

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

August 5, 2024

[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 06/18/2024 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]
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] [REDACTED] [REDACTED]

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 54 **Waking Staff:** 41

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**

Reason: Incident **Exit Conference Date:** 06/18/2024

Inspection Dates and Department Representative

06/18/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 40 **Residents Served:** 27

Secured Dementia Care Unit

In Home: Yes **Area:** entire **Capacity:** 40 **Residents Served:** 27

Hospice

Current Residents: 11

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 27

Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 0

Have Mobility Need: 27 **Have Physical Disability:** 1

Inspections / Reviews

06/18/2024 Partial

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 07/21/2024

08/05/2024 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 08/05/2024

Reviewer: [REDACTED] **Follow-Up Type:** Bypass Document Submission

Inspections / Reviews *(continued)*

08/05/2024 Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 08/05/2024

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

227d - Support Plan Medical/Dental

1. Requirements

2600.

227.d. Each home shall document in the resident’s support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident’s physician, physician’s assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

Resident # 1 has a pureed diet specified on the DME. In the RASP under DIET it says, "MECHANICAL SOFT", under DENTAL it says REGULAR DIET, CUT UP IN BITE SIZE PEICES".

There is conflicting information on the RASP about the resident diet and it does not agree with the doctor's orders on the DME.

Upon interviews with the kitchen staff, they confirm that they are preparing and serving the resident a pureed diet.

This is a documentation error, not a resident care error.

Plan of Correction

Accept ([redacted]) - 08/05/2024

The Administrator completed a significant change RASP for resident # 1 on 06/19/2024 to document and remove the conflicting diet order. The Administrator will complete a weekly RASP review based on the new orders received and change in ADLs needs. See attached RASP.

Licensee's Proposed Overall Completion Date: 07/11/2024

Implemented ([redacted]) - 08/05/2024