

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

December 12, 2024

[REDACTED]  
CORNERSTONE LIVING MANAGEMENT LLC  
[REDACTED]

RE: CORNERSTONE LIVING  
4605 WERLEYS CORNER ROAD  
NEW TRIPOLI, PA, 18066  
LICENSE/COC#: 22791

[REDACTED],  
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/14/2024 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:** CORNERSTONE LIVING **License #:** 22791 **License Expiration:** 09/17/2025

**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:** [REDACTED]

**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:** 56 **Waking Staff:** 42

**Inspection Information**

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

**Reason:** Renewal, Incident **Exit Conference Date:** 11/14/2024

**Inspection Dates and Department Representative**

11/14/2024 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

**License Capacity:** 40 **Residents Served:** 28

**Secured Dementia Care Unit**

**In Home:** Yes **Area:** entire home **Capacity:** 40 **Residents Served:** 28

**Hospice**

**Current Residents:** 13

**Number of Residents Who:**

**Receive Supplemental Security Income:** 0 **Are 60 Years of Age or Older:** 28

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

**Have Mobility Need:** 28 **Have Physical Disability:** 0

**Inspections / Reviews**

**11/14/2024 Full**

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

**11/26/2024 - POC Submission**

**Submitted By:** [REDACTED] **Date Submitted:** 12/11/2024

**Reviewer:** [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 12/01/2024

Inspections / Reviews *(continued)*

12/02/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/11/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 12/07/2024

12/09/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/11/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 12/11/2024

12/12/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/11/2024

Reviewer: [REDACTED]

Follow Up Type: Not Required

42s - Privacy

1. Requirements

2600.

42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

Description of Violation

The home has cameras installed throughout the building that record common areas of the home including the dining area and the living room area.

Plan of Correction

Accept [redacted] - 12/02/2024)

Permanent sign posted along the walkway to the main entrance stating "Closed Circuit Television On Premises" several years ago. The Department Representative advised the facility to post a sign in the lobby as well stating "Common Areas Are Under 24 Hour Video Recording". The sign was posted in lobby immediately during inspection on [redacted] by the Administrator. The Administrator is responsible for maintaining compliance due to sign being posted in locked bulletin board. See attached picture of the sign along the walkway and in the lobby.

Licensee's Proposed Overall Completion Date: 11/29/2024

Implemented [redacted] - 12/09/2024)

82a - Poisonous Materials

2. Requirements

2600.

82.a. Poisonous materials shall be stored in their original, labeled containers.

Description of Violation

A bottle of clear liquid identified as laundry spot cleaner was in the laundry room without the original manufacturers label.

Plan of Correction

Accept [redacted] - 12/02/2024)

Bottle of laundry detergent for spot cleaning immediately labeled on [redacted] with the original manufacturer label during inspection. Housekeep and maintenance will check all deliveries to confirm all poisonous materials are stored in their original labeled containers. The attached sheet will document that housekeeping and/or maintenance have initialed each delivery as it is placed in the storage area to ensure items are being checked.

Licensee's Proposed Overall Completion Date: 11/29/2024

Implemented [redacted] - 12/09/2024)

101j7 - Lighting/Operable Lamp

3. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

Residents in rooms [redacted], and [redacted] did not have an operable lamp or other source of lighting that could be turned on at bedside.

101j7 Lighting/Operable Lamp (continued)

Plan of Correction

Accept [redacted] - 12/02/2024)

Bedside lamps moved closer to bedside during inspection on [redacted]. The assistant director will do bedside lamp checks twice a week to ensure all lighting is within arms each while in bed. During twice weekly checks, assistant director will re educate DCS if a lamp is found not working or within arms each while in bed. Re education will happen immediately if and when a lamp is found out of place. Along with re education during Quality Management meeting that will be held on 12/05/2024. See the attached sheet that the assistant director will initial twice weekly to ensure checks are being completed.

Licensee's Proposed Overall Completion Date: 11/29/2024

Implemented [redacted] - 12/09/2024)

103d - Storing Food Off Floor

4. Requirements

2600.  
103.d. Food shall be stored off the floor.

Description of Violation

On [redacted] at approximately 2:00pm, cardboard boxes containing single serving ice cream, carrots, and potatoes was observed on the freezer floor.

Plan of Correction

Accept [redacted] - 12/02/2024)

Lead cook removed items listed above off the floor during inspection on [redacted]. See attached cleaning and check list started for kitchen staff to check and initial to ensure items are stored properly. The lead cook is responsible for maintaining compliance by using the attached check list.

Licensee's Proposed Overall Completion Date: 11/29/2024

Implemented [redacted] - 12/09/2024)

103i - Outdated Food

5. Requirements

2600.  
103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

On [redacted] at approximately 2:00pm, 3 four pound cans of tuna were observed on the dry storage shelf. All three cans had large dents in the side, which could cause illness if served.

Plan of Correction

Accept [redacted] 12/02/2024)

Lead cook removed dented cans during inspection on [redacted]. See attached cleaning and check list started for kitchen staff to check and initials to ensure dented cans are not placed on shelf and/or removed. The lead cook is responsible for maintaining compliance by using the attached check list.

Licensee's Proposed Overall Completion Date: 11/29/2024

Implemented [redacted] - 12/09/2024)

121a - Unobstructed Egress

6. Requirements

121a Unobstructed Egress (continued)

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

On [redacted] at approximately 9:45am, a broda chair was observed in front of the emergency exit located by room [redacted]. Additionally, there was a chain placed at the end of the ramp located at the emergency exit located by room [redacted]. These items were blocking immediate egress in the event of an emergency.

Plan of Correction

Accept [redacted] - 11/26/2024)

Broda chair by room [redacted] and chain at the end of the side entrance ramp removed immediately during inspection. See the attached sheet that the assistant director or administrator will initial 5 times a week to ensure items are not blocking an entrance/exit.

Licensee's Proposed Overall Completion Date: 11/25/2024

Implemented [redacted] - 12/09/2024)

125a Combustible Storage

7. Requirements

2600.

125.a. Combustible and flammable materials may not be located near heat sources or hot water heaters.

Description of Violation

On [redacted] at approximately 10:00am, a plastic container and activity supplies was sitting approximately 12 inches from a gas fired hot water heater, a tray of plastic solo cups was sitting on a furnace, a rack of old magazines was sitting directly in front of another furnace, and miscellaneous papers were on the floor around the 2nd furnace. All these items posed a potential fire hazard.

Plan of Correction

Accept [redacted] - 12/02/2024)

All above listed items removed from the furnace and surrounding area immediately during inspection on [redacted]. See the attached sheet that the assistant director or administrator will initial 5 times a week to ensure items are not located on the furnace and surrounding area to maintain compliance and safety.

Licensee's Proposed Overall Completion Date: 11/29/2024

Implemented [redacted] - 12/09/2024)

132f Alternate Exit Routes

8. Requirements

2600.

132.f. Alternate exit routes shall be used during fire drills.

Description of Violation

The Courtyard exit was the only exit route used during the fire drills held in 11 of the last 12 months on 10-20-23, 11-30-23, 12-14-23, 1-24-24, 3-28-24, 4-30-24, 5-31-24, 6-28-24, 7-11-24, 8-29-24, 9-30-24, 10-31-24.

Plan of Correction

Accept [redacted] - 12/02/2024)

Assistant director manages and runs fire drills. Administrator educated assistant director on alternating exit routes during fire drills verbally during inspection on [redacted] and written education on [redacted]. Fire drill completed on [redacted] at 3:37PM, exit route was the front entrance of the building. See the attached education provided and signed by administrator and assistant director after reviewing regulations. Assistant director is

132f - Alternate Exit Routes (continued)

responsible for maintaining compliance.

Licensee's Proposed Overall Completion Date: 11/29/2024

Implemented [redacted] - 12/09/2024)

132g - Fire Drills Days/Times

9. Requirements

2600.

132.g. Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

Description of Violation

The home routinely holds fire drills between the 24th and 31st of the month as evidenced by the following drills taking place on:

[redacted]

Plan of Correction

Accept [redacted] - 12/02/2024)

Assistant director manages and runs fire drills. The administrator educated assistant director on running fire drills on different dates and not just at the end of the month verbally during inspection on [redacted] and written education on 11/22/2024. Fire drill completed on 11/15/2024 at 3:37PM, exit route was the front entrance of the building and completed during the middle of the month. See the attached education provided and signed by administrator and assistant director. Assistant director is responsible for maintaining compliance.

Licensee's Proposed Overall Completion Date: 11/29/2024

Implemented [redacted] - 12/09/2024)

162c - Menus Posted

10. 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 did not have posted in a public and conspicuous area the home's menu for the current week and upcoming week's menu.

Plan of Correction

Accept [redacted] - 12/02/2024)

Current menu posted in each hallway and on the dining room tables. Upcoming week's menu not posted during

162c - Menus Posted (continued)

inspection on [REDACTED]. Current and the following two upcoming menus posted in each hallway during inspection on [REDACTED]. See attached cleaning and check list started for kitchen staff to ensure upcoming menus are posted in each hallway. Lead cook is responsible for maintaining compliance by using the check list attached as a reminder.

Licensee's Proposed Overall Completion Date: 11/29/2024

Implemented [REDACTED] 12/09/2024)

185a - Implement Storage Procedures

11. 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 [REDACTED] was not calibrated to the correct time.

Plan of Correction

Accept [REDACTED] - 12/02/2024)

Due to recent daylight savings on [REDACTED], glucometers time was off by one hour. [REDACTED] time was changed during inspection on [REDACTED]. Weekly glucometer time and date check added to MAR as a nursing order to ensure date and time is correct. Med Tech will sign off order in MAR and responsible for maintaining compliance.

Licensee's Proposed Overall Completion Date: 11/29/2024

Implemented [REDACTED] 12/09/2024)

191 - Resident Right to Refuse

12. Requirements

2600.

191. Resident Education - The home shall educate the resident of the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

Description of Violation

Resident [REDACTED] records did not document that the resident was counseled on the right to refuse and/or question medications.

Plan of Correction

Accept [REDACTED] - 12/02/2024)

Resident [REDACTED] POA at facility during inspection and signed the corrected/updated Statement of Resident's Rights form. See attached. Old/incorrect Statement of Resident's Rights removed from the computer to ensure new and pending admissions do not receive the old copy. The Administrator is responsible for maintaining compliance by doing monthly chart audits. Monthly chart audit completed on 12/23/2024 for all residents. See attached monthly chart audit.

Licensee's Proposed Overall Completion Date: 11/29/2024

Implemented [REDACTED] 12/09/2024)

231b - Medical Evaluation

13. Requirements

2600.

231b Medical Evaluation (continued)

231.b. A resident shall have a medical evaluation by a physician, physician’s assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident’s diagnosis of Alzheimer’s disease or other dementia and the need for the resident to be served in a secured dementia care unit.

Description of Violation

Resident [redacted] initial medical evaluation was completed on [redacted]. However, it did not include resident's weight, pulse, blood pressure, or temperature.

Plan of Correction

Accepted [redacted] - 11/26/2024)

Resident [redacted] scheduled to see PCP on [redacted] to complete DME due to missing weight, pulse, blood pressure, and temperature. The administrator will complete monthly DME checks to ensure form is filled out correctly. See attached monthly check list.

Licensee's Proposed Overall Completion Date: 11/25/2024

Implemented [redacted] - 12/12/2024)

252 - Record Content

14. Requirements

2600.  
252. Content of Resident Records - Each resident’s record must include the following information:

Description of Violation

Resident [redacted] record did not include a picture of the resident.

Plan of Correction

Accepted [redacted] - 12/02/2024)

Resident [redacted] face sheet with picture printed during inspection on [redacted]. The administrator will complete monthly face sheet audit during entire chart audit to ensure picture is in the residents chart. See attached monthly check list. The Administrator is responsible for maintaining compliance and completed a monthly chart audit on 11/23/2024.

Licensee's Proposed Overall Completion Date: 11/29/2024

Implemented [redacted] 12/09/2024)