

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to CAMBRIDGE VILLAGE ASSOCIATES  
LEGAL ENTITY

To operate CAMBRIDGE VILLAGE ASSISTED LIVING PERSONAL CARE RESIDENCE  
NAME OF FACILITY OR AGENCY

Located at 1600 DARLINGTON ROAD, BEAVER FALLS, PA 15010  
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE \_\_\_\_\_ ADDRESS OF SATELLITE SITE \_\_\_\_\_

ADDRESS OF SATELLITE SITE \_\_\_\_\_ ADDRESS OF SATELLITE SITE \_\_\_\_\_

ADDRESS OF SATELLITE SITE \_\_\_\_\_ ADDRESS OF SATELLITE SITE \_\_\_\_\_

To provide Personal Care Homes  
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 100  
(MAXIMUM CAPACITY)  
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

Restrictions: Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 23

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes  
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from July 16, 2010 until July 16, 2011,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 401620

Robert E. Robinson  
ISSUING OFFICER

Kevin T. Casey  
DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.



COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE  
PO BOX 2675  
HARRISBURG, PENNSYLVANIA 17105-2675

ADULT RESIDENTIAL LICENSING

JUL 21 2010

PHONE: (717) 783-3670  
FAX: (717) 783-5662

Ms. Cindy Hopkins, Administrator  
Cambridge Village Associates  
174 Virginia Avenue  
Rochester, Pennsylvania 15074

RE: Cambridge Village Assisted Living Personal Care Residence  
1600 Darlington Road  
Beaver Falls, Pennsylvania 15010

Dear Ms. Hopkins:

As a result of the Department of Public Welfare's licensing inspection on June 10, 2010 and June 11, 2010 of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.

All violations specified on the enclosed Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Adult Residential Licensing so that compliance can be verified.

A regular license is being issued based on the enclosed Violation Report. Your license is enclosed.

Sincerely,

A handwritten signature in cursive script that reads "Kevin T. Casey".

Kevin T. Casey  
Deputy Secretary

Enclosures  
License  
Violation Report

VIOLATION REPORT **Western Region**  
 PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

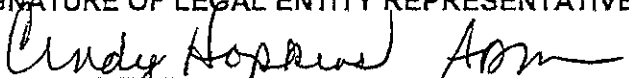

JUL 8 2010

NAME AND ADDRESS OF PERSONAL CARE HOME Cambridge Village Assisted Living Personal Care Residence 1600 Darlington Road, Beaver Falls, Pa 15010		CURRENT LICENSE NUMBER 701260	
INSPECTION DATE(S) (Include all dates of the inspection) June 10 and June 11, 2010	REGIONAL REPRESENTATIVE Michael Marini, Alden Linhart		
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <b>CINDY HOPKINS ADMINISTRATOR</b>			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Cindy Hopkins</i>	DATE 7-7-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Joe J. Bergamo</i>	DATE 7-13-10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
65g Direct care staff persons, ancillary staff persons, substitute personnel and regularly-scheduled volunteers shall be trained annually in the following areas:  (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.	Staff person A did not receive training on Emergency Preparedness or the Older Adult Protective Services Act in 2009.	6-17-10	1. Disciplinary action was taken. See Attachment # / 2. Make up days will be scheduled for missed inservices. 3. If staff person does not show up for rescheduled inservices employment will be terminated. 4. Administrator will review quarterly at quality assurance to maintain compliance.	7-13-10 <i>JHD</i>

**VIOLATION REPORT <sup>Western Region</sup>**  
**PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

JUL 8 2010

NAME AND ADDRESS OF PERSONAL CARE HOME		CURRENT LICENSE NUMBER	
Cambridge Village Assisted Living Personal Care Residence 1600 Darlington Road, Beaver Falls, Pa 15010		401260	
INSPECTION DATE(S) (include all dates of the inspection)		REGIONAL REPRESENTATIVE	
June 10 and June 11, 2010		Michael Marini, Alden Linhart	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE		DATE	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION
		7-7-10	
			DATE
			7-13-10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
(4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101—10225.5102)				

# Western Region

## VIOLATION REPORT PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME <b>Cambridge Village Assisted Living Personal Care Residence 1600 Darlington Road, Beaver Falls, Pa 15010</b>		Adult Residential Licensing	CURRENT LICENSE NUMBER <b>401260</b>	
INSPECTION DATE(S) (Include all dates of the inspection) <b>June 10 and June 11, 2010</b>		REGIONAL REPRESENTATIVE <b>Michael Marini, Alden Linhart</b>		
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)				
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Andy Hoppen ADM</i>	DATE <b>7-7-10</b>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE <b>7-13-10</b>	

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
85a Sanitary conditions shall be maintained.	The interior of the refrigerator in the break room was covered in mildew. (Observed 6/10/10)	<b>6/10/10</b> <b>6/17/10</b>	<ol style="list-style-type: none"> <li>1. Refrigerator in break room was immediately removed and discarded.</li> <li>2. New refrigerator was purchased for break room. See attachment # 2</li> <li>3. Administrator will do weekly audits on all refrigerators in facility. See attachment # 3</li> <li>4. Administrator will review quarterly at Quality Assurance to maintain compliance.</li> </ol>	<b>7-13-10</b> <i>[Signature]</i>

VIOLATION REPORT  
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

JUL 8 2010

NAME AND ADDRESS OF PERSONAL CARE HOME		CURRENT LICENSE NUMBER	
Cambridge Village Assisted Living Personal Care Residence 1600 Darlington Road, Beaver Falls, Pa 15009		401260	
INSPECTION DATE(S) (Include all dates of the inspection)	REGIONAL REPRESENTATIVE		
June 10 and June 11, 2010	Michael Marini, Aiden Linhart		
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE	DATE	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE
<i>Cindy Hopwood ADM</i>	7-7-10	<i>[Signature]</i>	7-13-10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
88a Floors, walls, ceilings, windows, doors and other surfaces shall be clean, in good repair and free of hazards.	There were stains and tears along the seams in the carpet in the hall by room #115. (Observed 6/11/10)  The carpet was buckled in room #119 and posed a tripping hazard. (Observed 6/10/10)	6/15/10 6/14/10  7/30/10	1. Carpet was scrubbed and stains removed. 2. Frayed carpet was repaired. 3. Estimate on replacing carpet was obtained. Carpet will be replaced by 7/30/10 4. Administrator will do weekly audits on carpets. See attachment # 3 5. Administrator will review quarterly at Quality Assurance to maintain compliance.	Steps have been taken to correct violation; full compliance is not verifiable 7-13-10 <i>[Signature]</i> Date Initials (DPW)

VIOLATION REPORT  
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

JUL 8 2010

NAME AND ADDRESS OF PERSONAL CARE HOME Cambridge Village Assisted Living Personal Care Residence 1600 Darlington Road, Beaver Falls, Pa 15010 9401260		CURRENT LICENSE NUMBER Adult Residential Licensing	
INSPECTION DATE(S) (Include all dates of the inspection) June 10 and June 11, 2010		REGIONAL REPRESENTATIVE Michael Marini, Alden Linhart	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Cindy Hopwood ADM</i>	DATE 7-7-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>JJP</i>	DATE 7-13-10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
91 Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control center, municipal emergency management agency and personal care home complaint hotline shall be posted on or by each telephone with an outside line.	There were no emergency telephone numbers by the 2 telephones in room #220. (Observed 6/10/10)	6/10/10	1. Emergency numbers were removed by resident which were attached to phone. 2. Emergency numbers were immediately posted on wall by [redacted] phone. 3. Admission director will do weekly audits. See attachment # 3 4. Administrator will review quarterly at Quality Assurance to maintain compliance.	7-13-10 <i>JJP</i>

**VIOLATION REPORT**  
**PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

NAME AND ADDRESS OF PERSONAL CARE HOME <i>Adult Residential Licensing</i>		CURRENT LICENSE NUMBER	
Cambridge Village Assisted Living Personal Care Residence 1600 Darlington Road, Beaver Falls, Pa 15010		401260	
INSPECTION DATE(S) (Include all dates of the inspection)		REGIONAL REPRESENTATIVE	
June 10 and June 11, 2010		Michael Marini, Alden Linhart	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE		DATE	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION
<i>Cindy Hopkins ADM</i>		7-7-10	<i>[Signature]</i>
			DATE
			7-13-10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
141a-2 The medical evaluation shall include the following:  (6) Immunization history. (7) Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications. (9) Health status	Resident #1's medical evaluation (dated 3/30/10) did not indicate the resident's immunization history and referred to a list of medications that was signed by a different doctor than the doctor who completed the medical evaluation.  Resident #2's medical evaluation (dated 3/31/10) did not indicate the resident's communicable disease status.  Resident #3's medical evaluation (dated 11/5/09) referred to an	6-17-10  7-6-10  7-6-10  8-30-10	1. Inservice was held on 6-17-10 with admissions, LPN's, and administrator. See attachment #4 2. Res #1 new medical evaluation was obtained to reflect immunization history. See attachment #5 3. Res #2 new medical evaluation was obtained to reflect communicable disease status. See attachment #6  The administrator or designated staff person will review all current residents medical evaluations to ensure that the medical evaluations are completed in their entirety including any	Steps have been taken to correct violation; full compliance is not verifiable  <del>7-13-10</del> Date <i>[Signature]</i> (DPW)

*attached sheets which are signed and dated by the physician. 7-13-10 [Signature]*

VIOLATION REPORT  
 PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600  
 JUL 8 2010

NAME AND ADDRESS OF PERSONAL CARE HOME Cambridge Village Assisted Living Personal Care Residence 1600 Darlington Road, Beaver Falls, Pa 15010		Adult Residential Licensing	CURRENT LICENSE NUMBER 401260
INSPECTION DATE(S) (Include all dates of the inspection) June 10 and June 11, 2010		REGIONAL REPRESENTATIVE Michael Marini, Aiden Linhart	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Cindy Hopkins AORN</i>	DATE 7-7-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 7-13-10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
	attached list of medications that was not attached.  Resident #4's medical evaluation (dated 2/15/10) did not indicate the resident's medications.	6-17-10	4. Res # 3 & 4 attached list of medication was removed by staff and placed under medications in resident chart. Inservice was held on 6-17-10 for retraining. 5. Admission director will review and verify that all medical evaluations are completed by physician. 6. if any questions or incompletions are not addressed, medical evaluation will not be accepted and will be returned to physician for completion. 7. Administrator will do weekly audits to maintain compliance. See attachment # 3 8. Administrator will review quarterly at Quality Assurance Meeting for compliance.	

VIOLATION REPORT  
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

JUL 8 2010

NAME AND ADDRESS OF PERSONAL CARE HOME Cambridge Village Assisted Living Personal Care Residence 1600 Darlington Road, Beaver Falls, Pa 15010		CURRENT LICENSE NUMBER 401260	
INSPECTION DATE(S) (Include all dates of the inspection) June 10 and June 11, 2010		REGIONAL REPRESENTATIVE Michael Marini, Alden Linhart	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Cindy Hopkins ARM</i>	DATE 7-7-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>JJP</i>	DATE 7-13-10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
183b Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.	There was a tube of lamisil and a tube of triple antibiotic cream in the shared bathroom off room #222. There was a tube of zinc oxide in the shared bathroom off room #126. (Observed 6/10/10)	6/10/10 7/6/10	1. The tube of Lamisil, triple antibiotic cream and zinc oxide were removed immediately. 2. Administrator sent letters to Hospices stating these items are to be kept at nurses station. See attachment # 7 3. Administrator will do weekly audits. See attachment # 3 4. Administrator will review quarterly at Quality Assurance to maintain compliance.	7-13-10 <i>JJP</i>

VIOLATION REPORT  
 PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

Western Region

JUL 8 2010

NAME AND ADDRESS OF PERSONAL CARE HOME		CURRENT LICENSE NUMBER	
Cambridge Village Assisted Living Personal Care Residence 1600 Darlington Road, Beaver Falls, Pa 15005		1401260	
INSPECTION DATE(S) (Include all dates of the inspection)		REGIONAL REPRESENTATIVE	
June 10 and June 11, 2010		Michael Marini, Alden Linhart	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE		DATE	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION
<i>Andy Hopkins ADM</i>		7-7-10	<i>[Signature]</i>
			DATE
			7-13-10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
231c A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.	Resident #5 was admitted to the secure dementia unit on 5/17/10. The resident's cognitive preadmission screening was completed on 5/5/10.  Resident #6 was admitted to the secure dementia unit on 10/8/09. The resident's cognitive preadmission screening was completed on 9/9/09.	6/17/10	1. Res # 5 & 6 cognitive screening was performed by PCP at pre-scheduled office visit. Admission was delayed after screening was performed. 2. To comply with 72 hour admission screening, facility will request that PCP re-evaluate within regulatory guidelines before admission is granted. 3. Admission director will review dates on cognitive screening before admission to facility. 4. Administrator will do weekly audits to maintain compliance. See attachment #3 5. Administrator will review quarterly at Quality Assurance to maintain compliance. 6. Inservice held on 6-17-10	7-13-10 <i>[Signature]</i>