

Department of Human Services  
Bureau of Human Service Licensing

April 15, 2021

[REDACTED] ADMINISTRATOR  
CRANBERRY PLACE  
1201 CUMBERLAND ROAD  
ATTN: DAN GRANT, COO  
PITTSBURGH, PA 15237

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

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/30/2021, 03/31/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,  
Jon Kimberland

Enclosure  
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

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

**Facility Information**

**Name:** CUMBERLAND CROSSING MANOR      **Licen e #:** 44616      **Licen e Expiration Date:** 06/30/2021  
**Addr e :** 1201 CUMBERLAND ROAD, PITTSBURGH, PA 15237  
**County:** ALLEGHENY      **Region:** WESTERN

**Administrator**

**Name:** [REDACTED]      **Phone:** 4126350798      **Email:** [REDACTED]

**Legal Entity**

**Name:** CRANBERRY PLACE  
**Address:** 1201 CUMBERLAND ROAD, ATTN: DAN GRANT, COO, PITTSBURGH, PA, 15237  
**Phone:** 4126350798      **Email:** [REDACTED]

**Certificate(s) of Occupancy**

<b>Type:</b> C-2 LP	<b>Date:</b> 10/09/1998	<b>Issued By:</b> PA Dept of L&I
<b>Type:</b> I-1	<b>Date:</b> 06/06/2018	<b>Issued By:</b> Town of McCandless
<b>Type:</b> I-1	<b>Date:</b> 02/02/1999	<b>Issued By:</b> Town of McCandless

**Staffing Hours**

**Re ident Support Staff:** 0      **Total Daily Staff:** 112      **Waking Staff:** 84

**Inspection**

**Type:** Full      **Notice:** Unannounced      **BHA Docket #:**  
**Reason:** Renewal      **Exit Conference Date:** 03/31/2021

**Inspection Dates and Department Representative**

03/30/2021 - On-Site: [REDACTED]  
 03/31/2021 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

**License Capacity:** 115      **Residents Served:** 82

**Special Care Unit**

<b>In Home:</b> No	<b>Area:</b>	<b>Capacity:</b>	<b>Residents Served:</b>
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**Hospice**

**Current Re ident :** 3

**Number of Residents Who:**

<b>Receive Supplemental Security Income:</b> 0	<b>Are 60 Years of Age or Older:</b> 82
<b>Diagnosed with Mental Illness:</b> 0	<b>Diagnosed with Intellectual Disability:</b> 0
<b>Have Mobility Need:</b> 30	<b>Have Physical Disability:</b> 1

Inspections / Reviews

03/30/2021 - Full

Lead Inspector: [REDACTED]

Follow Up Type: *POC Submission*

Follow-Up Date: *04/12/2021*

4/15/2021 POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*

Follow-Up Date: *04/19/2021*

4/15/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

85a Sanitary conditions

1. Requirements

2800.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On 3/31/21, at 3:57 p.m., resident #1's room # [redacted] had a pervasive and pungent odor of urine.

Plan of Correction

Accept

Residents soiled clothes were laundered by nursing assistant. On this day, resident had daylight Q-shift safety check on daylight shift, safety check on 2nd shift had not been performed. Resident had returned to room from scheduled afternoon activity for interview, licensed representative alerted administrator to odor in room. Resident does need assistance with AM/PM hygiene care and laundry. Resident is independent with toileting during the day and does utilize call bell system for help throughout the day as assistance is needed. Resident ambulates independently with wheeled walker. Resident's room is positioned across from nurses station and resident laundry room. Nursing assistants do look/smell for opportunities while performing ADL care and while visiting residents rooms through the course of the day.

Director of Resident Care has provided ADL staff education: Client Care Module for Caregivers.(attached)

DRC or designee will audit utilizing tool created to help caregivers document situations that could lead to odor in or near residents rooms. Audits will be performed weekly for two weeks and monthly for 3 months. Audit results will be reviewed at quality management meeting.

Completion Date: 04/16/2021

Document Submission

Implemented

See attached audit tool.

101j7 Lighting/operable lamp

1. Requirements

2800.

101.j. Each resident shall have the following in the living unit:

7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

On 3/30/21 at approximately 11:34 a.m. in resident room # [redacted] resident #2 does not have access to a source of light that can be turned on at bedside.

Plan of Correction

Accept

Resident was admitted March 2021 to a room that had operable lamp on night stand at bedside. Resident did not wish for lamp to be at bedside. Resident moved lamp. Maintenance director installed "puck" adhesive button light on wall at bedside 3/31/21. Pictures to show residents bedroom and efforts to ensure regulatory compliance. Administrator has reviewed 101.j. with maintenance director and housekeeping staff to help understand how regulations guide the setup of residents rooms.

Lead Housekeeper or designee will audit new residents room during 1st month deep clean after admission, attached audit tool. Audits will be conducted for three months to ensure regulatory compliance.

Audits will be reviewed at quality management meeting.

Completion Date: 03/31/2021

101j7 Lighting/operable lamp *(continued)*

**Document Submission**

**Implemented**

*See attached audit tool and pictures of installed light.*

225a1 Assessment – annually

**1. Requirements**

2800.

225.a.1. The administrator or administrator designee, or an LPN, under the supervision of an RN, or an RN shall complete additional written assessments for each resident. A residence may use its own assessment form if it includes the same information as the Department’s assessment form. Additional written assessments shall be completed as follows: Annually.

**Description of Violation**

*Resident #3’s most recent assessment was completed on 3/30/21. However, resident #3’s previous assessment was completed on 3/2/2020.*

**Plan of Correction**

**Accept**

*Resident’s preliminary ASP was performed prior to move in date, 3/02/2020. Final signature was 3/25/20. Annual ASP was completed and printed for signature 3/4/20 by Resident Support Coordinator, ASP was not signed until 3/30/21. ASP was signed by Director of Resident Care(RN). Education provided by administrator to RSC and DRC reviewing regulation 225.a.1.*

*Administrator will review monthly resident ASP list provided to DRC by RSC to ensure regulatory compliance. Audit will be conducted for 3 months. Audit will be reviewed at quality management meeting.*

**Completion Date:** 03/30/2021

**Document Submission**

**Implemented**

*See attached audit tool.*