



**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)

Mailing Date: **OCT 17 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 September 16, 2011, 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 that reads "Jon Kimberland".

Jon Kimberland  
Regional Licensing Administrator

Enclosure(s)

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) 09/16/2011		REGIONAL REPRESENTATIVE A. Schumacher, D. McConnell	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <p style="text-align: center; font-size: 1.2em;">LINDY HOPKINS ADMINISTRATOR</p>			
SIGNATURE OF LEGAL ENTITY 	DATE 10/11/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 10-17-11

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
15b If there is an allegation of abuse of a resident involving a home's staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.	On 9/14/11, Protective Services notified staff person C of an allegation of abuse against staff persons A and B. The home did not place staff persons A or B on a plan of supervision until 9/16/11.  <p style="text-align: center; font-size: 1.5em;">Western Region</p> <p style="text-align: center;">OCT 13 2011</p> <p style="text-align: center;">Adult Residential Licensing</p>	9-16-11	<ol style="list-style-type: none"> <li>① ON 9/16/11 ADMINISTRATOR SUSPENDED STAFF A &amp; B UNTIL DPW INVESTIGATION WAS COMPLETED.</li> <li>② ON 9/14/11 WHEN PROTECTIVE SERVICES NOTIFIED ADMINISTRATOR OF ALLEGATION OF ABUSE AGAINST STAFF PERSONS A &amp; B IT WAS THEIR OPINION NO INCIDENT HAD OCCURRED, SO ADMINISTRATOR DID NOT SUSPEND STAFF PERSONS. DPW EDUCATED ADMINISTRATOR ON PROPER POLICY &amp; PROCEDURE ON 9-16-11</li> <li>③ ADMINISTRATOR RE-EDUCATED SELF TO REGULATION</li> <li>④ WILL REVIEW QUARTERLY AT QUALITY ASSURANCE mtg TO MAINTAIN COMPLIANCE</li> </ol>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>10-17-11</p> <p>Date Initials (DPW)</p>

11-15-11

The administrator will complete the OARSA on-line training. Documentation will be kept. 10-17-11

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) 09/16/2011		REGIONAL REPRESENTATIVE A. Schumacher, D. McConnell	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <p align="center">CINDY HOPKINS ADMINISTRATOR</p>			
SIGNATURE OF LEGAL ENTITY <i>Cindy Hopkins ADM</i>		DATE 10/11/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION
			DATE 10-17-11

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
225c The resident shall have additional assessments as follows: (1) Annually. (2) If the condition of the resident significantly changes prior to the annual assessment. (3) At the request of the Department upon cause to believe that an update is required.	Resident #1 had documented falls on 12/10/10, 1/11/11, 2/5/11, 2/12/11, 2/20/11, 5/6/11, 5/9/11, 5/22/11, 7/11/11, 8/16/11 and 9/9/11. The resident's assessment has not been updated to include his/her history of falls and mobility needs when transferring in and out of a chair.  <p align="center"><b>Western Region</b></p> <p align="center">OCT 13 2011</p> <p align="center">Adult Residential Licensing</p>	9-16-17	<ol style="list-style-type: none"> <li>① UPDATED ASSESSMENT, CARE PLANS, MEDICAL EVAL WERE COMPLETED TO REFLECT MOBILITY NEEDS &amp; FREQUENT FALLS SEE ATTACH #1, 2, 3</li> <li>② RESIDENTS FAMILY REFUSING PT/OT/CHAIR ALARM. FACILITY WILL DO HOURLY ROOM CHECK ON RESIDENT</li> <li>③ ADMINISTRATOR TO DO WKLY AUDITS ON ASSESS, CAREPLANS SEE ATTACH #4</li> <li>④ ADMINISTRATOR TO REVIEW QUARTERLY AT QUALITY ASSURANCE MEETS TO MAINTAIN COMPLIANCE</li> </ol>	10-17-11 ✓