



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

JUL 21 2014

Ms. Cindy Hopkins, Administrator
Cambridge Village Associates
1600 Darlington Road
Beaver Falls, Pennsylvania 15010

RE: Cambridge Village Personal Care Home
License #: 401620

Dear Ms. Hopkins:

As a result of the Department of Public Welfare's licensing inspection on March 13, 2014, March 18, 2014 and March 19, 2014, of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Your regular license for the period June 5, 2014 to June 5, 2015 was issued on February 10, 2014. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink, appearing to read "Matthew J. Jones", with a long horizontal flourish extending to the right.

Matthew J. Jones
Director

Enclosure
License Inspection Summary

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

PCH Name: CAMBRIDGE VILLAGE PERSONAL CARE HOME		License Number: 40162
Address: 1600 DARLINGTON ROAD, BEAVER FALLS, PA 15010		County: Beaver
Administrator: Cindy Hopkins		Region: WEST
Legal Entity Name: CAMBRIDGE VILLAGE ASSOCIATES		
Legal Entity Address: 1600 DARLINGTON ROAD, BEAVER FALLS, PA 15010		RECEIVED
Certificate(s) of Occupancy C-2 LP 07/24/1997 L&I		JUN 18 2014 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 105	Waking Staff: 79
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Renewal, Incident		
On-Site Inspections Dates and Department Representatives On-Site		
03/13/2014: Phillips, Joseph; Miller-Linhart, Alden		
03/18/2014: Phillips, Joseph		
03/19/2014: Phillips, Joseph		
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: to the left of the main entrance Secured Dementia Unit Capacity, if Applicable: 24 Number of Residents Served in Secured Dementia Care Unit, if applicable: 22 Number of Current Hospice Residents: 5 Number of Hospice Residents in past year: 8	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 77 Have Mental Illness: 1 Have an Intellectual Disability: 0 Have a Mobility Need: 28 Have a Physical Disability: 0	

JUN 18 2014

Violation Report: 40162 - 03/13/2014 - Phillips, Joseph
PCH Name: CAMBRIDGE VILLAGE PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.64(c) - An administrator shall have at least 24 hours of annual training relating to the job duties.

2a. DESCRIPTION OF VIOLATION

Staff person B, the home's administrator, completed only 22 hours of annual training in training year 2013.

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.

- 1) Administrator receives CEU's from Penn State Beaver. Penn State credits state CPR- 4 hours credit and first aid training-3 hours credit. (Training is approved by DPW) See attachment #1
- 2) Administrator CPR and FA on 6-5-13. DPW credited administrator with only 4 hours of CEU's instead of 7 hours.
- 3) Administrator will acquire an additional 2 hours of CEU's to make up the 2 hour difference by 4-15-14. See attachment #2.
- 4) Administrator will review quarterly at quality assurance to maintain compliance.

On 4/15/14 the Administrator completed four hours of Department-Approved Administrator training. 6-20-14

12-31-14 - The Administrator will complete at least 24 hours of Department-Approved Administrator training for the 2014 training year in addition to the two hours used for the 2013 training year. 6-20-14

12-31-14 - The Administrator's training will be monitored through the quality management review process to ensure the Administrator completes 24 hours of Department-Approved Administrator training annually. 6-20-14

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Cindy Hopkins ADM*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *CINDY HOPKINS ADM* Date *6-17-14*

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

The above plan of correction is approved as of 6-20-14
(Date)

Plan of correction implementation status as of 6-20-14
(Date)

The above plan of correction was approved by [Signature]
(Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress *g*
- Partially Implemented - Inadequate Progress
- Not Implemented

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JUN 18 2014

Violation Report: 40162 - 03/13/2014 - Phillips, Joseph
PCH Name: CAMBRIDGE VILLAGE PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.65(d) - Direct care staff persons hired after April 24, 2006 may not provide unsupervised ADL services until completion of the following:

- (1) Training that includes a demonstration of job duties, followed by supervised practice.
- (2) Successful completion and passing the Department-approved direct care training course and passing of the competency test.
- (3) Initial direct care staff person training to include the following:
 - (i) Safe management techniques.
 - (ii) ADLs and IADLs.
 - (iii) Personal hygiene.
 - (iv) Care of residents with dementia, mental illness, cognitive impairments, mental retardation and other mental disabilities.
 - (v) The normal aging-cognitive, psychological and functional abilities of individuals who are older.
 - (vi) Implementation of the initial assessment, annual assessment and support plan.
 - (vii) Nutrition, food handling and sanitation.
 - (viii) Recreation, socialization, community resources, social services and activities in the community.
 - (ix) Gerontology.
 - (x) Staff person supervision, if applicable.
 - (xi) Care and needs of residents with special emphasis on the residents being served in the home.
 - (xii) Safety management and hazard prevention.
 - (xiii) Universal precautions.
 - (xiv) The requirements of this chapter.
 - (xv) Infection control.
 - (xvi) Care for individuals with mobility needs, such as prevention of decubitus ulcers (bed sores), incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

2a. DESCRIPTION OF VIOLATION

Direct care staff person A, hired on 7/11/13, began providing unsupervised ADL services on 8/1/13. The staff did not complete the Departments-approved direct care training course and passing of the competency test. This staff person's certified nursing assistant license expired 6/2/11.

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.

- 1) Direct care staff person "A" did have an expire ^{CNA} license. It was an oversight. When brought to administrators attention, staff "A" completed the direct care staff training and competency test on 3-17-14 and passed. See attachment # 3.
- 2) Administrator and/or designee to audit training/ licenses weekly and report all findings to administrator. Documentation to be kept.
- 3) Administrator to review audits at quality assurance 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)	Cindy Hopkins ADM
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
CINDY HOPKINS ADM	6-17-14

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(Date)

Plan of correction implementation status as of 6-20-14
(Date)

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- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by [Signature]
(Initials)

7-15-14 - The administrator or designated staff person will review all newly hired direct care staff training records to ensure all current direct care staff persons have completed the required training in accordance with regulation 2600.65d prior to providing unsupervised direct care services. 6-20-14 g

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WEST REGIONAL OFFICE
Human Services Licensing

Violation Report: 40162 - 03/13/2014 - Phillips, Joseph
PCH Name: CAMBRIDGE VILLAGE PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.65(f) - Training topics for the annual training for direct care staff persons shall include the following:

- (1) Medication self-administration training.
- (2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
- (3) Care for residents with dementia and cognitive impairments.
- (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
- (5) Personal care service needs of the resident.
- (6) Safe management techniques.
- (7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

2a. DESCRIPTION OF VIOLATION

Staff person C did not receive medication self-administration training during the 2013 training year.

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.

- 1) A medication self-administration training was held on 4-24-14. See attachment #4.
- 2) Medication self-administration training was added to annual staff training record on 3-20-14.
- 3) Administrator and/or designee will monitor weekly. Documentation to be kept.
- 4) Administrator will review quarterly at quality assurance to maintain compliance.

7-15-14 - The Administrator or designated staff person will review all staff training records for the 2013 training year to ensure all staff persons have completed the required training in accordance with regulation 2600.65(f). 6-20-14

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
(Required on EVERY Page) *Cindy Hopkins ADM*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *CINDY HOPKINS ADM* Date *6-17-14*

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(Date)

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(Date)

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(Initials)

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JUN 18 2014

Violation Report: 40162 - 03/13/2014 - Phillips, Joseph
PCH Name: CAMBRIDGE VILLAGE PERSONAL CARE HOME

WEST REGIONAL OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.105(g)(1) - To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use.

2a. DESCRIPTION OF VIOLATION

On 3/13/14, there was a 1/4 inch accumulation of lint in the lint trap of the first floor laundry room clothes dryer.

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.

- 1) Maintenance immediately removed lint from resident's laundry room and cleaned behind washer and dryer.
- 2) Maintenance will check daily in resident's laundry room to make sure dryers are lint free and will do monthly dryer vent cleaning. Documentation to be kept see attachment #5
- 3) Administrator posted new signs in laundry room on 3-20-14 to remind residents to clean lint out of dryer after every use.
- 4) Administrator also addressed residents at resident council meeting on 4-23-14 about the proper way to clean/ dispose of lint from dryers and the risk of fire hazards.
- 5) Administrator to review audits quarterly at quality assurance to maintain compliance.

7-15-14 - The Administrator will check all clothes dryers at least weekly to ensure lint has been removed from the lint trap and drum after each use. 6-20-14

Repeat Violation: Yes	Date(s) of Previous Violation(s):	03/14/2013
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Signature of Legal Entity Representative (Required on EVERY Page) *Cindy Hopkins ADM*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *CINDY HOPKINS ADM* Date *6-17-14*

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Plan of correction implementation status as of 6-20-14 (Date)

The above plan of correction was approved by [Signature] (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress *g*
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- Not Implemented

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JUN 20 2014

WEST REGION FIELD OFFICE Page 6 of 7
Human Services Licensing

Violation Report: 40162 - 03/13/2014 - Phillips, Joseph
PCH Name: CAMBRIDGE VILLAGE PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
2600.231(b) - A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit.

2a. DESCRIPTION OF VIOLATION
Resident #1, admitted to the secured dementia care unit on 10/29/13, had a medical evaluation completed on 10/28/13; however, it did not include a diagnosis of dementia.

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.

- ① A NEW MEDICAL EVALUATION WAS COMPLETED ON 3-21-14 WITH A CORRECT DIAGNOSIS OF DEMENTIA SEE ATTACH #9
- ② ADMINISTRATOR AND/OR DESIGNEE TO DO WEEKLY AUDITS AND REVIEWS ON ALL MEDICAL EVALUATIONS (PASSED AND PRESENT) FOR CORRECT DIAGNOSIS OF RESIDENTS WHO ARE SERVED IN A SECURED DEMENTIA UNIT. SEE ATTACH # 8
- ③ ADMINISTRATOR AND/OR DESIGNEE TO REVIEW ALL MEDICAL EVALUATIONS UPON ADMISSION TO SECURED DEMENTIA UNIT. DOCUMENTATION TO BE KEPT.
- ④ ADMINISTRATOR TO REVIEW QUARTERLY AT QUALITY ASSURANCE TO MAINTAIN COMPLIANCE. DOCUMENTATION TO BE KEPT

Repeat Violation: Yes	Date(s) of Previous Violation(s):	03/14/2013
Signature of Legal Entity Representative (Required on EVERY Page) <i>Cindy Hopkins ADM</i>		
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>CINDY HOPKINS ADM</i>		Date <i>6-20-14</i>

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The above plan of correction is approved as of <u>6-20-14</u> (Date)	Plan of correction implementation status as of <u>6-20-14</u> (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

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Page 7 of 7

Violation Report: 40162 - 03/13/2014 - Phillips, Joseph
PCH Name: CAMBRIDGE VILLAGE PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.254(b) - Each home shall develop and implement policy and procedures addressing record accessibility, security, storage, authorized use and release and who is responsible for the records.

2a. DESCRIPTION OF VIOLATION
The home's policies and procedures for managing records do not include storage and security.

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.

- 1) Facility had a policy and procedure for addressing record accessibility, security, storage, but did not specify (record storage room only) under lock and key. This was added to policy on 3-13-14 and given to DPW inspector. See attachment #7.
- 2) Administrator and /or designee to review policy and procedures quarterly to make sure they are updated and correct. Documentation to be kept.
- 3) Administrator to review audits to quarterly at quality assurance to maintain compliance.

7-15-14 - All STAFF persons will be educated on the home's updated policy and procedures for managing records. Documentation of education will be kept. 6-20-14

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Cindy Hopkins ADM*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *CINDY HOPKINS ADM* Date *6-17-14*

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(Date)

The above plan of correction was approved by *C*
(Initials)

Plan of correction implementation status as of 6-20-14
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *g*
- Partially Implemented - Inadequate Progress
- Not Implemented