

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

March 1, 2024

[REDACTED], ADMINISTRATOR  
DIAKON LUTHERAN SOCIAL MINISTRIES  
[REDACTED]

RE: CUMBERLAND CROSSINGS  
RETIREMENT COMMUNITY  
1 LONGSDORF WAY, A,B & C  
WINGS  
CARLISLE, PA, 17015  
LICENSE/COC#: 31731

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/30/2024, 01/31/2024 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 CROSSINGS RETIREMENT COMMUNITY **License #:** 31731 **License Expiration:** 07/16/2024  
**Address:** 1 LONGSDORF WAY, A,B & C WINGS, CARLISLE, PA 17015  
**County:** CUMBERLAND **Region:** CENTRAL

**Administrator**

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

**Legal Entity**

**Name:** DIAKON LUTHERAN SOCIAL MINISTRIES  
**Address:** [REDACTED]

**Certificate(s) of Occupancy**

**Type:** C-2 LP **Date:** 10/31/1991 **Issued By:** Department of labor and Industry

**Staffing Hours**

**Resident Support Staff:** 0 **Total Daily Staff:** 47 **Waking Staff:** 35

**Inspection Information**

**Type:** Full **Notice:** Unannounced **BHA Docket #:**  
**Reason:** Renewal **Exit Conference Date:** 01/31/2024

**Inspection Dates and Department Representative**

01/30/2024 - On-Site: [REDACTED]  
01/31/2024 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information			
<b>License Capacity:</b> 59		<b>Residents Served:</b> 39	
Secured Dementia Care Unit			
<b>In Home:</b> No	<b>Area:</b>	<b>Capacity:</b>	<b>Residents Served:</b>
Hospice			
<b>Current Residents:</b> 0			
Number of Residents Who:			
<b>Receive Supplemental Security Income:</b> 0		<b>Are 60 Years of Age or Older:</b> 39	
<b>Diagnosed with Mental Illness:</b> 0		<b>Diagnosed with Intellectual Disability:</b> 1	
<b>Have Mobility Need:</b> 8		<b>Have Physical Disability:</b> 1	

**Inspections / Reviews**

01/30/2024 Full  
**Lead Inspector:** [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 02/12/2024

Inspections / Reviews *(continued)*

02/12/2024 POC Submission

Submitted: [REDACTED]

Date Submitted: 02/21/2024

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 02/20/2024

02/20/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 02/21/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 02/27/2024

03/01/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/21/2024

Reviewer: [REDACTED]

Follow Up Type: Not Required

184a Resident's Meds Labeled

1. Requirements

2600.

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

- 4. The prescribed dosage and instructions for administration.

Description of Violation

The label for the medication [redacted] for Resident #1, indicates administer 1 tablet twice daily for 10 days effective [redacted]. The order was revised to 1 tablet twice daily as needed (PRN), beginning [redacted]. The medication label does not reflect this order change.

Since [redacted], Resident #2 is ordered [redacted], instill 1 drop in both eyes every two hours as needed for dry itchy eyes. The pharmacy label on one of the resident's Refresh containers did not reflect their current order. This medication label read, instill 1 drop in both eyes four times a day, every 24 hours, as needed.

Plan of Correction

Accept ([redacted] - 02/20/2024)

- 1. PCHA ([redacted]) immediately placed a direction change label on the medication bottle for resident 1 and resident 2 on 1/31/2024
- 2. An audit was initiated on 2/1/24 by CSM (Clinical Service Manager) to ensure that all pharmacy labels matched the medication order.
- 3. All staff were re-educated by PCHA on 2/7/24 on placing a direction change label on pharmacy labels if the order was changed by the resident's physician.
- 4. CSM (Clinical Service Manager) to continue auditing weekly x1 for 3 months on 2/19/2024, will audit 5 random residents ensuring all medication labels match the orders. All audits will be reviewed at the monthly QAPI meeting on 2/20/24

Licensee's Proposed Overall Completion Date: 02/19/2024

Implemented ([redacted] - 03/01/2024)

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 received blood glucose checks for [redacted]. The blood glucose checks on the glucometer did not match the numbers transcribed on the medication administration record (MAR). The MAR for Resident #1 has a blood glucose reading of [redacted]

Repeated violation – 11/08/2022, et al.

Plan of Correction

Accept ([redacted] - 02/20/2024)

- 1. On 1/30/24 PCHA ([redacted]) verified resident #1 received the correct amount of insulin.
- 2. PCHA re-educated all diabetic trained staff on 2/1/24 regarding the importance of accurate glucometer reading

185a Implement Storage Procedures (continued)

and transposition errors effective 2/19/2024

- 3. PCHA or designee will audit all glucometers and verified the correct blood sugar was recorded in each residents MAR correctly daily x3 and ongoing.
- 4. All audits will be reviewed at the monthly QAPI meeting 2/20/2024

Licensee's Proposed Overall Completion Date: 02/19/2024

Implemented [redacted] - 03/01/2024)

187b - Date/Time of Medication Admin.

3. Requirements

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident #3 is prescribed [redacted] oral capsule 250mg. give 1 capsule by mouth one time a day. Resident #3's January 2024 medication administration record does not include the initials of the staff person who administered [redacted].

Plan of Correction

Accept [redacted] - 02/20/2024)

- 1. Audit was completed on [redacted] PCHA on resident 3's MAR to ensure staff initials for each medication.
- 2. On 2/7/24 PCHA educated all staff on the 7 rights of medications, risk vs benefits of medications and ensuring all medications are signed off on at the end of shift.
- 3. CSM or designee will audit all MAR's for completion once weekly for 4 weeks and ongoing starting 2/12/2024
- 4. All audits will be reviewed at the monthly QAPI meeting 2/20/2024

Licensee's Proposed Overall Completion Date: 02/19/2024

Implemented [redacted] - 02/28/2024)

187d - Follow Prescriber's Orders

4. Requirements

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #3 is prescribed Amlodipine Besylate 5mg. tablet with parameters to check the resident's blood pressure and not administer the medication for a Systolic Blood Pressure (SBP) under [redacted]. The medication was administered on the following dates with the SBP under [redacted].

[redacted]

Plan of Correction

Accept [redacted] - 02/20/2024)

187d - Follow Prescriber's Orders (continued)

- 1. On 1/31/24 all staff on current shifts were immediately re-educated on parameters of medication by PCHA
- 2. On 2/7/24 all staff re-educated 7 rights of medications, and parameters of medication by PCHA
- 3. Starting 2/12/24 CSM or designee to audit 5 random residents with parameter medications to ensure directions of the prescribed are followed once weekly for 8 weeks
- 4. All audits will be reviewed at the monthly QAPI meeting 2/20/2024

Licensee's Proposed Overall Completion Date: 02/19/2024

Implemented (█) - 02/28/2024)

252 - Record Content

5. Requirements

2600.

252. Content of Resident Records - Each resident's record must include the following information:

- 2. Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks.

Description of Violation

Resident #4's record does not include their eye color, hair color and identifying marks.

Plan of Correction

Accept (█) - 02/20/2024)

- 1. On 1/30/24 PCHA contacted our IT team to add identification markers, eye color, and hair color to the face sheet report. CSM added information to resident 4's face sheet with identification markers, eye color, and hair color.
- 2. All resident's face sheet where audited and all residents information updated on 1/31/24.
- 3. All new admissions will be audited for identification markers, eye color, and hair color by CSM or designee.
- 4. All audits will be reviewed at the monthly QAPI meeting 2/20/2024
- 5. New admission records will be audited 72hrs after admission

Licensee's Proposed Overall Completion Date: 02/19/2024

Implemented (█) - 03/01/2024)