



MAILING DATE: January 22, 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 inspection on October 31, 2018, of the above facility, the citations 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.

Sincerely,

A handwritten signature in black ink, appearing to read "L. Mazza".

Larry Mazza
Human Services Licensing Supervisor

Enclosure
Violation Report

**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		
Certificate(s) of Occupancy C-2 LP 04/09/1998 L&I		WEST REGION FIELD OFFICE Human Services Licensing RECEIVED JAN 07 2019
Staffing Hours		
Resident Support: 0	Total Daily Staff: 106	Waking Staff: 80
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Complaint		
On-Site Inspections Dates and Department Representatives On-Site		
10/31/2018: Spagna, Lauren; Garrigan, Laurie		
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: 82 Secured Dementia Care Unit in Home: Yes Area: 2nd Floor Secured Dementia Unit Capacity, if Applicable: 24 Number of Residents Served in Secured Dementia Care Unit, if applicable: 20 Number of Current Hospice Residents: 6 Number of Hospice Residents in past year: 12	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 82 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 24 Have a Physical Disability: 0	

Violation Report: 40162 - 10/31/2018 - Spagna, Lauren
PCH Name: CAMBRIDGE VILLAGE PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.132(d) - Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.

2a. DESCRIPTION OF VIOLATION

The home's safe evacuation time written by a fire safety expert is 5 minutes and 45 seconds. During the fire drill held on 10/25/18 at 6:18 p.m., resident #1 and resident #2 did not evacuate the entire building to a public thoroughfare or to a fire-safe area.

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. INSERVICE WAS HELD ON 11/8/18 TO RE-EDUCATE AND RETRAIN STAFF ON PROPER FIRE DRILL PROCEDURES. (SEE ATTACHMENT #1)
2. FACILITY HAD AN EXTRA FIRE DRILL ON 11/14/18 ON THE 3-11 SHILL TO ENSURE THAT ALL STAFF KNOWS THE PROPER PROCEDURES FOR FIRE DRILLS. (SEE ATTACHMENT #2)
3. ADMINISTRATOR AND/OR DESIGNEE TO MONITOR ALL FIRE DRILLS. DESIGNEE TO REPORT ALL FINDINGS TO ADMINISTRATOR. DOCUMENTATION TO BE KEPT.
4. FACILITY WILL REVIEW FIRE DRILLS 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

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

CINDY HOPKINS

Date 1-2-19

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE

The above plan of correction is approved as of 1/8/19
(Date)

Plan of correction implementation status as of 1/8/19
(Date)

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

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