



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

JAN 25 2019

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

RE: Cambridge Village Personal Care Home  
Certificate #: 401620

Dear Ms. Hopkins:

As a result of the Department's Bureau of Human Services Licensing annual inspection on February 13, 2018; February 14, 2018, February 27, 2018 and January 3, 2019, of the above facility, the violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All citations 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.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to [https://www.surveymonkey.com/r/BHSL\\_Inspection](https://www.surveymonkey.com/r/BHSL_Inspection).

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in black ink, appearing to read "J. Rowe".

Jacqueline L. Rowe  
Director

Enclosure  
Violation Report



Violation Report: 40162 - 02/13/2018 - Barone, Barbara  
 PCH Name: CAMBRIDGE VILLAGE PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600  
 2600.85(a) - Sanitary conditions shall be maintained.

DEC 31 2018

2a. DESCRIPTION OF VIOLATION

Resident #5's glucometer was used to measure resident #6's blood glucose on 2/10/18.

On 2/13/18, a pill crusher located on top of the medication cart in the Checkwick Unit contained pill residue on the stamp, with multiple powders built up on the bottom of the well.

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. ON 2/13/18, THE PILL CRUSHER LOCATED IN CHESWICK UNIT WAS IMMEDIATELY REMOVED AND REPLACED WITH A NEW ONE.
2. ON 2/15/18, STAFF WAS INSERVICED AND RETRAINED ON PROPER PROCEDURES ON CRUSHING MEDICATION. (SEE ATTACHMENT #1)
3. RESIDENTS #5 AND #6 GLUCOMETERS WERE IMMEDIATELY REPLACED AT FACILITY COST.
4. ON 7/24/18, STAFF WAS RETRAINED AND RE CERTIFIED ON DIABETES TRAINING. (SEE ATTACHMENT #5)
5. ADMINISTRATOR NOTIFIED PHYSICIAN. HE RECOMMENDED RE-EDUCATE STAFF AND REPLACE GLUCOMETERS. THIS WAS COMPLETED.
6. ADMINISTRATOR AND/OR DESIGNEE TO CHECK ALL GLUCOMETER READINGS AGAINST THE MAR WEEKLY AND REPORT ALL FINDINGS TO ADMINISTRATOR. DOCUMENTATION TO BE KEPT AND REVIEWED QUARTERLY AT QUALITY ASSURANCE TO MAINTAIN COMPLIANCE. (SEE ATTACHMENT #2)

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

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

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *CINDY HOPKINS ADMIN*      Date *10/22/18*

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

The above plan of correction is approved as of 12/31/18  
 (Date)

Plan of correction implementation status as of 1/3/19  
 (Date)

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

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

Violation Report: 40162 - 02/13/2018 - Barone, Barbara  
 PCH Name: CAMBRIDGE VILLAGE PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600  
 2600.101(j)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.

2a. DESCRIPTION OF VIOLATION  
 On 2/14/2018, the bedside lamps for resident room 101 and 106 were inoperable.

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. On 2/14/18 Lamp in resident's room #106 was inoperable because resident unplugged it to use toaster and forgot to plug it back in.
2. Staff immediately plugged lamp back in and re-educated resident on safety issues. Gave resident a flashlight to keep at bedside.
3. On 2/14/18 Lamp in resident's room 101 was inoperable because plug was not completely pushed into the socket. Was immediately pushed into socket by Administrator. Re-educated resident and staff to check lights in room.
4. Maintenance to do room checks weekly and documentation to be kept and reviewed quarterly Quality Assurance to maintain compliance. See Attachment #4.

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) LINDY HOPKINS ADM Date 10/22/18

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Violation Report: 40162 - 02/13/2018 - Barone, Barbara  
 PCH Name: CAMBRIDGE VILLAGE PERSONAL CARE HOME

**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 #7 was admitted to the home on 12/28/18, however the resident's medical evaluation was completed on 10/20/16.

**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. Obtain an accurate medical evaluation upon admission and on annual basis within 12 months of most recent medical evaluation from date medical evaluation completed.
2. Review annual medical evaluations to ensure compliance of within 12 months plus 15 days grace period of most recent medical evaluation.
3. Medical evaluations to be reviewed upon admission by Admission Director and on annual basis from date when resident's medical evaluation was completed.
4. Administrator and/or designee to review DME's weekly and documentation to be kept and reviewed quarterly at Quality Assurance meeting. See attachment #3.

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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) <i>CINDY HOPKINS ADM</i>	Date <i>10/22/18</i>
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 PCH Name: CAMBRIDGE VILLAGE PERSONAL CARE HOME

DEC 31 2018

1. REGULATION 55 Pa.Code §2600  
 2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION  
 Resident #7 had a medical evaluation on 10/28/16, however another medical evaluation was not completed until 11/21/17.  
 Resident #8 had a medical evaluation on 4/22/16, however another medical evaluation was not completed until 5/18/17.

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 and/or designee to review DME's weekly. Documentation to be kept (see attachment #6) to ensure that annual medical evaluations are completed within 12 months and 15 days of most recent completion of medical evaluation from previous year.
2. Administrator and/or designee to log in all residents on a form designating date of admission and track and complete medical evaluations on annual basis. (see attachment #8)
3. Administrator and/or designee to review quarterly at Quality Assurance to maintain compliance.

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 (Required on EVERY Page) *Cindy Hopkins ADM*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) **CINDY HOPKINS ADM**      Date **10/22/18**

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Violation Report: 40162 - 02/13/2018 - Barone, Barbara  
 PCH Name: CAMBRIDGE VILLAGE PERSONAL CARE HOME

**1. REGULATION 55 Pa.Code §2600**

2600.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- (1) The resident's name.
- (2) The name of the medication.
- (3) The date the prescription was issued.
- (4) The prescribed dosage and instructions for administration.
- (5) The name and title of the prescriber.

**2a. DESCRIPTION OF VIOLATION**

Resident #9 is prescribed Humalog Mix 75-25, inject 30 units subcutaneously 2 times a day; however on 2/13/18, the prescription label indicated administration on a sliding scale.

**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. Order was immediately verified. Pharmacy notified. Change of direction sticker applied to prescription label on 2/13/18.
- 2. On 3/22/18 Inservice was held by Pharmacy to retrain and re-educate staff on proper procedures on following medication orders and MARs. (See attachment #6.)
- 3. Administrator and/or Designee to do weekly audits. Documentation to be kept and reviewed quarterly at Quality Assurance to maintain compliance. (See attachment #3)

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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.	10/22/18

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Violation Report: 40162 - 02/13/2018 - Barone, Barbara  
 PCH Name: CAMBRIDGE VILLAGE PERSONAL CARE HOME

**1. REGULATION 55 Pa.Code §2600**  
 2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

**2a. DESCRIPTION OF VIOLATION**  
 On 2/13/18, resident #5 and #9's glucometers were not set to the correct date and time.  
 On 2/13/18 at 11:57 AM, resident #10's blood glucose level was 391; however, the resident's February 2018 medication administration record (MAR) indicates the resident's blood glucose level was 319.  
 On 2/6/18 at 8:59 PM, resident #11's blood glucose level was 328; however, the resident's February 2018 MAR indicates a blood glucose level of 349.

**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. On 2/13/18 resident #5 and #9 Glucometers correct date and time was immediately reset.
2. Staff in-serviced on 2/15/18 and retrained on proper procedures with documenting Glucose levels from Glucometers to MAR and importance on entering correct readings into MAR.
3. Pharmacy added a PRN reading to MAR's so when staff has to re-check blood sugars there is a place on MSR to document extra readings on 2/13/18.
4. Diabetes training was held on 7/14/18 to re-cert staff. (See attachment #5)
5. Administrator and/or designee to check all Glucometers readings against MAR weekly and report all findings to Administrator. Documentation to be kept and reviewed quarterly at Quality Assurance to maintain compliance. (See attachment #2)

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