

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

March 6, 2025

[REDACTED]
CRANBERRY PLACE
[REDACTED]

ATTN: MARK BONDI, PRESIDENT
[REDACTED]

RE: CUMBERLAND CROSSING MANOR
1201 CUMBERLAND ROAD
PITTSBURGH, PA, 15237
LICENSE/COC#: 44616

[REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/07/2025 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 CROSSING MANOR **License #:** 44616 **License Expiration:** 06/30/2025

Address: 1201 CUMBERLAND ROAD, PITTSBURGH, PA 15237

County: ALLEGHENY **Region:** WESTERN

Administrator

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

Legal Entity

Name: CRANBERRY PLACE

Address: [REDACTED]

Phone: [REDACTED] **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP	Date: 10/09/1998	Issued By: Labor & Industry
Type: I-1	Date: 02/02/1998	Issued By: Township of McCandless
Type: I-1	Date: 06/06/2018	Issued By: Township of McCandless

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 111 **Waking Staff:** 83

Inspection Information

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

Reason: Incident **Exit Conference Date:** 02/07/2025

Inspection Dates and Department Representative

02/07/2025 - On-Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 115 **Residents Served:** 76

Special Care Unit

In Home: No	Area:	Capacity:	Residents Served:
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Hospice

Current Residents: 6

Number of Residents Who:

Receive Supplemental Security Income: 0	Are 60 Years of Age or Older: 76
Diagnosed with Mental Illness: 1	Diagnosed with Intellectual Disability: 0
Have Mobility Need: 35	Have Physical Disability: 1

Inspections / Reviews

02/07/2025 Partial

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 02/20/2025

Inspections / Reviews *(continued)*

02/20/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/05/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 03/08/2025

03/06/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/05/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

15b Resident abuse-superv plan

1. Requirements

2800.

15.b. If there is an allegation of abuse of a resident involving a residence's staff person, the residence shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

Description of Violation

On [REDACTED] at approximately 5:45 p.m. resident [REDACTED] informed direct care staff person A, the residence's administrator, that the previous evening at approximately 5:00 p.m., direct care staff person B spoke to [REDACTED] in a way that made [REDACTED] fearful the staff person would become verbally abusive. However, direct care staff person B was not immediately suspended or placed on a plan of supervision approved by the Department and was not placed on a plan of supervision until prompted by the Department to do so on 1/27/25 at approximately 3:30 p.m.

REPEAT VIOLATION [REDACTED]

Plan of Correction

Accept [REDACTED] - 02/20/2025)

2800. 15.b. If there is an allegation of abuse of a resident involving a residence's staff person, the residence shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

1 Resident reported verbal abuse on 1/23/2025 specific to an LPN supervisor. Following [REDACTED] claim, the incident was reported to the APS and DHS on 1/23/2025. The language in the incident report listed that this employee was not scheduled until 1/28/2025 rather than specifically stating that [REDACTED] was suspended and not permitted to be on the premises until APS and DHS conducted their investigation. CCM did conduct internal investigation to determine if further reporting was necessary. CCM submitted Plan of Supervision to Department after speaking with Representative 1/27/25, Plan was for supervision of LPN's scheduled days from 1/28/25-2/5/25. APS investigator visited 1/24/25 and DHS licensing representative visited 2/7/25 indicating allegation was unsubstantiated.

2 Regional Director re-educated the Administrator and Designee 2/7/25, 2800.15.(b). regarding when an allegation of abuse of a resident involving a residence's staff person, the residence shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident. The suspension and/or details of the plan of supervision must be outlined in the Incident report to the Department of Human Services. Documentation of completion of education will be kept in accordance with 2800.65.(l)

3 The attached checklist has been developed to ensure proper reporting of Abuse Allegations. This checklist will be reviewed with all licensed nursing staff and administrative leadership by February 20, 2025. Documentation of the training will be made in accordance to 2880.65 (l) Additionally, the checklist will also be posted at each nursing station and office.

4 On 2/10/2025, A retrospective review was done by the Regional Director to ensure no other reports were filed without specifying a plan of supervision. No other incomplete reports were identified.

5 The administrator or designee will audit reportable incidents daily for 2 months to ensure that in any allegations of abuse, leadership has immediately developed, submitted and implemented a plan of supervision or has suspended the staff person involved as indicated. Audits began 2/10/25.

15b Resident abuse superv plan (continued)

6 Audit findings will be reviewed by the Administrator and Regional Director within 3 business days of the receipt of an approved plan of correction and will continue for 2 months from initiation or until compliance is achieved.

See attached.

Licensee's Proposed Overall Completion Date: 03/07/2025

Implemented [redacted] - 03/06/2025)

15c Supervision plan submission

2. Requirements

2800.

15.c. The residence shall immediately submit to the Department's assisted living residence office a plan of supervision or notice of suspension of the affected staff person.

Description of Violation

On [redacted] at approximately 5:45 p.m. resident [redacted] informed direct care staff person A, the residence's administrator, that the previous evening at approximately 5:00 p.m., direct care staff person B spoke to [redacted] in a way that made [redacted] fearful the staff person would become verbally abusive. However, the home did not submit to the Department's regional office or the Area Agency on Aging a plan of supervision or notice of suspension of the affected staff person until prompted by the Department to do so on [redacted] at approximately 3:30 p.m.

Plan of Correction

Accept [redacted] - 02/20/2025)

2800. 15. c. The residence shall immediately submit to the Department's assisted living residence office a plan of supervision or notice of suspension of the affected staff person.

1 Resident reported verbal abuse on [redacted] specific to an LPN supervisor. Following the claim, the incident was reported to the APS and DHS on [redacted]. The language in the incident report listed that this employee was not scheduled until 1/28/2025 rather than specifically stating that [redacted] was suspended and not permitted to be on the premises until APS and DHS conducted their investigation. CCM did conduct internal investigation to determine if further reporting was necessary. CCM submitted Plan of Supervision to Department after speaking with Representative 1/27/25, Plan was for supervision of LPN's scheduled days from 1/28/25 2/5/25. APS investigator visited 1/24/25 and DHS licensing representative visited 2/7/25 indicating allegation was unsubstantiated.

2 Regional Director re educated the Administrator and Designee 2/7/25, 2800.15.(c). regarding the need of the residence to immediately submit to the Department's assisted living residence office a plan of supervision or notice of suspension of the affected staff person. The suspension and/or details of the plan of supervision must be outlined in the Incident report to the Department of Human Services. Documentation of completion of education will be kept in accordance with 2800.65.(l)

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15c Supervision plan submission (continued)

6 Audit findings will be reviewed by the Administrator and Regional Director within 3 business days of the receipt of an approved plan of correction and will continue for 2 months from initiation or until compliance is achieved.

Licensee's Proposed Overall Completion Date: 03/07/2025

Implemented [REDACTED] - 03/06/2025)