



pennsylvania
DEPARTMENT OF HUMAN SERVICES

SENT VIA EMAIL: info@cambridge-village.com
cambridgecindy@gmail.com

EMAILING DATE: July 29, 2020

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 Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on April 7, 2020; April 8, 2020 and April 14, 2020, of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

A handwritten signature in black ink, appearing to read "Suzy Quinn".

Suzy Quinn
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

RECEIVED
5/20/20

Western Region Field Office
Bureau of Human Services Licensing

Violation Report

Facility Information			
Name: CAMBRIDGE VILLAGE PERSONAL CARE HOME		License Number: 40162	
Address: 1600 DARLINGTON ROAD, BEAVER FALLS, PA 15010			
County: BEAVER		Region: WESTERN	
Administrator			
Name: Cindy Hopkins		Phone: 7248461400	Email: INFO@CAMBRIDGE-VILLAGE.COM
Legal Entity			
Name: CAMBRIDGE VILLAGE ASSOCIATES			
Address: 1600 DARLINGTON ROAD, BEAVER FALLS, PA, 15010			
Certificate(s) of Occupancy			
Type: C-2 LP		Date:	Issued By:
Staffing Hours			
Resident Support Staff: 0		Total Daily Staff: 100	Waking Staff: 75
Inspection			
Type: Partial		BHA Docket #:	Notice: Unannounced
Reason: Complaint			
Inspection Dates and Department Representative			
04/07/2020 - Off-Site: Barbara Barone			
04/08/2020 - Off-Site: Barbara Barone			
04/14/2020 - Off-Site: Barbara Barone			
Resident Demographic Data as of Inspection Dates			
General Information			
License Capacity: 100		Residents Served: 74	
Secured Dementia Care Unit			
In Home: Yes		Area: Warwick	Capacity: 24
		Residents Served: 24	
Hospice			
Current Residents: 7			
Number of Residents Who:			
Receive Supplemental Security Income: 0		Are 60 Years of Age or Older: 74	
Diagnosed with Mental Illness: 0		Diagnosed with Intellectual Disability: 0	
Have Mobility Need: 26		Have Physical Disability: 0	
04/07/2020			

57c - 2 Hours/Day

Regulations

2600.

57.c. Direct care staff persons shall be available to provide at least 2 hours per day of personal care services to each resident who has mobility needs.

Description of Violation

On 12/1/19, there were 77 residents in the home, including 24 residents with mobility needs. The home was required to provide a total minimum of 101 hours of direct care services. However, only 98 hours of direct care were provided. On 12/1/19 at approximately 7:30 am, resident #1 suffered a fractured neck due to a fall.

Plan of Correction (POC)

IMMEDIATE: CONTRACT WAS SIGNED BETWEEN CAMBRIDGE VILLAGE AND AGENCY (DEDICATED NURSING ASSOC.) ON 1-4-2020 TO SUPPLEMENT STAFFING. SEE ATTACHMENT # /

- 1. ON 3/5/2020 ANOTHER CONTRACT WITH LIKEN HOME CARE AGENCY WAS SIGNED. SEE ATTACHMENT # 2
- 2. SINCE 12/1/2019, WE HAVE HIRED ADDITIONAL PCA'S.
- 3. ADMINISTRATOR AND/OR DESIGNEE TO INCLUDE ANY ADDITIONAL STAFF WHO ARE CROSS TRAINED AS PCA'S TO PROVIDE RESIDENT CARE TO HOURLY SCHEDULE.
- 4. ADMINISTRATOR AND/OR DESIGNEE TO CHECK STAFFING HOURS DAILY. ANY CALL OFFS SHALL BE COVERED BY STAFFING AGENCY OR OVERTIME HOURS. IF NO AGENCY AVAILABLE, LPN'S, ADMINISTRATION AND/OR ALL CROSS TRAINED STAFF TO COVER HOURS.
- 5. ADMINISTRATOR RE-EDUCATED AND RE-TRAINED STAFF ON SCHEDULING AND MEETING STAFFING HOURS ON 5/19/2020. SEE ATTACHMENT # 3
- 6. ADMINISTRATOR AND/OR DESIGNEE TO CONTINUE ADVERTISING/HIRING THROUGH BEAVER COUNTY TIMES AND ZIP RECRUITER.
- 7. ADMINISTRATOR TO REVIEW QUARTERLY AT QUALITY ASSURANCE TO MAINTAIN COMPLIANCE.

Legal Entity Representative

Cindy Hopkins Adm
Signature

CINDY HOPKINS Adm 5/20/20
Printed Name and Title Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 7/27/20
(Date)

Plan of correction implementation status as of 7/27/20
(Date)

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

Implemented
 Not Implemented

57d. Waking Hours

Regulations

2600.

57.d. At least 75% of the personal care service hours specified in subsections (b) and (c) shall be available during waking hours.

Description of Violation

On 12/1/19, there were 77 residents in the home, including 24 residents with mobility needs. The home was required to provide 76 hours of direct care during waking hours. However, only 68 hours of direct care were provided during waking hours. On 12/1/19 at approximately 7:30 am, resident #1 suffered a fractured neck due to a fall.

Plan of Correction (POC)

IMMEDIATE: CONTRACT WAS SIGNED BETWEEN CAMBRIDGE VILLAGE AND AGENCY (DEDICATED NURSING ASSOC.) ON 1-4-2020 TO SUPPLEMENT STAFFING. SEE ATTACHMENT # /

- 1. ON 3/5/2020 ANOTHER CONTRACT WITH LIKEN HOME CARE AGENCY WAS SIGNED. SEE ATTACHMENT # 2
- 2. SINCE 12/1/2019, WE HAVE HIRED ADDITIONAL PCA'S.
- 3. ADMINISTRATOR AND/OR DESIGNEE TO INCLUDE ANY ADDITIONAL STAFF WHO ARE CROSS TRAINED AS PCA'S TO PROVIDE RESIDENT CARE TO HOURLY SCHEDULE.
- 4. ADMINISTRATOR AND/OR DESIGNEE TO CHECK STAFFING HOURS DAILY. ANY CALL OFFS SHALL BE COVERED BY STAFFING AGENCY OR OVERTIME HOURS. IF NO AGENCY AVAILABLE, LPN'S, ADMINISTRATION AND/OR ALL CROSS TRAINED STAFF TO COVER HOURS.
- 5. ADMINISTRATOR RE-EDUCATED AND RE-TRAINED STAFF ON SCHEDULING AND MEETING STAFFING HOURS ON 5/19/2020. SEE ATTACHMENT # 3
- 6. ADMINISTRATOR AND/OR DESIGNEE TO CONTINUE ADVERTISING/HIRING THROUGH BEAVER COUNTY TIMES AND ZIP RECRUITER.
- 7. ADMINISTRATOR TO REVIEW QUARTERLY AT QUALITY ASSURANCE TO MAINTAIN COMPLIANCE.

Legal Entity Representative

Cindy Hopkins
Signature

Adm

CINDY HOPKINS Adm
Printed Name and Title

5/20/20
Date

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225c - Additional Assessment

Regulations

2600.

225.c. The resident shall have additional assessments as follows:

- 2. If the condition of the resident significantly changes prior to the annual assessment.

Description of Violation

Resident #1 sustained 13 documented falls from 7/20/19 - 10/22/19. However, initial assessment, dated 7/19/19, was not updated to until 10/28/19.

Plan of Correction (POC)

IMMEDIATE: NEW ASSESSMENT/SUPPORT PLAN/DME WILL BE COMPLETED BY 5/20/2020.

- 1. ADDENDUMS WERE MADE TO SUPPORT PLAN TO ADDRESS FALLS AS FOLLOWS:

- A. ON 7/31/2019 BED AND CHAIR ALARM
- B. ON 10/28/2019 FALL RISK
- C. ON 12/3/2019 TRANSFERS

THESE WILL BE DIRECTLY ADDED TO UPDATED SUPPORT PLANS AND ASSESSMENTS BY 5/20/2020. DOCUMENTATION TO BE KEPT. SEE ATTACHMENT # 4, 5, 6

- 2. RESIDENT #1 HAS NOT HAD ANY MORE FALLS SINCE 12/1/2019.
- 3. ADMINISTRATOR AND/OR DESIGNEE WILL REVIEW ALL FALL RISK RESIDENT'S ASSESSMENTS AND ADDENDUMS TO SUPPORT PLAN AND INITIATE A NEW ASSESSMENT/SUPPORT PLAN FOR "SIGNIFICANT CHANGES" BY 6/28/2020 AS REQUIRED, TO MAINTAIN COMPLIANCE.
- 4. ADMINISTRATOR AND/OR DESIGNEE TO DO WEEKLY AUDITS. DOCUMENTATION TO BE KEPT. SEE ATTACHMENT # 7
- 5. ADMINISTRATOR TO REVIEW QUARTERLY AT QUALITY ASSURANCE TO MAINTAIN COMPLIANCE.

Legal Entity Representative

Cindy Hopkins ADM
Signature

Cindy Hopkins ADM
Printed Name and Title

5/20/20
Date

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231c - Preadmission Screening

Regulations

2600.

231.c. A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

Description of Violation

Resident #3 was admitted to the Secure Dementia Care Unit on 2/2/20; however, his written cognitive preadmission screening was completed on 3/1/20.

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 OBTAIN WRITTEN COGNITIVE PREADMISSION SCREENING FORM 72 HOURS PRIOR TO ADMISSION TO SECURED MEMORY CARE UNIT.
2. ADMINISTRATOR AND/OR DESIGNEE TO REVIEW SECURED MEMORY CARE CHARTS TWICE MONTHLY. 1. TO ENSURE PREADMISSION COGNITIVE SCREENING HAS BEEN OBTAINED PRIOR TO ADMISSION AND 2. REVIEW MONTHLY TO ENSURE FORM IS IN RESIDENT'S CHART. SEE ATTACHMENT # 8
3. ON 5-18-2020, ALL EXISTING PREADMISSION COGNITIVE SCREEN FORMS WERE AUDITED IN ALL OF THE CHARTS.
4. STAFF EDUCATED ON 5-19-2020 REGARDING POLICY AND REGULATION. SEE ATTACH # 3
5. ADMINISTRATOR AND/OR DESIGNEE TO REVIEW QUARTERLY AT QUALITY ASSURANCE TO MAINTAIN COMPLIANCE.

Legal Entity Representative

Cindy Hopkins
Signature

CINDY HOPKINS ADM 5/20/20
Printed Name and Title Date

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