

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

April 18, 2024

[REDACTED], EXECUTIVE DIRECTOR
C.R.O.S.S., INC.
[REDACTED]

RE: CUMBERLAND VISTA
1073 YORK ROAD
DILLSBURG, PA, 17019
LICENSE/COC#: 31028

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/21/2024 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 VISTA License #: 31028 License Expiration: 04/22/2024
 Address: 1073 YORK ROAD, DILLSBURG, PA 17019
 County: CUMBERLAND Region: CENTRAL

Administrator

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

Legal Entity

Name: C.R.O.S.S., INC.
 Address: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP Date: 02/24/2000 Issued By: Labor and Industry

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 7 Waking Staff: 5

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal Exit Conference Date: 02/21/2024

Inspection Dates and Department Representative

02/21/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 7 Residents Served: 7
 Secured Dementia Care Unit
 In Home: No Area: Capacity: Residents Served:
 Hospice
 Current Residents: 0
 Number of Residents Who:
 Receive Supplemental Security Income: 2 Are 60 Years of Age or Older: 1
 Diagnosed with Mental Illness: 2 Diagnosed with Intellectual Disability: 7
 Have Mobility Need: 0 Have Physical Disability: 1

Inspections / Reviews

02/21/2024 Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 03/09/2024

03/08/2024 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 04/05/2024
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 03/15/2024

Inspections / Reviews *(continued)*

03/21/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/05/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 04/08/2024

04/18/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/05/2024

Reviewer: [REDACTED]

Follow Up Type: Not Required

20b1 Financial Records

1. Requirements

2600.

20.b. If the home provides assistance with financial management or holds resident funds, the following requirements apply:

- 1. The home shall keep a record of financial transactions with the resident, including the dates, amounts of deposits, amounts of withdrawals and the current balance.

Description of Violation

The home manages the finances for Resident #1. Resident #1's personal needs transaction record reads, [redacted] was withdrawn from the account on [redacted]. However, the record of receipts for [redacted] total [redacted], leaving [redacted] unaccounted for.

Plan of Correction

Directed ([redacted] - 03/21/2024)

Short term plan: The Administrator talked with resident #1 about the money discrepancy. [redacted] said [redacted] kept the [redacted] to use at a later date. [redacted] then signed the personal needs transaction record sheet approving of the money being taken out.

Long term plan: Same as in 20b3

Proposed Overall Completion Date: 03/15/2024

(Directed)

- On 2/26/24 Administrator had Resident #1 sign and date their financial transaction record. Resident #1 kept the \$10 to use at a later date and was accounted for.
- On 1/17/24, the administrator explained to the residents how the True link cards work, and they would be available starting in February. On 1/29/24, the Administrator/House Parent emailed all of the families, rep payee's and guardians to ensure they knew we were going through with the True link cards and how it would work.
- By February 29, 2024, Cumberland Vista will have each resident use their own True link card; a prepaid card that will have the residents' monthly spending money loaded directly on the residents' cards from CROSS Inc.
- By February 29, 2024, the Executive Director, has each residents' True link card registered for automatic \$85 transfers on the first of every month, for each residents' cards.
- Starting 3/1/24, a binder containing the residents' cards and a sign in/out sheet has been added to the locked money closet.
- Starting 3/1/24, direct staff are responsible for opening the money closet, giving the resident their True link card and having the resident sign the card out upon each residents' request.
- The direct care staff are responsible for having the residents' sign their True link card back into the binder in the locked money closet upon returning home and gather any receipts if applicable.
- Starting 3/1/24, the Administrator is responsible for keeping-up-to-date balances of residents' funds in the binder and whenever the resident asks.
- On 4/1/24 the Administrator will review all residents' financial transactions weekly, for 2 months, to ensure the records are kept up to date, receipts are obtained, and residents' signatures are obtained for each occasion when True link cards are signed in and out of the home by the resident. Documentation of audits will be kept by the home and available for review by the Department.

20b1 Financial Records (continued)

Directed Completion Date: 04/01/2024

Implemented () - 04/18/2024

20b3 - Written Receipts

2. Requirements

2600.

20.b. If the home provides assistance with financial management or holds resident funds, the following requirements apply:

3. The home shall obtain a written receipt from the resident for cash disbursements at the time of disbursement.

Description of Violation

On [redacted], a cash disbursement of [redacted], and [redacted], respectively, was purportedly made to Resident #1. However, the home did not obtain the resident's signatures for the receipt of the disbursements.

Plan of Correction

Directed () - 03/21/2024

Short term plan: Resident #1 signed the cash disbursement forms on [redacted]. See attachment 14. Administrator retrained each staff individually during their shift from 3/1 3/6. The administrator also ensured that the residents know that by signing the sheet, they are stating it was their choose to take the money out.

Long term plan: Cumberland Vista has changed how the PNA money is dispersed. With permission of residents and legal guardians, we are no longer using cash but a prepaid card that will have the monthly money loaded directly on the resident's cards from CROSS Inc. Each resident will sign out the card when they want to use it and then sign it back in when they want it put away. Because it will be all electronic, we will be able to print a form online of all the transaction history and it will coordinate with the dates and times the resident signed out their cards.

On 1/17/24, the administrator explained to the residents how the True link cards were going to work and they would be available starting in February. On 1/29/24, the Administrator/House Parent emailed all of the families, rep payee's and guardians to ensure they knew we were going through with the True link cards and how it would work. See attachment #13.

The Executive Director, [redacted], has set up automatic \$85 transfers on the first of every month, for each residents cards. Cumberland Vista's Administrator and Administrative Assistant have access to the online portal which shows each resident's current card balance and a list of all transactions. The Administrative Assistant will print this document for the quarterly reports.

The binder containing the resident's cards and a check in/out sheet has been added to the locked money closet. The direct care staff are responsible for opening the closet, giving the resident their card and having them sign the card in and out. The Administrator is responsible for keeping up to date balances in the binder and whenever the resident asks.

Proposed Overall Completion Date: 03/15/2024

(Directed)

- Resident #1 signed the cash disbursement forms [redacted]. See attachment 14.
- On 1/17/24, the administrator explained to the residents how the True link cards work, and they would be

20b3 - Written Receipts (continued)

available starting in February.

- On 1/29/24, the Administrator/House Parent emailed all of the families, rep payee's and guardians to ensure they knew we were going through with the True link cards and how it would work. See attachment #13.
- By 2/29/24, Cumberland Vista will have each resident use their own True link card; a prepaid card that will have the residents' monthly spending money loaded directly on the residents' cards from CROSS Inc.
- By 2/29/24 the Executive Director, has each residents' True link card registered for automatic \$85 transfers on the first of every month, for each residents' cards.
- By 3/1/24, Cumberland Vista's Administrator and Administrative Assistant have access to the online portal which shows each resident's current card balance and a list of all transactions. The Administrative Assistant will print this document quarterly, for the residents' financial quarterly reports.
- By 3/1/24, a binder containing the residents' cards and a sign in/out sheet has been added to the locked money closet.
- By 3/1/24, direct staff are responsible for opening the money closet, giving the resident their True link card and having the resident sign the card out upon each residents' request.
- The direct care staff are responsible for having the residents' sign their True link card back into the binder in the locked money closet upon returning home and gather any receipts if applicable.
- By 3/1/24, the Administrator is responsible for keeping-up-to-date balances of residents' funds in the binder and whenever the resident asks.
- On 4/1/24 the Administrator will review all residents' financial transactions weekly, for 2 months, to ensure the records are kept up to date, receipts are obtained, and residents' signatures are obtained for each occasion when True link cards are signed in and out of the home by the resident. Documentation of audits will be kept by the home and available for review by the Department.

Directed Completion Date: 04/01/2024

Implemented (████) - 04/18/2024)

66a - Staff Training Plan

3. Requirements

2600.

66.a. A staff training plan shall be developed annually.

Description of Violation

The home does not have a staff training plan for 2024.

Plan of Correction

Accept (████) - 03/08/2024)

Short term plan: The administrator created the staff training plan on 3/1/24 containing the trainings that already happened in January and February and the trainings that will happen the rest of the year. Refer to attachment #1

Long term plan: The administrator will ensure that the staff training plan for 2025 is completed by December 15th, 2024.

Licensee's Proposed Overall Completion Date: 03/06/2024

Implemented (████) - 04/11/2024)

103i Outdated Food

4. Requirements

2600.

103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

On 2/21/24 a plastic bag containing spoiled, rotting Bok Choy was found in a drawer of the white Frigidaire refrigerator in the garage of the home.

Plan of Correction**Directed (████ - 03/21/2024)**

Short term plan: The administrator disposed of the Bok Choy on 2/21/24. On 3/6/24, during the staff training meeting, the administrator retrained all the direct care staff. This training included proper storage and length of time food should be stored as outlined in 2600.103(i). Two of the staff were not at that meeting. One direct care staff was retrained on their next shift by the administrator on 3/7/24. The last direct care staff was trained at their next shift by the administrator on 3/11/24.

Long term plan: The administrator created a document that has been posted on the garage fridge and kitchen fridge to ensure staff are checking the drawers regularly for out of date or expiring food. Evening staff will initial the open box under that date when the drawer has been checked. If they find something in the drawers that needs to be disposed of, they will take care of disposal and write in "tossed" in that same box and describe what was tossed in the staff notes. The garage refrigerator check began on March 1st and has been initialed since by direct care staff as outlined in attachment #11. Starting March 13th, the direct care staff began checking the drawers and initialing the kitchen refrigerator as well, as shown in attachment #9. The House Parent/Administrator will do periodic checks throughout the month, on different weekly days, to ensure direct care staff are initialing the checklist. The House Parent/ Administrator will also check the drawers on those periodic checks to ensure no food was missed. They are also responsible for replacing the checklists each month and ensuring all staff have initialed the checklist that month.

Proposed Overall Completion Date: 03/13/2024

(Directed)

- *The administrator disposed of the Bok Choy on 2/21/24.*
- *On 3/6/24, during the staff training meeting, the administrator retrained all the direct care staff. This training included proper storage and length of time food should be stored as outlined in 2600.103(i). Two of the staff were not at that meeting. One direct care staff was retrained on their next shift by the administrator on 3/7/24. The last direct care staff was trained at their next shift by the administrator on 3/11/24.*
- *The administrator created a document that has was posted on the garage fridge on 3/1/24 and kitchen fridge on 3/13/24 to ensure staff are checking the drawers regularly for out of date or expiring food.*
- *Starting on 3/1/24, evening direct care staff will complete daily checks of the garage refrigerator and starting on 3/13/24 evening direct care staff will check the kitchen refrigerator, for out of date, expiring, or spoiled food. Evening staff will document their daily checks, at the time of the check, on the documents posted on the respective refrigerators.*
- *If they find something in the drawers that needs to be disposed of, they will take care of disposal and write in "tossed" in that same box and describe what was tossed in the staff notes.*
- *Starting 4/1/24, the House Parent/Administrator will complete and document at least two visual checks of each refrigerator and each checklist per month, on different weekly days.*
- *Starting 4/1/24, the House Parent/ Administrator is responsible for replacing the checklists each month.*

103i - Outdated Food (continued)

Directed Completion Date: 04/01/2024

Implemented [REDACTED] - 04/18/2024)

132b - Safety Inspection/Fire Drill

5. Requirements

2600.

132.b. A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

Description of Violation

The most recent fire safety inspection and fire drill conducted by a fire safety expert was on 1/11/23.

Plan of Correction

Accept ([REDACTED] - 03/08/2024)

Short term plan: At time of inspection, administrator had already set the fire safety inspection and drill conducted by the Monroe fire department, for March 6th at 6pm. This was completed on March 6th as show in attachment #8.

Long term plan: Administrator will reach out to the Monroe fire department to schedule the following years fire safety inspection and fire drill by October 2024.

Licensee's Proposed Overall Completion Date: 03/06/2024

Implemented [REDACTED] - 04/11/2024)

141a 1-10 Medical Evaluation Information

6. Requirements

2600.

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:

1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.

Description of Violation

Resident #2's current [REDACTED] medical evaluation did not include a review of medical information pertinent to diagnosis and treatment in case of an emergency or a review of their health status.

141a 1 10 Medical Evaluation Information (continued)

Plan of Correction

Accept (█ - 03/21/2024)

Short term plan: On 3/5/24, the Administrator sent a message through resident #2's portal to █ PCP. The Doctor filled out section number 9 with the Health status and cognitive functioning. See attachment number 5. For section #3 of the DME, it states "if applicable" in the description. The doctor who performs resident #2's physical has chosen not to put anything in that box as █ does not think it is applicable. █ has never put anything in that box for resident #2's DME.

On 3/12/24, the medical coordinator went through all of the resident's most recent DME. During this review █ found one of the resident's had a couple parts missing information from the doctor. On 3/13/24, the Administrator/House Parent called the office of the PCP that performed the physical. █, the physician's assistant, looked up the information that was on file from the time of the physical. █ took care of filling in the information that was needed and faxed over the DME. Attached is the original DME and what was faxed over on 3/15/24. This was the last physical the previous medical coordinator/Administrator attended and filed.

Long term plan: On 2/29/24 the Administrator reviewed with the new medical coordinator what is needed during the annual evaluation performed by a physician as listed in regulation 2600.141(a)(2) § 2600.141(a)(2) The medical evaluation shall include the following:

- (1) A general physical examination by a physician, physician's assistant or nurse practitioner.*
- (2) Medical diagnosis including physical or mental disabilities of the resident, if any.*
- (3) Medical information pertinent to diagnosis and treatment in case of an emergency.*
- (4) Special health or dietary needs of the resident.*
- (5) Allergies.*
- (6) Immunization history.*
- (7) Medication regimen, contraindicated medications, medication side effects and the ability to self administer medications.*
- (8) Body positioning and movement stimulation for residents, if appropriate.*
- (9) Health status.*
- (10) Mobility assessment, updated annually or at the Department's request*

A copy of the RCG has been given to the Medical Coordinator and areas of the RCG have been highlighted that pertain to medical regulations.

Typically physicians will fill out the DME after the physical and let Cumberland Vista know when it is ready for pick up. The Medical Coordinator, Administrator or the resident's family member will pick up the physical. The medical coordinator will have 5 days from the time Cumberland Vista receives the DME, to review it. If there has been a part of the DME that was missed, the Medical coordinator will immediately reach out to the Doctor via portal or phone call.

This plan will start with the next physical appointment which is scheduled for 6/10/24.

See attachments #5, #10 and #15.

Proposed Overall Completion Date: 03/15/2024

Licensee's Proposed Overall Completion Date: 03/15/2024

Implemented (█ - 04/12/2024)

162c - Menus Posted

7. Requirements

2600.

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Violation

The home's menu for the week of 2/18/24 was posted. However, the menu for the following week, 2/25/24 - 3/2/24, was not posted.

Plan of Correction

Accept ([REDACTED]) - 03/21/2024)

Short Term Plan: The direct care staff on duty at the time of inspection, on 2/21/24, posted the menus for days up to 3/10/24 and was seen by inspectors. See attachment 3 and 4

Long Term Plan: At Cumberland Vista there is one primary direct care staff who writes the menus for all meals. This ensures a variety of meals are being provided and ingredients are on hand to prepare those meals. On 2/25/24 the Cumberland vista Administrator/House Parent reviewed the content listed below with that direct care staff. At our most recent meeting on 3/6/24 the Administrator/House Parent reviewed the regulations listed below with the rest of the direct care staff.

Content that was reviewed with direct care staff:

- 1. Menus are required to state the specific food being served at each meal.*
- 2. Menus will always be prepared 2 weeks in advance and need to be followed. Weekly menus shall be posted 2 weeks in advance. Please post these in a public place in the home that can be viewed by all. (At Cumberland Vista that is on the kitchen refrigerator door.)*
- 3. Past menus of meals that were served, including changes, shall be kept for at least 1 month.*
- 4. If a change to a menu is made then the updated menu will be posted in a public place in the home. This new menu will be accessible to all residents in advance of the meal.*
- 5. At least three nutritionally well-balanced meals shall be offered daily to the resident. Each meal shall include an alternative food and drink item from which the resident may choose. Also additional portions of meals and beverages at mealtimes shall be available for the resident.*

Plan for continued oversight: This plan was implemented on 3/1/24

Meals shall be offered that meet the recommended dietary allowances established by the United States Department of Agriculture. The menu shall include at least three nutritionally well-balanced meals that will be offered daily to the resident. Each meal shall include an alternative food and drink item from which the resident may choose.

After the menu is created it will be given to the House Parent for review to ensure compliance with DHS guidelines are met before it will be posted. The House Parent is responsible for reviewing the menu and posting the menu at least 2 weeks in advance to the listed start date. The menu will be posted in a public space so all residents and staff can easily view it.

The House Parent will conduct an audit of the posted menu twice a month to ensure guidelines are being met. These reviews are to be completed in the 1st and 3rd week of each month.

Direct care staff making the meals posted will notify the House Parent if what is listed does not meet regulations and immediately change it to meet regulations. Change will be documented and residents will be notified.

Proposed Overall Completion Date: 03/14/2024

162c - Menus Posted (continued)

Licensee's Proposed Overall Completion Date: 03/14/2024

Implemented [REDACTED] - 04/18/2024)

187a - Medication Record

8. Requirements

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

12. Diagnosis or purpose for the medication, including pro re nata (PRN).

Description of Violation

Resident #1 is prescribed [REDACTED]. However, Resident #1's medication administration record does not indicate a diagnosis or purpose for the prescribed medications.

Plan of Correction

Accept [REDACTED] S - 03/21/2024)

Short term plan: Medical coordinator added the diagnosis by hand to each medication for resident #1 on 2/25/24. Refer to attachment #7.

Long term plan:

The new pharmacy we have been using sends us the MAR's preprinted. Resident #1 is one of the residents who receives meds from this pharmacy. On 2/28/24 the medical coordinator added the diagnosis on the MAR for resident #1.

Medical Coordinator was retrained on 2/28/24. The retraining covered the following topics:

Review of requirements of what is to be listed on a resident's MAR.

Review of the specific requirements regarding listing the diagnosis on each resident's MAR.

Review of the responsibility of checking the upcoming month's medication before the medication is administered and ensuring it matches the MAR.

Reviewing the 5 rights of medication administration.

Reviewing steps to take if the information on MAR is incomplete or is not matching perfectly to the medication order.

The Medical Coordinator has also been retrained to check over each resident's MAR's that is printed by the pharmacy to ensure all requirements are met.

Starting April 1st, the pharmacy also confirmed that they will ensure the diagnosis is added onto the pre printed MAR. See attachment #12. This will be double checked each month by the medical coordinator before the medication is administered as stated below in the new plan for the monitoring of MAR(s).

Plan for monitoring of MAR(s): To start each month the medical coordinator will review each resident's MAR before that month's medication is administered. This check is to ensure that the medication order matches the MAR and that the MAR has all the required information listed. This check is to be completed for each resident before the 1st of the upcoming month. If any errors are discovered the Medical Coordinator will work with the House Parent and the pharmacy to correct these errors to ensure compliance of the regulations is being met. This new plan will start immediately (Implemented 3/1/2024) and the MAR(s) for April 2024 will be reviewed on or before 3/31/2024 to ensure all information is correct.

This task is the responsibility of the Medical Coordinator. The Administrator will also do periodic checks

187a Medication Record (continued)

throughout the year to ensure the tasks are being completed.

Proposed Overall Completion Date: 03/14/2024

Licensee's Proposed Overall Completion Date: 03/14/2024

Implemented ([REDACTED] - 04/18/2024)