



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

Mailing Date: FEB 25 2013

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

RE: Cambridge Village Personal Care Home
1600 Darlington Road
Beaver Falls, Pennsylvania 15010

Dear Ms. Hopkins:

As a result of the Department of Public Welfare's (Department) licensing inspection on December 11, 2012, 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 Human Services Licensing so that compliance can be verified.

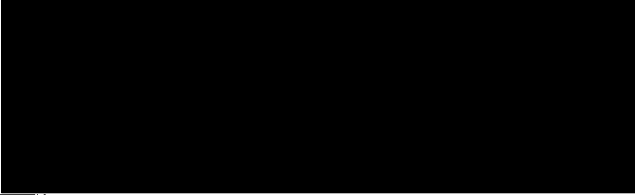
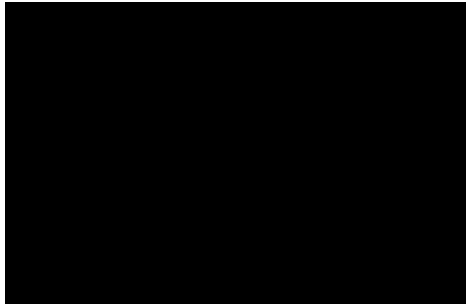
Sincerely,

A handwritten signature in black ink that reads "Maria Stepanovich".

Maria Stepanovich
Regional Licensing Administrator

Enclosure(s)

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

PCH Name: CAMBRIDGE VILLAGE PERSONAL CARE HOME		License Number: 401620
Address: 1600 DARLINGTON ROAD, BEAVER FALLS, PA 15010		County: Beaver
Administrator: CINDY HOPKINS		Region: WEST
Legal Entity Name: CAMBRIDGE VILLAGE ASSOCIATES		
Legal Entity Address: 174 VIRGINIA AVENUE, ROCHESTER, PA 15074		
Certificate(s) of Occupancy C-2 LP 04/09/1998 Labor and Industry		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 103	Waking Staff: 77
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Complaint		
On-Site Inspections Dates and Department Representatives On-Site		
12/11/2012: Garrigan, Laurie; Perry, Carole		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 100 Number of Residents Served: 77 Secured Dementia Care Unit in Home: Yes Area: Secured Unit Secured Dementia Unit Capacity, if Applicable: 24 	Number of Residents who: 	

Violation Report: 40162 - 12/11/2012 - Garrigan, Laurie
 PCH Name: CAMBRIDGE VILLAGE PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

11 2013

Western Field Office
 Adult Residential Licensing

2a. DESCRIPTION OF VIOLATION
 Resident #2's medical evaluation, dated 11/16/12, does not include dietary needs of the resident.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

LPN supervisor added diet to DME on 12-12-12. See attachment #1

New chart implemented to track all medical condition changes by LPN supervisor. See attachment #2

LPN supervisor to chart all changes to a residents health condition that will affect medical treatment and add addendum to RASP.

Assistant Administrator to audit DME'S weekly to maintain compliance.

Administrator to audit attachment #2 weekly to maintain compliance.

Administrator will review audits quarterly at Quality Assurance meetings to maintain compliance.

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Sandra Rich*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Sandra Rich Assistant Administrator/Adm Date 2-7-13

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 2/11/13
 (Date)

The above plan of correction was approved by MS
 (Initials)

Plan of correction implementation status as of 2/11/13
 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress MS
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 40162 - 12/11/2012 - Garrigan, Laurie
PCH Name: CAMBRIDGE VILLAGE PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

2a. DESCRIPTION OF VIOLATION
In September 2012, resident #1 started receiving treatments for a wound on the left great toe; however, this is not addressed on the resident's assessment, dated 06/26/12.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Resident discharged on 10-9-12.

LPN supervisor to chart all changes to a residents health condition that will affect medical treatment on addendum to RASP.

Administrator will audit weekly to maintain compliance. See attachment #2.

Administrator will review audits quarterly at Quality Assurance meetings to maintain compliance.

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page) *Sandra Rich*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Sandra Rich Assistant Administrator Admissions* Date *2-7-13*

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Violation Report: 40162 - 12/11/2012 - Garrigan, Laurie
 PCH Name: CAMBRIDGE VILLAGE PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.225(c) - 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.

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2a. DESCRIPTION OF VIOLATION

Progress notes indicate resident #2 has behaviors of hitting, spitting and kicking staff; however, the resident's assessment, dated 10/16/12, does not address these behaviors. Also, resident #2's assessment does not include falls and the resident fell on the following dates:

- * 11/07/10
- * 02/05/11
- * 08/18/11
- * 02/05/12
- * 05/14/12

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Resident #2 CTB 12-27-12.

New Chart implemented to track all medical condition changes. See attachment #2.

LPN supervisor to chart all behaviors and fall incidents that affect resident care needs and record on addendum to RASP.

Administrator will audit weekly. See attachment #2.

Administrator will review audits quarterly at Quality Assurance meetings to maintain compliance.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	04/10/2012	
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Sandra Rich*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Sandra Rich Asst Admin/Adm Date 2-7-13

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Violation Report: 40162 - 12/11/2012 - Garrigan, Laurie
 PCH Name: CAMBRIDGE VILLAGE PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

2a. DESCRIPTION OF VIOLATION
 In September 2012, resident #1 started receiving treatments for a wound on the left great toe; however, the resident's support plan, dated 6/26/12, does not include this wound care, who is responsible or the frequency of the treatments.
 Progress notes indicate resident #2 has behaviors of hitting, spitting and kicking staff; however, the resident's support plan, dated 10/16/12, does not include how the home will assist the resident due to these behaviors. Also, resident #2's support plan does not address how the home will assist the resident due to a fall risk as noted with falls which occurred on the following dates:
 * 11/07/10
 * 02/05/11
 * 08/18/11
 * 02/05/12
 * 05/14/12

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.
 Resident #1 discharged on 10-9-12
 LPN supervisor to chart medical condition changes and record treatment plan per physician's orders & record on RASP addendum. See attachment #.2
 Resident #2 CTB on 12-27-12.
 LPN/Staff uses positive interventions to alleviate negative behaviors that may endanger themselves or others. (reinforcing appropriate behaviors, re-direction, and defusing potentially harmful situations)
 LPN supervisor/designee to review behaviors, notify physician and record any changes/treatments on addendum to RASP.
 Administrator to audit weekly to maintain compliance. See attachment #2
 Administrator to review quarterly at Quality Assurance meetings to maintain compliance.
 LPN supervisor/designee to document all falls in resident chart, if trend, evaluated by in-house rehabilitation team, physician contacted & orders received for PT/OT treatment. Nursing staff meets weekly with rehab team for updates & progress. Documented on addendum to RASP.
 All falls compiled on quarterly basis for review at Quality Assurance meetings.
 Administrator to do weekly audits to maintain compliance.
 *To show compliance, new DME & RASP and annual DME & RASP included. See attachments #3 & #4.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Sandra Rich Asst Admin / Adm Date 2-7-13

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