

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

February 20, 2024

[REDACTED], ADMINISTRATOR
CRANBERRY PLACE
1201 CUMBERLAND ROAD
ATTN: [REDACTED]
PITTSBURGH, PA, 15237

RE: CUMBERLAND CROSSING MANOR
1201 CUMBERLAND ROAD
PITTSBURGH, PA, 15237
LICENSE/COC#: 44616

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 12/11/2023, 12/12/2023 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: CUMBERLAND CROSSING MANOR **License #:** 44616 **License Expiration:** 06/30/2024
Address: 1201 CUMBERLAND ROAD, PITTSBURGH, PA 15237
County: ALLEGHENY **Region:** WESTERN

Administrator

Name: Wesley Robinson **Phone:** 4126350798 **Email:** robinsonwj@upmc.edu

Legal Entity

Name: CRANBERRY PLACE
Address: 1201 CUMBERLAND ROAD, ATTN: [REDACTED] COO, PITTSBURGH, PA, 15237
Phone: 4126350798 **Email:** DAVISRL3@UPMC.EDU

Certificate(s) of Occupancy

Type: C-2 LP **Date:** 10/09/1998 **Issued By:** L&I
Type: I-1 **Date:** 06/06/2018 **Issued By:** McCandless
Type: I-1 **Date:** 02/02/1998 **Issued By:** McCandless

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 123 **Waking Staff:** 92

Inspection Information

Type: Full **Notice:** Unannounced **BHA Docket #:**
Reason: Renewal **Exit Conference Date:** 12/12/2023

Inspection Dates and Department Representative

12/11/2023 - On-Site: [REDACTED]
12/12/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
License Capacity: 115 **Residents Served:** 80
Special Care Unit
In Home: No **Area:** **Capacity:** **Residents Served:**
Hospice
Current Residents: 5
Number of Residents Who:
Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 80
Diagnosed with Mental Illness: 1 **Diagnosed with Intellectual Disability:** 1
Have Mobility Need: 43 **Have Physical Disability:** 0

Inspections / Reviews

12/11/2023 Full
Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 12/30/2023

Inspections / Reviews (*continued*)

01/03/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 02/06/2024

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 01/09/2024

01/10/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 02/06/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 02/06/2024

02/20/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/06/2024

[REDACTED]

Follow Up Type: Not Required

132c Fire drill records

1. Requirements

2800.

132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the residence at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Description of Violation

The residence's fire drill records do not include the evacuation time in minutes and seconds for numerous fire drills, to include the following:

- 10/5/23 at 6:30am-Evacuation time indicated is 9 minutes
- 9/7/23 at 8:00pm-Evacuation time indicated is 9 minutes
- 8/25/23 at 10:50am-Evacuation time indicated is 5 minutes
- 7/12/23 at 6:03pm-Evacuation time indicated is 5 minutes
- 5/12/23 at 2:52pm-Evacuation time indicated is 8 minutes
- 2/17/23 at 11:26am-Evacuation time indicated is 10 minutes
- 12/9/22 at 9:22am-Evacuation time indicated is 8 minutes

REPEAT VIOLATION: 5/2/2022, et. al.

Plan of Correction

Directed (redacted) - 01/10/2024)

Written fire drill record is documented on Department Fire Drill Log template. Monthly drills recorded in January, March, April, June, November and December of 2023 were recorded indicating time in minutes:seconds. See attached Fire Drill Log for November,22 2023 and December,21 2023.

Education provided to Resident Support Coordinator/Fire Safety Chairperson in accordance with regulation 132(c). A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit rout used, the number of residents in the residence at the time of the drill, the number of residents evacuated, the number of staff persons participation, problems encountered and whether the fire alarm or smoke detector was operative was completed by administrator on 12/21/2023.

Administrator or designee will audit fire drill logs monthly to ensure compliance. Administrator Audit shall continue indefinitely. Monthly audit began after recorded fire drill 12/21/23. Audits will be reviewed at quarterly Quality Management meeting: quarterly meetings are scheduled January 9th, April, July, October 2024. (DIRECTED: Documentation of the quality management meetings shall be kept. (redacted) 1/10/24).

Proposed Overall Completion Date: 12/31/2024

Directed Completion Date: 01/10/2024

Implemented (redacted) - 02/20/2024)

183d Current medications

2. Requirements

2800.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the residence.

183d Current medications (continued)

Description of Violation

Resident #1 was prescribed [redacted] Take 1 tablet by mouth at bedtime. On [redacted], the prescription was changed to [redacted] Take 1 tablet by mouth at bedtime; however, on [redacted] resident #1's [redacted] tablets were still present in the residence.

Plan of Correction

Directed [redacted] - 01/10/2024)

Resident #1's PRN [redacted] was removed from inventory day of discovery, 12/11/23 by Director of Resident Care (DRC). On 12 12 2023 a concern sheet was written for clarification about the dosage since the resident had not received a dose of melatonin recently. On 12 14 2023 CRNP discontinued the [redacted]. (See attached) Director of Resident Care (DRC) provided education regarding medication administration and residence procedures to Licensed Staff and Certified Medication Technicians on 1 4 2024. (See attached) The current homes procedures are that if physician changes a dosage the medication should be destroyed or the medication should have a label that states "SEE MAR" to alert staff to check the medication administered record for current order. Documentation of all education will be kept in accordance with 2800.65l. DRC or designee will conduct random audits or 4 resident MAR's 2 times per month, comparing EMAR to medication labels to measure compliance. Audits will continue monthly times 4 months to ensure compliance. Audits will begin on 1 8 2024. The next Quality Management meeting is scheduled for Tuesday, January 9th. Audits will be reviewed at quarterly QM meeting scheduled April, July, October 2024 and January 2025. (DIRECTED: Documentation of the quality management meetings shall be kept. LM 1/10/24).

Proposed Overall Completion Date: 04/30/2024

Directed Completion Date: 01/10/2024

Implemented [redacted] - 02/20/2024)

184a Resident meds labeled

3. Requirements

2800.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

1. The resident's name.
2. The name of the medication.
3. The date the prescription was issued.
4. The prescribed dosage and instructions for administration.
5. The name and title of the prescriber.

Description of Violation

Resident #2 is prescribed [redacted] by mouth every 4 hours as needed for cough; however, on [redacted], resident #2's pharmacy label indicated [redacted] by mouth every 8 hours as needed for cough.

Plan of Correction

Directed [redacted] - 01/10/2024)

"See MAR" sticker was added to Resident #2's medication on [redacted] by DRC. This sticker is to alert staff the labeling on the package is incorrect and to look at the EMAR for correct dosage. Licensed nursing staff and Medication Technicians will be educated on when the dosage of a medication changes

184a Resident meds labeled (continued)

the proper steps to take to ensure the medication label matches correctly with the EMAR system. On 1-4-2024 the DRC initiated "Documenting Medications" to all licensed nursing staff and certified medication technicians. Education for following the five rights of medication administration to ensure we are following the correct medication administration guidelines. Education will be complete by January 15, 2024. Documentation of the staff education will be kept in accordance with 2800.65I.

DRC or designee will begin conducting random audits on January 8, 2024 of 4 resident MAR's 2 times per month, comparing EMAR to medication labels to measure compliance. Audits will continue monthly through April 30, 2024 to ensure compliance. Audits will be reviewed at quarterly Quality Management meetings scheduled for April, July, October 2024, and January 2025. (DIRECTED: Documentation of the quality management meetings shall be kept. LM 1/10/24).

Proposed Overall Completion Date: 04/30/2024

Directed Completion Date: 01/15/2024

Implemented [redacted] - 02/20/2024)

185a Storage procedures

4. Requirements

2800.

185.a. The residence 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

On [redacted], resident #3's glucometer was not set to the correct time.

Resident #3 is prescribed blood glucose checks 4 times a day. Resident #3's blood glucose readings were incorrectly documented on resident #3's December 2023 medication administration record (MAR) on numerous dates and times, to include the following:

- [redacted] Documentation
- [redacted]
- [redacted]
- [redacted]

Plan of Correction

Directed [redacted] - 01/10/2024)

Glucometer for Resident #3 was calibrated to record accurate date and time at time of discovery on [redacted] by [redacted] by DRC. On [redacted] DRC checked all glucometers to ensure they are where/are set to the current date and time. Director of Resident Care (DRC) will provide education to License Nurse's and Certified Medication Technician's to importance of equipment function and accuracy of recorded information by 1/15/2024. During time of use, nursing staff is to report to Charge Nurse if equipment has low battery reading or needs replacement batteries to record readings. Batteries are replaced frequently which may necessitate function check for accuracy of date and time. Education on Glucose Monitoring was distributed to licensed nursing staff and certified medication technicians on 1-4-2024. In addition, the PA RISE PROGRAM is set to come in and provide diabetes education to all

185a Storage procedures (continued)

staff on 2 6 2024 at 230pm. Documentation of staff education will be kept in accordance with 2800.65L. DRC or designee will conduct random audits of 3 residents' glucometers will be checked for date and time as well as matching the MAR 3 times a week starting on January 3, 2024 and ending February 29, 2024. (DIRECTED: Beginning on 3/1/24: The administrator/designee shall continue the audits for at least 3 residents per month. [REDACTED] 1/10/24). This will monitor accuracy of glucometer readings and documentation. Audits will be reviewed at quarterly Quality Management meetings scheduled for January 9th, April, July, October 2024. (DIRECTED: Documentation of the quality management meetings shall be kept. [REDACTED] 1/10/24).

Proposed Overall Completion Date: 02/29/2024

Directed Completion Date: 02/06/2024

Implemented [REDACTED] - 02/20/2024)