



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JUN 01 2016

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 Human Services' annual licensing inspection on April 22, 2016 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.

Sincerely,

A handwritten signature in black ink, appearing to read "Jay Bausch".

Jay Bausch
Deputy Secretary

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 04/09/1998 Comm. of PA Dept. L&I		MAY 13 2016 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 106	Waking Staff: 80
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Renewal		
On-Site Inspections Dates and Department Representatives On-Site		
04/22/2016: Knee, Donald; Barry, Courtney; Pollock, Susan		
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: First Floor to Right of Main Entrance when entering. Secured Dementia Unit Capacity, if Applicable: 24 Number of Residents Served in Secured Dementia Care Unit, if applicable: 23 Number of Current Hospice Residents: 7 Number of Hospice Residents in past year: 12	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 76 Have Mental Illness: 1 Have an Intellectual Disability: 0 Have a Mobility Need: 29 Have a Physical Disability: 1	

MAY 13 2016

Violation Report: 40162 - 04/22/2016 - Knee, Donald
 PCH Name: CAMBRIDGE VILLAGE PERSONAL CARE HOME

WEST REGION FIELD OFFICE
 Human Services Licensing

1. REGULATION 55 Pa.Code §2600
 2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

2a. DESCRIPTION OF VIOLATION
 On 4/22/16, at approximately 10:37 a.m., resident records, to include residents #1, #2 and #3, as well as staff records, to include staff persons A, B, and C, were unlocked, unattended and accessible in two metal cabinets in the first floor file room.

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 IMMEDIATELY LOCKED TWO METAL CABINETS IN THE BUSINESS OFFICE FILE ROOM.
2. ADMINISTRATOR RE-EDUCATED AND RE-TRAINED STAFF ON IMPORTANCE OF KEEPING ALL STAFF AND RESIDENT'S RECORDS LOCKED AT ALL TIMES. IN-SERVICE WAS HELD ON 5-12-16 @ 2:30 & 3:00 PM. DOCUMENTATION TO BE KEPT. TRAINING WILL BE ADDED TO ANNUAL STAFF TRAINING TO ENSURE ALL STAFF ARE TRAINED.
 *SEE ATTACHMENT # 1
3. ADMINISTRATOR AND/OR DESIGNEE WILL CHECK FILE CABINETS DAILY TO MAINTAIN COMPLIANCE. DOCUMENTATION TO BE KEPT.
4. ADMINISTRATOR WILL REVIEW QUARTERLY @ 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*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>CINDY HOPKINS ADMINISTRATOR</i>	Date <i>5-12-16</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>5-13-16</u> (Date)	Plan of correction implementation status as of <u>5-13-16</u> (Date)
The above plan of correction was approved by <u>SWP</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>SWP</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

RECEIVED

MAY 13 2016

WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 40162 - 04/22/2016 - Knee, Donald
PCH Name: CAMBRIDGE VILLAGE PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
2600.82(a) - Poisonous materials shall be stored in their original, labeled containers.

2a. DESCRIPTION OF VIOLATION

On 4/22/16, at approximately 9:30 a.m., there were two 24 oz. Delta Orbital Spray bottles; one bottle contained a blue liquid which was identified with a hand written label as window cleaner, the other bottle contained a clear liquid which was also identified with a hand written label as Odo-Ban.

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 OBTAINED ORIGINAL LABELS FOR ALL POISONOUS MATERIALS.
*SEE ATTACHMENT # 2+3
2. ADMINISTRATOR AND/OR DESIGNEE WILL RE-TRAIN AND RE-EDUCATE ALL STAFF ON POISONOUS MATERIALS. IN-SERVICE WAS HELD ON 5-12-16. DOCUMENTATION TO BE KEPT.
*SEE ATTACHMENT# 1
3. ADMINISTRATOR WILL ADD POISONOUS MATERIALS/LABELS TO ANNUAL STAFF TRAINING TO MAINTAIN COMPLIANCE.
*SEE ATTACHMENT# 4
4. ADMINISTRATOR AND/OR DESIGNEE WILL DO WEEKLY AUDITS ON LABELS OF ALL POISONOUS MATERIALS. DOCUMENTATION TO BE KEPT.
*SEE ATTACHMENT# 5
5. ADMINISTRATOR TO REVIEW AUDITS QUARTERLY 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) *Mindy Hopkins Admin*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>LINDY HOPKINS ADMINISTRATOR</i>	Date <i>5-12-16</i>
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The above plan of correction was approved by <u>Emp</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>SP</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

MAY 13 2016

Violation Report: 40162 - 04/22/2016 - Knee, Donald
PCH Name: CAMBRIDGE VILLAGE PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.141(a)(1) - A resident shall have a medical evaluation by a physician, physician's assistant, or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

2a. DESCRIPTION OF VIOLATION

Resident #5's medical evaluation, dated 3/9/16, does not include an immunization history. This section is blank.

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.

- ADMINISTRATOR SENT LETTERS TO ALL PHYSICIAN'S OFFICES ON 4-27-16 EXPLAINING IN DETAIL HOW TO COMPLETE THE DME FORM PROPERLY WITHOUT LEAVING BLANKS. IN CERTAIN SECTIONS, THEY ARE TO USE AN "N/A" WHEN NOT APPLICABLE.
*SEE ATTACHMENT # 6
- ADMINISTRATOR AND/OR DESIGNEE WILL REVIEW ALL DME'S UPON RECEIPT TO MAINTAIN COMPLIANCE.
- ADMINISTRATOR AND/OR DESIGNEE WILL DO WEEKLY AUDITS TO ASSURE COMPLIANCE. DOCUMENTATION TO BE KEPT.
*SEE ATTACHMENT# 5
- ADMINISTRATOR WILL REVIEW QUARTERLY AT QUALITY ASSURANCE TO MAINTAIN COMPLIANCE.

Resident #5's medical evaluation has been corrected. 5/13/16

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Linda Hopkins

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

LINDA HOPKINS ADMINISTRATOR

Date

5-13-16

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The above plan of correction is approved as of 5-13-16
(Date)

Plan of correction implementation status as of 5-13-16
(Date)

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

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

Violation Report: 40162 - 04/22/2016 - Knee, Donald
PCH Name: CAMBRIDGE VILLAGE PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.171(b)(4) - If staff persons or volunteers of the home provide transportation for the residents, at least one staff member transporting or accompanying the residents shall have completed the initial new hire direct care staff person training as specified in § 2600.65 (relating to direct care staff person training and orientation).

2a. DESCRIPTION OF VIOLATION

Staff person E, the home's administrator, confirms ancillary staff person D, hired [redacted] 05, independently provides transportation for the residents on activity outings. Ancillary staff person D has not successfully completed and passed the Department-approved direct care training course and passing of the competency test.

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. ALL ACTIVITY STAFF HAVE COMPLETED THE DIRECT CARE STAFF PERSON TRAINING COURSE AND COMPETENCY EXAM ON 4-27-16.
*SEE ATTACHMENT# 7, 8, 9, 10
2. ALL NEWLY HIRED ACTIVITY DEPARTMENT EMPLOYEES WILL COMPLETE THE DIRECT CARE STAFF PERSON TRAINING COURSE AND COMPETENCY EXAM DURING ORIENTATION & HIRE.
3. DIRECT CARE STAFF PERSON TRAINING COURSE AND COMPETENCY EXAM WILL BE ADDED TO ACTIVITY DEPARTMENT JOB DESCRIPTION & EVALUATION CHECK LIST.
4. MONTHLY AUDITS OF EMPLOYEE RECORDS WILL BE COMPLETED BY ACTIVITIES DIRECTOR AND FINDINGS REPORTED TO ADMINISTRATOR.
5. ADMINISTRATOR WILL REVIEW QUARTERLY AT QUALITY ASSURANCE TO MAINTAIN COMPLIANCE.

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 ADMINISTRATOR

Date

5-12-16

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(Date)

Plan of correction implementation status as of 5-13-16
(Date)

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

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

MAY 13 2016

Violation Report: 40162 - 04/22/2016 - Knee, Donald
PCH Name: CAMBRIDGE VILLAGE PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.183(b) - Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

2a. DESCRIPTION OF VIOLATION

On 4/22/16, at approximately 10:40 a.m., the following medications were unlocked and accessible on the window ledge in resident #6's bathroom:

- *Hydrophilic Topical Ointment
- *Moisture Barrier Anti-fungal Cream

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. ALL MEDICATIONS WERE IMMEDIATELY REMOVED FROM RESIDENT'S ROOM.
2. ADMINISTRATOR RE-TRAINED AND RE-EDUCATED STAFF ABOUT LEAVING CREAMS/OINTMENTS IN RESIDENT'S ROOMS & THE IMPORTANCE OF SAFETY.
3. IN-SERVICE WAS HELD ON 5-12-16 AND WILL BE ADDED TO STAFF ANNUAL TRAINING.
*SEE ATTACHMENT# 1
4. SIGNS WERE POSTED THROUGHOUT BUILDING AND UPON ADMISSION TO FAMILIES/RESIDENTS ABOUT ALL CREAMS/OINTMENTS/RX'S. POISONOUS MATERIALS MUST BE GIVEN TO NURSE & WILL BE KEPT LOCKED UP AT NURSE'S STATION.
5. ADMINISTRATOR AND/OR DESIGNEE TO CHECK ROOMS WEEKLY TO MAINTAIN COMPLIANCE & TO REPORT FINDINGS TO ADMINISTRATOR. SEE ATTACHMENT # 5.
6. ADMINISTRATOR WILL REVIEW QUARTERLY @ 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) *Kindy Hopkins ADM*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>KINDY HOPKINS ADMINISTRATOR</i>	Date <i>5-12-16</i>
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The above plan of correction is approved as of 5-13-16
(Date)

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

Plan of correction implementation status as of 5-13-16
(Date)

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