



**COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE**

**11 Stanwix Street  
Room 230  
Pittsburgh, Pennsylvania 15222**

**ADULT RESIDENTIAL LICENSING**

Phone: (412) 565-5616/5614  
Toll Free: 1-888-322-3664  
Fax: (412) 565-5633/565-2840  
[www.dpw.state.pa.us](http://www.dpw.state.pa.us)

NOV 23 2010

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 October 8, 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.

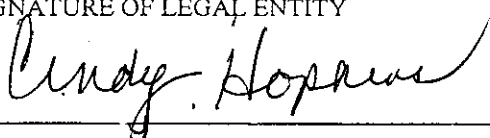
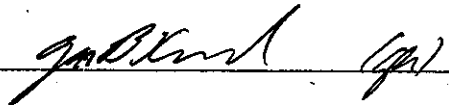
All violations specified on the enclosed Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Adult Residential Licensing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

Sincerely,

Jon Kimberland  
Regional Licensing Administrator

Enclosure(s)

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

NAME AND ADDRESS OF PERSONAL CARE HOME CAMBRIDGE VILLAGE ASSISTED LIVING PERSONAL CARE RESIDENCE, 1600 DARLINGTON ROAD BEAVER FALLS, PA 15010		CURRENT LICENSE NUMBER 401620	
INSPECTION DATES (Include all dates of the inspection) 10/08/2010		REGIONAL REPRESENTATIVE Michelle Glidden, Jesse Farley	
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 	DATE 11-9-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 11-17-10

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
42b A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.	On 9/28/10 during dinner, Staff member A said to resident #1, "If you don't eat your dinner, I'll make your sons leave," causing the resident to cry.  <p style="text-align: center; opacity: 0.5;">Westmoreland Region NOV 12 2010 Adult Residential Licensing</p>	10-13-10  10-12-10  10-12-10  11-9-10    10-12-10	<ol style="list-style-type: none"> <li>1. Staff person received a 13 day suspension. See attach #1. <del>#1A</del></li> <li>2. Staff person also recieved counseling on sensitivity towards residents. see attach #2</li> <li>3. Staff person apologized to resident and family member. see attach #2</li> <li>4. Staff person seen by medical doctor for counseling on 10/07/10 &amp; 11/09/10 see attach #3.</li> <li>5. Facility will continue educating staff with mandatory inservices.</li> <li>6. Administrator will monitor and review quarterly at Quality Assurance meeting to maintain compliance.</li> <li>7. Employee placed on 90 day probation. see attach #2</li> </ol> <p style="text-align: right; margin-top: 10px;"><i>522 p. 1A</i></p>	

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

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> Cambridge Village Assisted Living Personal care Residence 1600 Darlington Road, Beaver Falls, PA 15010		<b>CURRENT LICENSE NUMBER</b>  401620	
<b>INSPECTION DATE(S) (Include all dates of the inspection)</b>  October 8, 2010		<b>REGIONAL REPRESENTATIVE</b>  M. Glidden and J. Farley	
<b>PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)</b>			
<b>SIGNATURE OF LEGAL ENTITY REPRESENTATIVE</b>	<b>DATE</b>	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b>	<b>DATE</b>  <i>11-17-10</i>

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
			Staff person A will receive training in resident rights and abuse reporting and prevention from an outside source. Documentation will be kept.	