

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

May 1, 2026

[REDACTED]  
LUTHERAN SENIOR SERVICES EAST  
[REDACTED]

RE: CUMBERLAND CROSSINGS  
RETIREMENT COMMUNITY  
1 LONGSDORF WAY, A,B & C  
WINGS  
CARLISLE, PA, 17015  
LICENSE/COC#: 31731

[REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/25/2026, 03/26/2026 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:** 07/16/2026  
**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:** [REDACTED]  
**Phone:** [REDACTED] **Email:** [REDACTED]

**Certificate(s) of Occupancy**

**Type:** C-2 LP **Date:** 10/31/1991 **Issued By:** L&I

**Staffing Hours**

**Resident Support Staff:** 0 **Total Daily Staff:** 44 **Waking Staff:** 33

**Inspection Information**

**Type:** Full **Notice:** Unannounced **BHA Docket #:**  
**Reason:** Renewal, Complaint **Exit Conference Date:** 03/26/2026

**Inspection Dates and Department Representative**

03/25/2026 - On-Site: [REDACTED]  
 03/26/2026 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

**License Capacity:** 59 **Residents Served:** 40

**Secured Dementia Care Unit**

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

**Hospice**

**Current Residents:** 5

**Number of Residents Who:**

**Receive Supplemental Security Income:** 0 **Are 60 Years of Age or Older:** 40  
**Diagnosed with Mental Illness:** 0 **Diagnosed with Intellectual Disability:** 1  
**Have Mobility Need:** 4 **Have Physical Disability:** 0

**Inspections / Reviews**

03/25/2026 Full

**Lead Inspector:** [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 04/17/2026

04/17/2026 - POC Submission

**Submitted By:** [REDACTED] **Date Submitted:** 05/01/2026  
**Reviewer:** [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 04/23/2026

Inspections / Reviews *(continued)*

## 04/17/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/01/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 05/08/2026

## 05/01/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/01/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

185a - Implement Storage Procedures

1. 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] has an order to have their blood glucose level checked 4 times per day. The resident uses both a LIBRE 3 and a conventional glucometer. Blood glucose readings from the LIBRE 3 do not match the levels recorded in the MAR (medication administration record).

Date/time	LIBRE 3	MAR
[redacted]	[redacted]	[redacted]

Plan of Correction

Accepted [redacted] - 04/17/2026)

1. Resident [redacted] was assessed with no negative findings
2. In the facilities findings, it was determined that the Libre 3 sensor does continue readings and only stores blood sugar readings every 5 minutes.
3. Starting 3/30/2026 PCHA or designee will complete a two-week audit on resident [redacted] administration record to validate that the recorded blood glucose readings match those recorded on the Libre 3 sensor. Device will be checked for proper calibration and functioning. If unable to appropriately save the blood glucose readings on the Libre 3 device, CSM or designee will consult with resident's primary physician to obtain orders to perform blood glucose finger sticks for insulin administration and blood glucose recordings in the administration record. Or appropriate alternative blood glucose monitoring.
4. Starting 3/30/2026 PCHA or designee will identify residents that use a Libre 3 blood glucose sensors/devices for diabetic management. A two-week audit will be conducted to validate that the blood glucose recordings on the administration record coincide with those stored on the glucose monitoring devices. If recordings on the administration record do not match the devices, after ensuring monitors are properly functioning and calibrated, the individual resident's primary physician will be contacted to request orders for finger sticks for insulin administration and ordered glucose checks.
5. PCHA educated all Med Techs and Licensed Nurses on 4/14/2026 for the proper use and recording of glucose monitoring sensors/devices including actions to take when discrepancies are found between glucose monitoring device and documented blood sugars in the administration record.
6. PCHA or designee will conduct weekly audits of blood glucose documentation for four (4) weeks, then monthly for two (2) months to ensure compliance. **(Directed-Weekly audits will begin no later than 4/27/26-[redacted])**

Licensee's Proposed Overall Completion Date: 04/27/2026

Implemented [redacted] 05/01/2026)

187d - Follow Prescriber's Orders

2. Requirements

2600.

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

Description of Violation

Resident [redacted] is prescribed [redacted] one time a day at bedtime, [redacted] if NPO and or the blood glucose level is below [redacted]. Resident [redacted] was administered [redacted] at 8 PM on [redacted] when their blood glucose reading of [redacted] was below [redacted].

Repeated Violation - [redacted]

Plan of Correction

Accept [redacted] - 04/17/2026)

1. Resident [redacted] was immediately assessed, and no negative outcomes were identified related to the administration of insulin Glargine outside of ordered parameters.

2. To prevent recurrence, the PCHA or designee will review all current residents with insulin orders that include parameters to ensure that administration is completed in accordance with physician orders. Audit completed on 3/30/2026.

3. On 4/14/2026 the PCHA or designee will provided education to all Med Techs and Licensed Nurses on proper insulin administration, including the importance of adhering to ordered parameters and accurate documentation.

4. The PCHA or designee will conduct audits of blood glucose monitoring and insulin administration documentation as follows:

- Weekly audits for four (4) weeks
- Monthly audits for two (2) months thereafter

Any discrepancies identified during audits will result in immediate follow-up, including but not limited to resident assessment, physician notification, resident/representative notification, staff re-education.

**(Directed-Weekly audits will begin no later than 4/27/26 [redacted])**

5. The PCHA or designee is responsible for ensuring compliance with this Plan of Correction.

Licensee's Proposed Overall Completion Date: 04/27/2026

Implemented [redacted] - 05/01/2026)

225c - Additional Assessment

3. Requirements

2600.

225.c. The resident shall have additional assessments as follows:

2. If the condition of the resident significantly changes prior to the annual assessment.

Description of Violation

Resident [redacted] was admitted to hospice care on [redacted]. A new assessment was not completed to reflect this change until [redacted].

225c Additional Assessment (continued)

Plan of Correction

Accept [redacted] 04/17/2026)

1. Resident [redacted] had an assessment completed on 2/18/2026 to reflect a significant change in condition related to admission to hospice services on 8/14/2025.

2. On 3/30/2026 To prevent recurrence, the PCHA or designee will conduct a review of all current residents to identify those who have experienced a significant change in condition and require an additional assessment prior to their annual assessment. This includes, but is not limited to, residents admitted to hospice services.

3. On 4/14/2026 the PCHA provided education to staff responsible for completion of resident assessments on the requirement to complete additional assessments when a resident experiences a significant change in condition, including admission to hospice care.

4. The PCHA or designee will conduct audits of resident assessments to ensure timely completion of assessments related to significant changes in condition as follows:

- Weekly audits for four (4) weeks
- Monthly audits for two (2) months thereafter

Any discrepancies identified will result in immediate follow up, including completion of required assessments, staff re education, and notification to the Department as required.

**(Directed-Weekly audits will begin no later than 4/27/26-[redacted])**

5.The PCHA or designee is responsible for ensuring compliance with this Plan of Correction.

Licensee's Proposed Overall Completion Date: 04/27/2026

Implemented ([redacted] - 05/01/2026)

227d - Support Plan Medical/Dental

4. 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 [redacted] support plan, dated [redacted], indicated the use of a walker. However, Resident [redacted] utilizes a wheelchair for ambulation beginning [redacted]. Resident [redacted] started using a Wander Guard on [redacted] right wrist starting [redacted] due to exit seeking behaviors. The resident's support plan has not been updated to reflect these changes in supports.

Plan of Correction

Accept [redacted] - 04/17/2026)

1. Resident [redacted] has been discharged from the facility on 7/11/2025. Records for Resident [redacted] cannot be retroactively corrected.

**227d - Support Plan Medical/Dental (continued)**

2. To prevent recurrence, the PCHA or designee or designee will conduct a review of all current residents' support plans to ensure that mobility status, use of assistive devices, and safety devices (including but not limited to Wander Guard) are accurately reflected. Audit completed on 4/13/2026.

3. On 4/14/2026 the PCHA provided education to staff responsible for updating resident support plans on the importance of ensuring plans are current and accurately reflect each resident's mobility needs, assistive devices, and safety interventions.

4. On 4/13/2026 The PCHA or designee will conduct audits of resident support plans as follows:

- Weekly audits for four (4) weeks
- Monthly audits for two (2) months thereafter

Any discrepancies identified will result in immediate follow-up, including updating the support plan, staff re-education, and notification to the Department as required.

5. The PCHA or designee is responsible for ensuring compliance with this Plan of Correction.

Licensee's Proposed Overall Completion Date: 04/17/2026

Implemented [REDACTED] - 05/01/2026)