



**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE**

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

ADULT RESIDENTIAL LICENSING

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www.dpw.state.pa.us

Mailing Date: **JAN 6 2011**

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 November 15, 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,

A handwritten signature in black ink, appearing to read "Jill Pezzino".

Jill Pezzino
Regional Licensing Administrator

Enclosure(s)

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

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|---|-------------------------|--|-----------------------|
| 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) 11/15/2010 | | REGIONAL REPRESENTATIVE N. Mandock, C. Perry | |
| PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>CINDY HOPKINS ADMINISTRATOR</i> | | | |
| SIGNATURE OF LEGAL ENTITY <i>Cindy Hopkins</i> | DATE <i>12-17-10</i> | REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Joe J. Perrino (JJP)</i> | DATE <i>1-6-11</i> |

| 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 |
|--|---|--|---|---|
| 54a Direct care staff persons shall have the following qualifications: (1) Be 18 years of age or older, except as permitted in subsection (b). (2) Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry. (3) Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care | The home has not submitted a request for a waiver for direct care staff person A, who has a high school diploma from a non-us educational institution. Western Region Adult Residential Licensing | <i>11-16-10</i> <i>12-10-10</i> | 1. Cambridge Village submitted a request for waiver on 11-16-10 for direct care staff person A. See attach # <i>1-4</i> 2. Sent copy of high school and college transcripts/diplomas to be translated into english by a certified english translator on 12-10-10. Still waiting on results (6-8 weeks) 3. Staff person A will be moved to housekeeping position pending waiver results. 4. All new hires diplomas/GED's/ transcripts will be reviewed by administrator upon hire. 5. Administrator will review quarterly at Quality Assurance Meeting to maintain compliance. | <i>1-6-11</i> <i>JJP</i> <i>IN LIC (DPM)</i> Steps have been taken to correct violation; full compliance is not verifiable |

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| services with reasonable skill and safety. | <p style="text-align: center; opacity: 0.5;">Western Region 1-6-11</p> <p style="text-align: center;">Adult Residential Licensing</p> | | | |

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| SIGNATURE OF LEGAL ENTITY <i>Cindy Hopkins</i> | DATE 12-7-10 | REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>JFP</i> | DATE 1-6-11 |

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| 183f1 Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, | The home's written policy for destroying medications indicates the following: "All narcotics destroyed by the home are to be counted with two witnesses and pills/injectable cartridges must be put into bio-hazard waste containers. Narcotic waste sheets must be filled out and shall include the following: date, name and dosage of medication, two signatures of witnesses. Per staff person B, the administrator, the home does not follow its policy for destroying medications. Staff person B indicates that medications are flushed into the home's sewage system to be destroyed, and that no narcotic waste sheets are completed for destroyed narcotics. <p style="text-align: center; font-size: 1.2em;">Western Region</p> | 12-17-10 12-17-10 12-17-10 2-15-11 | 1. New policy & procedure was written. See attach # 5 2. Brighton Pharmacy will destroy all medications & narcotics and documentation will be kept. See attach # 5+6 3. Administrator will review "Return to Pharmacy Sheets" daily and documentation will be kept. SEE ATTACH # 6 4. Administrator will review quarterly at Quality Assurance Meeting to maintain compliance. All staff persons will be inserviced on the home's new policy + procedure for destroying medications and documentation shall be kept. 1-6-11 JFP | <div style="text-align: center;"> <p>1-6-11</p> <p><i>JFP</i></p> <p>1-6-11</p> </div> |

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| if any, or the person or entity taking responsibility for the new placement on the day of departure from the home. | Western Region | | | |

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| 185b At a minimum, the procedures must include: (1) Documentation of the receipt of controlled substances and prescription medications. (2) A process to investigate and account for missing medications and medication errors. (3) Limited access to medication storage areas. (4) Documentation of the administration of prescription medications, OTC medications and CAM for residents who receive | The home lacks effective procedures for the distribution and security of resident medication. Per the home's individual resident's controlled substance records for resident #1, there is a discrepancy between the amount of tablets listed as remaining and the actual counts remaining for the resident's following prn medications : hydrocondone/APAP 7.5/750 mg tablets - records indicate that 10 tablets remain and actual count indicates only 5 tablets remain. hydrocodone /APAP 5/500 mg tablets - records indicate that 48 tablets remain and actual count indicates only 43 tablets remain. The home's narcotic count at the change of shifts did not reveal the discrepancy. <p style="text-align: center; font-size: 1.2em; color: gray;">Western Region</p> | 12-1-10 11-23-10 | 1. Inservice was held on 12-01-10 for all supervisors for new policy & procedure and re-educate and train on importance of narcotic count and missing medications. 2. Administrator updated policy & procedure. See attach # 5 & 8 3. Resident #1 hydrocodone/APAP 7.5/750mg was discontinued. See attach # 9 4. weekly audits will be done by Administrator & documentation will be kept. 5. Administrator will review quarterly at Quality Assurance Meeting to maintain compliance. | <p style="font-size: 0.8em; color: gray;">It has been taken to the attention of the violator and the violator has been notified of the violation and the violator has been notified of the violation and the violator has been notified of the violation.</p> <p style="font-size: 0.8em; color: gray;">1-6-11</p> <p style="font-size: 0.8em; color: gray;"><i>JSP</i> JSP (DPS)</p> |

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| medication administration services or assistance with self-administration. This requirement does not apply to a resident who self-administers medication without the assistance of a staff person and stores the medication in his room. | Western Region Adult Home Lic. & Licensing | | | |