

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

October 13, 2026

[REDACTED], OWNER
CORNERSTONE LIVING MANAGEMENT LLC
4605 WERLEYS CORNER ROAD
NEW TRIPOLI, PA, 18066

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

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/09/2026 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: CORNERSTONE LIVING

License #: 22791

License Expiration: 09/17/2027

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: 4605 WERLEYS CORNER ROAD, NEW TRIPOLI, PA, 18066

Phone: [REDACTED]

Email: [REDACTED]

Certificate(s) of Occupancy

Type: I-2

Date: 09/05/2011

Issued By: Weisenburg Township

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 54

Waking Staff: 41

Inspection Information

Type: Full

Notice: Unannounced

BHA Docket #:

Reason: Renewal, Incident

Exit Conference Date: 09/09/2026

Inspection Dates and Department Representative

09/09/2026 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 40

Residents Served: 27

Secured Dementia Care Unit

In Home: Yes

Area: Memory Care

Capacity: 40

Residents Served: 27

Hospice

Current Residents: 12

Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 27

Diagnosed with Mental Illness: 0

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 27

Have Physical Disability: 0

Inspections / Reviews

09/09/2026 Full

Lead Inspector: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 10/09/2026

10/06/2026 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/12/2026

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 10/13/2026

Inspections / Reviews *(continued)*

10/13/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/12/2026

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

25b - Contract Signatures**1. Requirements**

2600.

25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

Description of Violation

The resident-home contract, dated [REDACTED] for resident #1 was not signed by the resident and there was no indication the resident refused or was unable to sign.

Plan of Correction**Accept ([REDACTED] - 10/06/2026)**

The resident-home contract for Resident #1 was reviewed and identified as not having the resident's signature related to Resident #1 not being able to sign. Administrator and Director of Wellness verified that the resident, payer (if applicable), administrator, and designated person (if applicable) signed the contract or documented for refusal or unable to sign. The Administrator and Director of Wellness reviewed all current resident-home contracts to ensure proper contract signatures or documentation on 09/10/2026. For all new resident-home contracts, the Administrator and Director of Wellness are required to complete an admission form audit prior to finalizing the admission. All staff responsible for completing resident contracts will be educated on the signature requirements.

Licensee's Proposed Overall Completion Date: 10/05/2026

Implemented ([REDACTED] - 10/13/2026)**25c8 - Smoking****2. Requirements**

2600.

25.c. At a minimum, the contract must specify the following:

8. The home's rules related to home services, including whether the home permits smoking.

Description of Violation

The home changed their smoking policy October 2025 to allow smoking in a designated area outside after previously having a non-smoking policy. The resident-home contract for resident #2 dated [REDACTED] and for resident #3 dated [REDACTED] does not include an addendum to the current home rules allowing smoking.

Plan of Correction**Accept ([REDACTED] - 10/06/2026)**

The resident-home contracts for Residents #2 and #3 were reviewed and updated to include the current home smoking policy on 09/10/2026. All current resident-home contracts were reviewed by the Administrator and Director of Wellness on 09/10/2026 to ensure the current smoking policy is included. The Administrator and Director of Wellness verified that the old resident-home contract file and copy was destroyed to ensure new residents or family are receiving the correct copy. For all new resident-home contracts, the Administrator and Director of Wellness are required to complete an admission form audit prior to finalizing the admission. All staff responsible for completing resident contracts will be educated on 10/08/2026 about the signature requirements.

Licensee's Proposed Overall Completion Date: 10/05/2026

Implemented ([REDACTED] - 10/13/2026)**82c - Locking Poisonous Materials****3. Requirements**

2600.

82c - Locking Poisonous Materials (continued)

82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

Description of Violation

At 9:15 a.m., Miracle Gro with a manufacture's label indicating "contact poison control if ingested", was unlocked, unattended, and accessible to any residents in the courtyard. Residents are allowed to go into the courtyard unattended. All the residents in the home have been assessed incapable of recognizing and using poisons safely.

At 12:45 p.m., Crest and Colgate toothpaste with a manufacture's label indicating "contact poison control if ingested", was unlocked, unattended, and accessible in resident #4's room. All the residents in the home have been assessed incapable of recognizing and using poisons safely.

At 12:45 p.m., Aim toothpaste with a manufacture's label indicating "contact poison control if ingested", was unlocked, unattended, and accessible in resident #5's room. All the residents in the home have been assessed incapable of recognizing and using poisons safely.

At 12:45 p.m., Colgate Optic White toothpaste with a manufacture's label indicating "contact poison control if ingested", was unlocked, unattended, and accessible in resident #6's room. All the residents in the home have been assessed incapable of recognizing and using poisons safely.

Repeated Violation: 09/19/2025

Plan of Correction**Accept () - 10/06/2026)**

All poisonous materials identified during the survey were immediately removed on 09/09/2026 from residents' access and secured in a locked area. Staff was reminded during survey and formal education will be completed on 10/08/2026 that poisonous materials, including cleaning products and personal care products with poison warnings, must remain locked and inaccessible to residents. The Administrator will conduct weekly checks for 30 days to ensure poisonous materials are properly secured and will address any concerns immediately.

Licensee's Proposed Overall Completion Date: 10/05/2026

Implemented () - 10/13/2026)**85a - Sanitary Conditions****4. Requirements**

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

At approximately 12:40 p.m., Staff person A did not wash their hands, use hand sanitizer, or wear gloves before touching medications and administering to residents.

Plan of Correction**Accept () - 10/06/2026)**

Staff was reminded on 09/09/2026 and formal education will be completed on 10/08/2026 that hands must be washed, or hand sanitizer used, and appropriate gloves worn when required, before handling medications and providing care to residents. The Director of Wellness/Med Tech Trainer will monitor staff compliance through routine observations per med tech certification requirements and provide immediate corrective education if needed.

Licensee's Proposed Overall Completion Date: 10/05/2026

85a - Sanitary Conditions (continued)

Implemented () - 10/13/2026

103g - Storing Food

5. Requirements

2600.

103.g. Food shall be stored in closed or sealed containers.

Description of Violation

At 12:30 p.m., there was a bag of cheerios and frosted flakes that were not securely closed in the dry storage area.

Plan of Correction

Accept () - 10/06/2026

The opened bags of Cheerios and Frosted Flakes were immediately thrown out due to not knowing how long the bag was open for. Staff received verbal reminder on 09/09/2026 and formal education on 10/08/2026 about all opened food must be stored in closed or sealed containers. The Administrator will check food storage areas weekly for 30 days to ensure all opened food is properly sealed.

Licensee's Proposed Overall Completion Date: 10/05/2026

Implemented () - 10/13/2026

103i - Outdated Food

6. Requirements

2600.

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

Description of Violation

At 12:30 p.m., there was 2 bags of meat that appeared to be cubed ham in the freezer that was unlabeled and undated.

Plan of Correction

Accept () - 10/06/2026

The unlabeled and undated bags of meat were immediately removed from the freezer. Staff received verbal reminder on 09/09/2026 and formal education on 10/08/2026 that all food placed in the freezer must be properly labeled and dated. Food that is outdated, spoiled, or cannot be identified will not be used. The Administrator will conduct weekly checks of the refrigerator and freezer for 30 days to ensure food is properly labeled, dated, and safe for use.

Licensee's Proposed Overall Completion Date: 10/05/2026

Implemented () - 10/13/2026

132e - Fire Drill Sleeping Hours

7. Requirements

2600.

132.e. A fire drill shall be held during sleeping hours once every 6 months.

Description of Violation

The most recent fire drill conducted during sleeping hours was on 5/05/26 at 2:12 a.m.; however, the previous fire drill conducted during sleeping hours was on 09/30/25 at 3:49 a.m.

Plan of Correction

Accept () - 10/06/2026

The fire drill schedule will be reviewed by the Administrator to ensure a fire drill is conducted during sleeping hours

132e Fire Drill Sleeping Hours (continued)

at least once every six months. The Administrator will maintain a fire drill schedule and documentation to ensure required drills are completed within the required timeframe. Staff responsible for fire drills was verbally educated on 09/09/2026 and will be educated on the six month requirement on 10/08/2026. The Administrator will keep a audit/check for 8 months or more if needed to ensure fire drills are being completed per the regulations.

Licensee's Proposed Overall Completion Date: 10/05/2026

Implemented () - 10/13/2026)

233c - Key-Locking Devices**8. Requirements**

2600.

233.c. If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

Description of Violation

At 9:10 a.m., the directions for operating the home's locking mechanism were not conspicuously posted near the emergency exit door near room #9 in the Secure Dementia Care Unit (SDCU).

Repeated Violation: 09/19/2025

Plan of Correction

Accept () - 10/06/2026)

Directions for operating the locking mechanism near the emergency exit in the Secure Dementia Care Unit were replaced on 09/09/2026, The Administrator will inspect all exits with key locking devices to ensure operating instructions are clearly posted. The Administrator will monitor the exits weekly for the next 2 months to ensure the instructions remain posted and visible. Formal education will be completed on 10/08/2026.

Licensee's Proposed Overall Completion Date: 10/05/2026

Implemented () - 10/13/2026)