annual training topics will be completed in 2023. Administrator/RN will continue to provide annual training each year to meet the requires topics and need for our residents. See attached training log for 2023 for staff person A and B. See attached training log for 2024.

Licensee's Proposed Overall Completion Date: 11/21/2023

Implemented ( ) - 11/22/2023

81b - Resident Personal Equipment

3. Requirements

81b - Resident Personal Equipment (continued)

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 room # 16 the bed rail was not securely attached to the bed frame. The bedrail was wobbly and extremely movable allowing for an entrapment hazard.*

**Plan of Correction**

**Accept** [redacted] - 11/22/2023)

*Resident room #16 bedrail was replaced immediately by Assistant Director on 10/19/2023. Assistant Director will complete visual and physical check of all bed rails three times a week. See attached picture of bedrail that was corrected on 10/19/2023.*

**Licensee's Proposed Overall Completion Date:** 11/21/2023

**Implemented** [redacted] - 11/22/2023)

236 - Staff Training

**4. Requirements**

2600.

236. Training - Each direct care staff person working in a secured dementia care unit shall have 6 hours of annual training related to dementia care and services, in addition to the 12 hours of annual training specified in § 2600.65 (relating to direct care staff person training and orientation).

**Description of Violation**

*Staff person A did not receive any training related to dementia care and services in 2022.*

*Staff person B only received 1 hour of training related to dementia care and services in 2022.*

**Plan of Correction**

**Accept** [redacted] - 11/22/2023)

*Staff person A and B will receive the correct hours of training related to dementia care and services in 2023. Prior Administrator, misplaced staff training binder or did not complete training with staff person A and B. Current Administrator/RN started annual training in 01/2023. All dementia care and service training will be completed in 2023. Administrator/RN will continue to provide annual training each year to meet the requires topics and need for our residents. See attached training log for 2023 for staff person A and B. See attached training log for 2024.*

**Licensee's Proposed Overall Completion Date:** 11/21/2023

**Implemented** [redacted] - 11/22/2023)