

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

December 4, 2023

[REDACTED], OWNER
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 11/15/2023 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: 09/17/2024
 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-2 Date: 09/09/2011 Issued By: L&I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 58 Waking Staff: 44

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Complaint, Incident Exit Conference Date: 11/15/2023

Inspection Dates and Department Representative

11/15/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 40 Residents Served: 29

Secured Dementia Care Unit
 In Home: Yes Area: Entire Home Capacity: 40 Residents Served: 29

Hospice
 Current Residents: 16

Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 29
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 29 Have Physical Disability: 0

Inspections / Reviews

11/15/2023 - Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 11/27/2023

12/04/2023 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 12/04/2023
 Reviewer: [REDACTED] Follow-Up Type: Bypass Document Submission

Inspections / Reviews *(continued)*

12/04/2023 - Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/04/2023

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

234d - Support Plan Revision**1. Requirements**

2600.

234.d. The support plan shall be revised at least annually and as the resident's condition changes.

Description of Violation

Resident #1 receives wound care from hospice for a sacral wound. Care of the wound has been in place since [REDACTED]. The resident also requires repositioning every 2 hours as per hospice. The resident's support plan dated [REDACTED] was not updated to reflect these changes in the resident's needs.

Plan of Correction

Accept [REDACTED] - 12/04/2023)

Annual RASP completed [REDACTED] by Administrator. Resident #1 will be repositioned every 2 hours as reflected on page 3 and 13 in RASP. Administrator will ensure RASP and/or RASP update form is completed to meet residents needs. Administrator and Assistant Director will complete end of month audits on RASP. See attached RASP.

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

Implemented [REDACTED] - 12/04/2023)