

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

January 22, 2025

[REDACTED], PRESIDENT AND CEO
LUTHERAN SENIOR SERVICES EAST
1 LONGSDORF WAY
CARLISLE, A, 17015

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 12/17/2024 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: 07/16/2025
 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: LUTHERAN SENIOR SERVICES EAST
 Address: 1 LONGSDORF WAY, CARLISLE, A, 17015
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP Date: 10/31/1991 Issued By: Labor and Industry

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 59 Waking Staff: 44

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal Exit Conference Date: 12/17/2024

Inspection Dates and Department Representative

12/17/2024 - On-Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 59 Residents Served: 44
 Secured Dementia Care Unit
 In Home: No Area: Capacity: Residents Served:
 Hospice
 Current Residents: 3
 Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 44
 Diagnosed with Mental Illness: 1 Diagnosed with Intellectual Disability: 1
 Have Mobility Need: 15 Have Physical Disability: 3

Inspections / Reviews

12/17/2024 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 01/06/2025

01/10/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 01/17/2025
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 01/20/2025

Inspections / Reviews *(continued)*

01/22/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/17/2025

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

17 - Record Confidentiality

1. Requirements

2600.

17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

On 12/17/24 at 9:00 AM, the following items containing protected health information were unlocked, unattended, and accessible:

Stored on the A hallway medication cart, an empty blister card for Resident 1's Lisinopril - HCTZ 20 - 12.5 MG tablets with the prescription label intact; a hospital discharge summary for Resident 2 with the date of service, reason for visit to the emergency room, medical record number, and next appointment dates.

Stored on the C hallway medication cart, two empty blister cards with the prescription labels still intact for Resident 3's Carvedilol 12.5 MG tablets and Resident 4's Metformin HCL 8.50 MG Tablets. There was also a plastic bag containing Resident 5's Hydrocortisone Cream 2.5 and Clotrimazole cream USP 1%, both of which had the prescription labels intact.

Plan of Correction

Accept (█ - 01/10/2025)

1. LPN immediately removed blister cards from top of cart for resident 1 and 3. Med Tech removed resident 2's hospital discharge summary from top of cart immediately. LPN removed resident 5's creams and locked them into treatment cart. 2. CSM initiated cart audit and all staff educated on protection of PHI and storage of creams 12/17/24. Cart audits will be completed weekly by LPN for 3 months. Audits will be reviewed at monthly QAPI meeting

Licensee's Proposed Overall Completion Date: 04/04/2025

Implemented (█ - 01/22/2025)

54a - Direct Care Staff

2. Requirements

2600.

54.a. Direct care staff persons shall have the following qualifications:

2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.

Description of Violation

Direct care staff A, does not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.

Plan of Correction

Accept (█ - 01/10/2025)

1. Direct care staff A holds a degree from outside of the United States.
2. PCHA submitted request for waiver of regulation 54a for direct care staff A on 12.24.24.
3. PCHA and HR director education on regulation 54a, and what to do if this situation arises again
4. All residents and families notified of application of waiver
5. PCHA or designee will audit all new hires files for required documentation monthly for 3 months. Results will of

54a - Direct Care Staff (continued)

audits to be reported in QAPI

Licensee's Proposed Overall Completion Date: 04/04/2025

Implemented () - 01/22/2025)

103e - Left Overs

3. Requirements

2600.

103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

Description of Violation

There was an unlabeled, undated cake in the B hallway lounge refrigerator.

Plan of Correction

Accept () - 01/10/2025)

- 1. Activity staff member removed unlabeled, undated cake in the B hallway lounge refrigerator immediately.
- 2. All staff were re-educated by PCHA on 12/17/24 to have all leftover products labeled and dated.
- 3. Audits will be completed daily for 4 weeks down B hall and 2X weekly for 2 months for cover, label and dates of all products
- 4. Results will of audits to be reported in QAPI

Licensee's Proposed Overall Completion Date: 04/04/2025

Implemented () - 01/22/2025)

183b - Meds and Syringes Locked

4. Requirements

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

On 12/17/24 at 9:00 AM, there was a plastic bag containing a tube of Resident 5's Hydrocortisone Cream 2.5% and two tubes of Clotrimazole cream USP 1% stored on the C hallway medication cart.

Plan of Correction

Accept () - 01/10/2025)

- LPN immediately removed creams from cart and placed in locked treatment cart. 2. All staff was re-educated on keeping creams in locked treatment cart. 3. LPN will continue to monitor weekly that all creams are locked in treatment cart X3 months and review audits at monthly QAPI meetings.

Licensee's Proposed Overall Completion Date: 04/04/2025

Implemented () - 01/22/2025)

187a - Medication Record

5. Requirements

2600.

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

- 13. Date and time of medication administration.

187a - Medication Record (continued)

Description of Violation

Resident 3 is prescribed Docusate Sodium 100 MG, give two tablets by mouth at bedtime. This medication was not given from 12/10/24 through 12/16/24 because the medication wasn't available to be given. On 12/15/24, the medication is marked as given even though the medication wasn't available in the home.

Plan of Correction

Accept (█ - 01/10/2025)

1. The facility contacted the pharmacy immediately to ensure the timely delivery of the missing medication for Resident 3.
2. A review of the MAR for all residents was conducted on 1/3/25 to identify and address any similar discrepancies.
3. All direct care staff and medication technicians have been re-educated on the importance of accurate documentation on the MAR and ensuring medication availability.
4. The PCHA or designee will audit MARs weekly for the next three months to ensure accuracy in documentation and timely medication administration.
5. Any discrepancies identified will be addressed immediately, and corrective action will be taken as needed. Results of audits will be reported in QAPI.

Licensee's Proposed Overall Completion Date: 04/04/2025

Implemented (█ - 01/22/2025)

187d - Follow Prescriber's Orders

6. Requirements

2600.
187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident 3 is prescribed Docusate Sodium 100 MG, give two tablets by mouth at bedtime. This medication was not given from 12/10/24 through 12/16/24 because the medication wasn't available in the home.

Repeated Violation - 1/30/24

Plan of Correction

Accept (█ - 01/10/2025)

1. Medication was obtained immediately on 12/17/24 and placed in locked medication cart.
2. Staff re-educated on reporting and ordering medications.
3. LPN will complete weekly audits for med carts to ensure all medications are available. Audits will be reviewed at monthly QAPI meetings.

Licensee's Proposed Overall Completion Date: 04/04/2025

Implemented (█ - 01/22/2025)