

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

January 22, 2025

[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 12/18/2024 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]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: CUMBERLAND VISTA License #: 31028 License Expiration: 04/22/2025
 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]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP Date: 02/24/2020 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: 12/18/2024

Inspection Dates and Department Representative

12/18/2024 - 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: 2
 Diagnosed with Mental Illness: 1 Diagnosed with Intellectual Disability: 7
 Have Mobility Need: 0 Have Physical Disability: 1

Inspections / Reviews

12/18/2024 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 01/09/2025

01/10/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 01/13/2025
 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: 01/13/2025

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

3c - Post Current License

1. Requirements

2600.

3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

On 12/18/24, the home's previous licensing inspection summaries from 4/25/24 and 2/21/24 were not posted in a conspicuous and public place in the home.

Plan of Correction

Accept (█ - 01/10/2025)

On 12/19/24, the administrator placed the inspection summaries from 4/25/24 and 2/21/24 with the licensing certificate which is located on a cork board in the kitchen area. Attached is a picture of the summaries under the licensing certificate. To prevent this from happening in the future, attached is a document that will be audited by the executive director after each inspection. This audit checklist will be filled in once the new licensing certificate is received in the mail from the most recent yearly inspection.

See attached.

Licensee's Proposed Overall Completion Date: 01/09/2025

Implemented (█ - 01/22/2025)

20b1 - Financial Records

2. 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

A small binder labeled, "Offering Money has been taken out of residents PNA accounts already. Only Staff A, Staff B, or Staff C should add money back into residents personal books from this binder. Thank you!" was in a locked closet on the main floor of the home. The binder contained envelopes identifying to whom each amount of money belonged and included: Resident 1, \$13.85; Resident 2, \$5.69; Resident 3, \$26.96; Resident 4, \$7.11; Resident 5, \$2.00. Staff A stated that the home switched to a debit card system to store resident funds and these funds were leftover from the conversion and had been forgotten. These funds were not accounted for in the residents' current financial records.

Repeated Violation - 2/21/24

Plan of Correction

Accept (█ - 01/10/2025)

- This money had originally been pulled from the residents March PNA accounts and put toward the use of Sunday offering with consent by each resident. Some cash had been pulled out for offering but some had been left.
- Due to the amount of time passing, on 1/9/25, the administrator made a document listing the resident, the amount of cash each had in the binder, what their plan for the money was and their initials. See attached
- Resident 2 asked for the \$5.69 to be put in an envelope for █ to give to offering on Sunday 1/12/25. █ was given the envelope.
- Resident 3 put the \$26.96 in █ wallet.
- Resident 4 put the \$7.11 in █ wallet.

20b1 - Financial Records (continued)

- Resident 5 put the \$2 in [redacted] wallet.
- Resident 1 [redacted] The administrator will ask [redacted] what [redacted] would like to do with the money on 1/12/25.
- After resident 1 receives [redacted] money, the cash on hand balance will be \$0
- The home is not using a card system for all PNA money, and will not keep any PNA cash funds for the foreseeable future.

Licensee's Proposed Overall Completion Date: 01/12/2025

Implemented ([redacted] - 01/22/2025)

42s - Privacy

3. 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

During the overnight shift, from 10:00 PM to 6:00 AM, the home uses a portable audio monitoring device that is placed in the common area of the home and which transmits to a receiving unit in Staff A's apartment.

Plan of Correction

Accept ([redacted] - 01/10/2025)

- 12/18 Administrator took monitor from the drawer where it was kept by staff and put into locked office.
- 12/18 After inspection and monitor was removed, Administrator let the direct staff on duty know there would no longer be a monitor.
- 12/19 The administrator sent out an email to all the direct care staff to let them know of the violation and that there will no longer be a monitor. See attached.

Licensee's Proposed Overall Completion Date: 01/08/2025

Implemented ([redacted] - 01/22/2025)

54a - Direct Care Staff

4. 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 D does not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.

Plan of Correction

Accept ([redacted] - 01/10/2025)

- On 12/19/24 Staff D was contacted. Staff D was shocked to hear about [redacted] diploma and the conclusion was [redacted] was scammed from an online GED site.
- On 12/20, 12/21, 12/27 and 12/28 Staff D worked in a non-direct care capacity while the Administrator and other staff covered Staff D's normal shifts.
- Staff D was officially put on suspension on [redacted] until [redacted] receives a valid GED Diploma.
- On 12/30 the administrator added to the new hire checklist to include a spot for researching the validity of a diploma given by the new hire.

54a - Direct Care Staff (continued)

Licensee's Proposed Overall Completion Date: 01/08/2025

Implemented () - 01/22/2025

64e - Completion of Training

5. Requirements

2600.

64.e. An administrator who has successfully completed the training in subsections (a)—(d) shall provide written verification of successful completion to the Department's personal care home regional office.

Description of Violation

Staff person hired as the home's administrator in has not submitted written documentation of the successful completion of a 100-hour standardized Department-approved administrator training course to the Department's personal care home regional office.

Plan of Correction

Accept () - 01/10/2025

- On 12/31/24 the administrator reached out to the professor who oversaw the 100 hour course.
- On 1/6/25 the administrator received an email with a letter confirming completion. This document is attached.
- On 1/6/25 the completion document was printed out and put into the administrator file.

See attached.

Licensee's Proposed Overall Completion Date: 01/08/2025

Implemented () - 01/22/2025

109b - Rabies Vaccination

6. Requirements

2600.

109.b. Cats and dogs present at the home shall have a current rabies vaccination. A current certificate of rabies vaccination from a licensed veterinarian shall be kept.

Description of Violation

There are two dogs that reside at the home. Pearl's rabies vaccination expired 8/30/24.

Plan of Correction

Accept () - 01/10/2025

- On 12/27/24 pearl was taken to the vet and given the rabies vaccination.
- Attached is a screenshot of the online portal confirming she is current on her rabies vaccination.
- On 1/8/25 Administrator created an appointment alert in October of 2027 to make appointment for Pearl's vaccination which will be due by 12/26/2027. Attached are 2 screenshots of this "to do" reminder on the vet's app which is on the administrator's phone.

Licensee's Proposed Overall Completion Date: 01/08/2025

Implemented () - 01/22/2025

124 - Notice to Fire Department

7. Requirements

124 - Notice to Fire Department (continued)

2600.

124. The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.

Description of Violation

The home does not have documentation of written notification to the local fire department of the address of the home, location of the bedrooms, and the assistance needed to evacuate in an emergency.

Plan of Correction

Accept ([redacted] - 01/10/2025)

- 1/05/24 - Administrator wrote up letter to Monroe Township fire Department stating the address of the home, location of the bedrooms and if assistance to evacuate would be needed. Attached is a copy of that letter.
- 1/08/24 - Letter was printed and put in envelope. Picture of sealed letter attached.
- 1/09/24 - Letter was put in the mail.

Licensee's Proposed Overall Completion Date: 01/09/2025

Implemented ([redacted] - 01/22/2025)

141a 1-10 Medical Evaluation Information

8. 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

The medical evaluation for Resident 6, dated [redacted] does not include a general physical examination including height, weight, pulse, blood pressure, and temperature.

Repeated Violation - 2/21/24

Plan of Correction

Accept ([redacted] - 01/10/2025)

- On 12/31/24, the medical coordinator reached out to the doctor's office where the physical for Resident 6 was done.
- On 12/31/24 the doctor faxed over the DME with all the areas filled in by the CMA. This form is attached. That form was attached to the original DME in Resident 6's file.
- On 1/8/25 the administrator created a checklist for the medical coordinator to ensure the DME will be filled in correctly after every physical. See attached
- The checklist was printed out and added to the medical coordinators files.

141a 1-10 Medical Evaluation Information (continued)

Licensee's Proposed Overall Completion Date: 01/09/2025

Implemented (█) - 01/22/2025)

252 - Record Content

9. 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 6's record does not include identifying marks.

Plan of Correction

Accept (█) - 01/10/2025)

- On 12/31, Administrator talked with resident 6's █ leading █ to believe they may have put an identifying mark on the original application form.
- On 12/31, Administrator looked at the original application and found there was in fact a page for identifying marks to be listed, and the █ wrote "none".
- On 12/31, the administrator emailed one of the inspectors for clarity as to if this would still be considered a citation since it was in fact in the resident's file. This inspector did forward the question to their supervisor. Have not heard an answer yet. Please advise on how to proceed.
- On 12/31/24, the administrator advised the medical coordinator to add a place for identifying marks as well as other items needed from 2600.252, on the resident fact sheet to make it more accessible.
- On 12/31/24 the medical coordinator did add a spot on the resident fact sheet for all the residents. See attached.

Licensee's Proposed Overall Completion Date: 01/09/2025

Implemented (█) - 01/22/2025)