



June 3, 2019

Ms. Cindy Hopkins
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 7, 2019 and February 12, 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.

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 that reads "J. Rowe". The signature is stylized and cursive.

Jacqueline L. Rowe
Director

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		RECEIVED
Legal Entity Address: 1600 DARLINGTON ROAD, BEAVER FALLS, PA 15010		
Certificate(s) of Occupancy C2 LP 04/09/1998 L&I		APR 12 2019 Western Region
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, Complaint, Incident		
On-Site Inspections Dates and Department Representatives On-Site 02/07/2019: Marini, Michael; Garrigan, Laurie; Klein, Scott 02/12/2019: Marini, Michael		
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: 84 Secured Dementia Care Unit in Home: Yes Area: SDCU Secured Dementia Unit Capacity, if Applicable: 24 Number of Residents Served in Secured Dementia Care Unit, if applicable: 22 Number of Current Hospice Residents: 8 Number of Hospice Residents In past year: 9		Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 84 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 22 Have a Physical Disability: 0

APR 12 2019

Violation Report: 40162 - 02/07/2019 - Marini, Michael
PCH Name: CAMBRIDGE VILLAGE PERSONAL CARE HOME

Western Region

1. REGULATION 55 Pa.Code §2600

2600.15(a) - The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adults Protective Services Act (35 P.S. Sections 10225.701 - 10225.707) and 6 Pa. Code Sections 15.21 - 15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

2a. DESCRIPTION OF VIOLATION

On 12-15-18 at 7:30 PM, staff person A entered resident #1's room. When staff person A entered the room, she found staff person B and resident #1 yelling at each other. Staff person B then turned to staff person A and said, "She's being an asshole", referring to resident #1. Staff person B admitted he was yelling and that he was angry and upset.

This incident was reported to staff person C, the administrator, on 12-16-18; however, staff person C did not report this incident to the local Area Agency on Aging until 2-8-19.

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.

Staff person A received resident rights training on 3/14/19 from the local Ombudsman. Staff person A no longer interacts with resident #1. *JM* 5/10/19

- 1.) ADMINISTRATOR AND/OR DESIGNEE WILL IMMEDIATELY RESPOND TO ALLEGATIONS OF ABUSE BY IMMEDIATELY REPORTING SUSPECTED ABUSE OF A RESIDENT TO OLDER ADULT PROTECTIVE SERVICES, AAA AND HUMAN SERVICE LICENSING.
- 2.) ADMINSTRATOR AND/OR DESIGNEE TO COMPLETE ACT 13 FORM AND FAX TO AAA WITHIN 48 HOURS.
- 3.) ADMINISTRATOR AND/OR DESIGNEE TO NOTIFY RESIDENT AND RESIDENT'S DESIGNATED PERSON.
- 4.) ADMINISTRATOR AND/OR DESIGNEE TO COMPLETE REPORTABLE INCIDENT WITHIN 24 HOURS.
- 5.) ADMINISTRATOR AND/OR DESIGNEE TO CONDUCT AN INTERNAL INVESTIGATION AND SUBMIT THE FINAL REPORT TO HUMAN SERVICE LICENSING FOLLOWING CONCLUSION OF INVESTIGATION.
- 6.) ADMINISTRATOR AND/OR DESIGNEE TO ATTEND ABUSE AND NEGLECT PREVENTION AND REPORTING AT PENN STATE BEAVER ON MONDAY 6/3/19.
- 7.) INCIDENT REPORT WILL BE KEPT IN RESIDENT'S RECORD.
- 8.) ADMINISTRATOR AND/OR DESIGNEE TO MONITOR QUARTERLY AT QUALITY ASSURANCE TO MAINTAIN COMPLIANCE.

Within 7 days of receipt of the plan of correction: All staff persons shall be educated on the prevention of abuse and abuse reporting in accordance with the Older Adult Protective Services Act. Documentation of the education shall be kept. *JM* 5/10/19

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 *4/10/19*

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

The above plan of correction is approved as of 5/10/19 (Date)
JM
The above plan of correction was approved by _____ (Initials)

Plan of correction implementation status as of 5/10/19 (Date)
 Fully Implemented
 Partially Implemented - Adequate Progress
 Partially Implemented - Inadequate Progress
 Not Implemented

Violation Report: 40162 - 02/07/2019 - Marini, Michael
PCH Name: CAMBRIDGE VILLAGE PERSONAL CARE HOME

APR 12 2019

Western Region

1. REGULATION 55 Pa.Code §2600

2600.15(c) - The home shall immediately submit to the Department's personal care home regional office a plan of supervision or notice of suspension of the affected staff person.

2a. DESCRIPTION OF VIOLATION

On 12-15-18 at 7:30 PM, staff person A entered resident #1's room. When staff person A entered the room, she found staff person B and resident #1 yelling at each other. Staff person B then turned to staff person A and said, "She's being an asshole", referring to resident #1. Staff person B admitted he was yelling and that he was angry and upset.

This incident was reported to staff person C, the administrator, on 12-16-18; however, staff person B was not suspended or placed on a plan of supervision.

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.

Staff person A received resident rights training on 3/14/19 from the local Ombudsman. Staff person A no longer interacts with resident #1. *IA* 5/10/19

- 1.) ADMINISTRATOR AND/OR DESIGNEE WILL IMMEDIATELY NOTIFY THE DEPARTMENT'S PCH REGIONAL OFFICE ON ALLEGATIONS OF SUSPECTED ABUSE.
- 2.) ADMINISTRATOR AND/OR DESIGNEE WILL COMPLETE REPORTABLE INCIDENT TO FAX TO DEPARTMENT.
- 3.) ADMINISTRATOR AND/OR DESIGNEE TO IMMEDIATELY PLACE SUSPECTED STAFF PERSON ON SUSPENSION AND NOTIFY DEPARTMENT.
- 4.) ADMINISTRATOR AND/OR DESIGNEE TO REPORT ALLEGATION TO RESIDENT AND RESIDENT'S DESIGNATED PERSON AND BEGIN AN INTERNAL INVESTIGATION. NOTIFY DEPARTMENT WITH RESULTS.
- 5.) ADMINISTRATOR AND/OR DESIGNEE TO ATTEND ABUSE AND NEGLECT PREVENTION AND REPORTING AT PENN STATE BEAVER ON MONDAY 6/3/19. DOCUMENTATION TO BE KEPT.
- 6.) ADMINISTRATOR AND/OR DESIGNEE TO MONITOR QUARTERLY AT QUALITY ASSURANCE TO MAINTAIN COMPLIANCE. DOCUMENTATION TO BE KEPT.

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 *4/10/19*

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

The above plan of correction is approved as of <u>5/10/19</u> (Date)	Plan of correction implementation status as of <u>5/10/19</u> (Date)
The above plan of correction was approved by <u><i>IA</i></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

Violation Report: 40162 - 02/07/2019 - Marini, Michael
 PCH Name: CAMBRIDGE VILLAGE PERSONAL CARE HOME

Western Region

1. REGULATION 55 Pa.Code §2600

2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION

On 12-15-18 at 7:30 PM, staff person A entered resident #1's room. When staff person A entered the room, she found staff person B and resident #1 yelling at each other. Staff person B then turned to staff person A and said, "She's being an asshole", referring to resident #1. Staff person B admitted he was yelling and that he was angry and upset.

This incident was reported to staff person C, the administrator, on 12-16-18; however, the incident was not reported to the Department until 2-8-19.

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.

Staff person A received resident rights training on 3/14/19 from the local Ombudsman. Staff person A no longer interacts with resident #1. *JM* 5/10/19

- 1.) ADMINISTRATOR AND/OR DESIGNEE WILL IMMEDIATELY REPORT SUSPECTED ABUSE TO DEPARTMENTS REGIONAL OFFICE OR PCH COMPLAINT HOTLINE WITHIN 24 HOURS.
- 2.) ADMINISTRATOR AND/OR DESIGNEE WILL IMMEDIATELY SUSPEND AFFECTED STAFF.
- 3.) ADMINISTRATOR AND/OR DESIGNEE TO ATTEND ABUSE AND NEGLECT PREVENTION AND REPORTING AT PENN STATE BEAVER ON MONDAY 6/3/19. DOCUMENTATION TO BE KEPT.
- 4.) ADMINISTRATOR AND/OR DESIGNEE TO MONITOR QUARTERLY AT QUALITY ASSURANCE TO MAINTAIN COMPLIANCE. DOCUMENTATION TO BE KEPT.

Within 7 days of receipt of the plan of correction: All staff persons shall be educated on all reportable incidents and conditions indicated in 2600.16a, as well as the home's policies and procedures on reporting to ensure timely reports to the Department are made.

JM 5/10/19

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) <i>GINDY HOPKINS</i>	Date <i>4/10/19</i>
--	---------------------

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

The above plan of correction is approved as of 5/10/19
 (Date)

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

Plan of correction implementation status as of 5/10/19
 (Date)

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

Violation Report: 40162 - 02/07/2019 - Marini, Michael
 PCH Name: CAMBRIDGE VILLAGE PERSONAL CARE HOME Western Region

1. REGULATION 55 Pa.Code §2600
 2600.42(c) - A resident shall be treated with dignity and respect.

2a. DESCRIPTION OF VIOLATION

On 12-15-18 at 7:30 PM, staff person A entered resident #1's room. When staff person A entered the room, she found staff person B and resident #1 yelling at each other. Staff person B then turned to staff person A and said, "She's being an asshole", referring to resident #1. Staff person B admitted he was yelling and that he was angry and upset.

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.

Staff person A received resident right training on 3/14/19 from the local Ombudsman. Staff person A no longer interacts with resident #1. *JA* 5/10/19

- 1.) AN IN-SERVICE WAS HELD ON 3/14/19 BY OMBUDSMAN ON RESIDENT'S RIGHTS AND TREATING RESIDENT'S WITH DIGNITY AND RESPECT. DOCUMENTATION TO BE KEPT.
- 2.) ADMINISTRATOR AND/OR DESIGNEE WILL ENSURE THAT ALL RESIDENT'S ARE TREATED IN A RESPECTFUL AND DIGNIFIED MANNER BY ALL STAFF.
- 3.) ON ORIENTATION AND ANNUALLY WILL REVIEW PROPER POLICY AND PROCEDURES.
- 4.) ADMINISTRATOR AND/OR DESIGNEE TO MONITOR QUARTERLY AT QUALITY ASSURANCE TO MAINTAIN COMPLIANCE, which shall include interviewing at least 4 residents monthly to ensure resident rights are protected, including ensuring residents are treated with dignity and respect. *JA*

5/10/19

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) <i>CINDY HOPKINS</i>	Date <i>4/10/19</i>
--	---------------------

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

The above plan of correction is approved as of 5/10/19
 (Date)

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

Plan of correction implementation status as of 5/10/19
 (Date)

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

Violation Report: 40162 - 02/07/2019 - Marini, Michael
 PCH Name: CAMBRIDGE VILLAGE PERSONAL CARE HOME **Western Region**

1. REGULATION 55 Pa.Code §2600
 2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

2a. DESCRIPTION OF VIOLATION
 On 2-7-19 at 1:04 PM, the walk-in freezer was 8 degrees Fahrenheit.

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 FREEZER WAS PURCHASED AND INSTALLED ON 3/16/19 BY TUDI MECHANICAL SYSTEMS, INC. SEE ATTACHMENTS. #1 + #2
- 2.) DIETARY SUPERVISOR TO CHECK FREEZER AND COOLER TEMPERATURES DAILY. DOCUMENTATION TO BE KEPT.
- 3.) ADMINISTRATOR TO 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*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>CINDY HOPKINS</i>	Date <i>4/10/19</i>
--	------------------------

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

The above plan of correction is approved as of <u>5/10/19</u> (Date) The above plan of correction was approved by <i>Lm</i> (Initials)	Plan of correction implementation status as of <u>5/10/19</u> (Date) <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
---	--

Violation Report: 40162 - 02/07/2019 - Marini, Michael
PCH Name: CAMBRIDGE VILLAGE PERSONAL CARE HOME

Western Region

1. REGULATION 55 Pa.Code §2600

2600.107(c) - The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.

2a. DESCRIPTION OF VIOLATION

On 2-7-19, the home served 84 residents, requiring a minimum of 252 gallons of emergency drinking water; however, only 93 gallons of water were available in the home. The contractual agreement with Marburger Farm Dairy, dated 1-9-19, does not include the amount of water to be delivered, a guarantee that the water will be delivered immediately upon request, 24 hours a day or a guarantee that the water will be delivered as a priority even in the event of a regional emergency.

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 INFORM MARBURGER DAIR IN THE EVENT OF AN EMERGENCY TO SUPPLY THE HOME WITH AT LEAST 300 GALLONS OF WATER PER DAY TIMES THREE DAYS. SEE ATTACHMENT. *ATTACH #3*

2.) ADMINISTRATOR AND/OR DESIGNEE TO MONITOR SUPPLIES AND MONITOR FOR EXPIRATION DATES.

3.) ADMINISTRATOR TO 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

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

CINDY HOPKINS

Date

4/18/19

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

The above plan of correction is approved as of

5/10/19
(Date)

Plan of correction implementation status as of

5/10/19
(Date)

The above plan of correction was approved by

LM
(Initials)

Fully Implemented

Partially Implemented - Adequate Progress

Partially Implemented - inadequate Progress

Not Implemented

Violation Report: 40162 - 02/07/2019 - Marini, Michael
PCH Name: CAMBRIDGE VILLAGE PERSONAL CARE HOME

Western Region

1. REGULATION 55 Pa.Code §2600
2600.125(b) - Combustible materials shall be inaccessible to residents.

2a. DESCRIPTION OF VIOLATION

On 2-7-19 at 10:35 AM, the following combustible materials were unlocked, unattended and accessible to residents in the maintenance room:

- * 1 can of Chemsearch Yield Release Agent
- * 2 cans of Circuitsafe Electronic
- * 1 can of Smoke in a Can

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 DIRECTOR IMMEDIATELY CHANGED DOOR HANDLE AND LOCK ON MAINTENANCE SHOP WHERE AS THE DOOR AUTOMATICALLY LOCKS UPON CLOSING. RE-EDUCATED STAFF ON PROPER POLICY AND PROCEDURE.

weekly *JM* 5/10/19

2.) MAINTENANCE DIRECTOR TO CHECK ALL DOOR LOCKS ~~MONTHLY~~ AND REPORT FINDINGS TO ADMINISTRATOR.

3.) ADMINISTRATOR TO REVIEW QUARTERLY AT QUALITY ASSURANCE TO MAINTAIN COMPLIANCE. DOCUMENTATION TO BE KEPT.

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 *4/10/19*

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

The above plan of correction is approved as of 5/10/19
(Date)

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

Plan of correction implementation status as of 5/10/19
(Date)

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

Violation Report: 40162 - 02/07/2019 - Marini, Michael
 PCH Name: CAMBRIDGE VILLAGE PERSONAL CARE HOME

Western Region

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

The home's medication policy indicates staff members are required to document administration of narcotics on a count sheet. Resident #1 is prescribed Tramadol HCL 50 mg-Take one tablet by mouth every 6 hours as needed for pain. On 2/7/19, the resident's February 2019 medication administration record indicates Tramadol was administered to the resident at 7:56 a.m.; however, was not documented on the narcotics count sheet.

Resident #2 is prescribed Hyoscyamine-0.125 mg/5 ml-Give 5 ml under tongue every 2 hours as needed for increased secretions. On 2-7-19, this medication was not available in the home for administration.

Resident #3 is prescribed Atropine 1%-Instill 2 drops under the tongue every hour as needed for excess secretions and Morphine Sulfate-100 mg/ml-0.25ML (5MG) under tongue every hour as needed for agitation. On 2-7-19, these medications were not available in the home for administration.

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.) RESIDENT'S #2 AND #3 ARE ON HOSPICE. FACILITY NOTIFIED HOSPICE THAT ALL EMERGENCY MEDICATIONS MUST BE ON SITE WHEN THEY ARE PRESCRIBED AND NOT WAIT UNTIL NEEDED.
- 2.) MEDICATIONS WERE DELIVERED IN THE AFTERNOON. INSPECTOR'S WERE GIVEN DELIVERY SLIPS AND PRESENT WHEN MEDICATION WAS DELIVERED.
- 3.) STAFF WAS RE-EDUCATED AND RE-TRAINED ON MEDICATION POLICY REGARDING DOCUMENTATION OF NARCOTICS AND NARCOTIC COUNT SHEET INCLUDING COUNTING OF NARCOTICS AT BEGINNING AND END OF EVERY SHIFT. SEE ATTACHMENT. # 4
- 4.) ADMINISTRATOR AND/OR DESIGNEE TO MONITOR WEEKLY. DOCUMENTATION TO BE KEPT.
- 5.) ADMINISTRATOR TO 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

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

CINDY HOPKINS

Date

4/10/19

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

The above plan of correction is approved as of 5/10/19
 (Date)

LM

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

Plan of correction implementation status as of 5/10/19
 (Date)

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

Violation Report: 40162 - 02/07/2019 - Marini, Michael
PCH Name: CAMBRIDGE VILLAGE PERSONAL CARE HOME

Western Region

1. REGULATION 55 Pa.Code §2600
2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #1 is prescribed Vitamin D 2,000IU-Take one capsule by mouth every day. However, from 2-1-19 through 2-6-19, the resident was administered Vitamin D 1,000IU daily.

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.) LPN SUPERVISOR IMMEDIATELY PUT A CHANGE OF DIRECTION STICKER ON BOTTLE AND CHANGED DIRECTION ON THE MAR TO STATE GIVE 2 (1,000 IU) DAILY TO ENSURE PROPER DOSAGE AMOUNT TO BE GIVEN. THIS WAS DONE IN THE PRESENCE OF THE INSPECTOR.
- 2.) ADMINISTRATOR AND/OR DESIGNEE TO CHECK ALL MEDICATIONS (BOTTLES AND MAR) WEEKLY TO ENSURE PROPER DIRECTIONS OF THE PRESCRIBER AND REPORT ALL FINDINGS TO THE ADMINISTRATOR.
- 3.) ADMINISTRATOR AND/OR DESIGNEE TO 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*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>CINDY HOPKINS</i>	Date <i>4/10/19</i>
--	---------------------

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

<p>The above plan of correction is approved as of <u>5/10/19</u> (Date)</p> <p>The above plan of correction was approved by <u><i>LPN</i></u> (Initials)</p>	<p>Plan of correction implementation status as of <u>5/10/19</u> (Date)</p> <p><input type="checkbox"/> Fully Implemented</p> <p><input checked="" type="checkbox"/> Partially Implemented - Adequate Progress</p> <p><input type="checkbox"/> Partially Implemented - Inadequate Progress</p> <p><input type="checkbox"/> Not Implemented</p>
--	--

Violation Report: 40162 - 02/07/2019 - Marini, Michael
PCH Name: CAMBRIDGE VILLAGE PERSONAL CARE HOME

Western Region

1. REGULATION 55 Pa.Code §2600

2600.233(c) - If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

2a. DESCRIPTION OF VIOLATION

The incorrect exit code was posted by the exit door to the road in the secure dementia care unit, and no exit codes were posted by the exit door across from the nurses station.

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 OLD CODE SIGN FROM THE DOOR WHILE IN THE PRESENCE OF THE INSPECTOR.
- 2.) MAINTENANCE PRINTED NEW CODE IN A PICTURE FRAME AND HUNG IT BY THE CODE BOX SO IT WOULD MATCH.
- 3.) MAINTENANCE TO CHECK ALL CODES MONTHLY. DOCUMENTATION TO BE KEPT. REVIEW ALL FINDINGS WITH THE ADMINISTRATOR.
- 4.) ADMINISTRATOR TO 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
--	---------------

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
CINDY HOPKINS	4/10/19

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

The above plan of correction is approved as of 5/10/19
(Date)

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

Plan of correction implementation status as of 5/10/19
(Date)

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

Violation Report: 40162 - 02/07/2019 - Marini, Michael
PCH Name: CAMBRIDGE VILLAGE PERSONAL CARE HOME

Western Region

1. REGULATION 55 Pa.Code §2600

2600.252 - Each resident's record must include the following information: (1) through (26)

2a. DESCRIPTION OF VIOLATION

On 12-15-18, a staff member found resident #4 on the floor in a bathroom. The resident was sent to the hospital and was treated for a broken wrist and a laceration on her scalp. The incident was reported to the Department; however, a copy of the incident report was not in resident #3's record.

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 INCIDENT REPORTS WILL BE PUT BACK INTO RESIDENT'S CHARTS BY 4/30/19.
- 2.) WHEN THINNING OUT CHARTS, PULLED RECORDS WILL BE KEPT UNDER LOCK AND KEY IN THE MEDICAL RECORD ROOM.
- 3.) ADMINISTRATOR AND/OR DESIGNEE TO REVIEW QUARTERLY AT QUALITY ASSURANCE TO MAINTAIN COMPLIANCE. DOCUMENTATION TO BE KEPT.

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)	Date
CINDY HOPKINS.	4/10/19

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

The above plan of correction is approved as of 5/10/19
(Date)

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

Plan of correction implementation status as of 5/10/19
(Date)

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