

Department of Human Services
Bureau of Human Service Licensing

August 21, 2020

ROBERT KOPSACK, OWNER
CAMBRIDGE VILLAGE ASSOCIATES
1600 DARLINGTON ROAD
BEAVER FALLS, PA 15010

RE: CAMBRIDGE VILLAGE PERSONAL
CARE HOME
1600 DARLINGTON ROAD
BEAVER FALLS, PA, 15010
LICENSE/COC#: 40162

Dear Mr. KOPSACK,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/21/2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Jason Williams

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

**Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY**

Facility Information

Name: *CAMBRIDGE VILLAGE PERSONAL CARE HOME* License #: *40162* License Expiration Date: *01/03/2021*
 Address: *1600 DARLINGTON ROAD, BEAVER FALLS, PA 15010*
 County: *BEAVER* Region: *WESTERN*

Administrator

Name: *Cindy Hopkins* Phone: *7248461400* Email: *SCOLECambridgevillage@gmail.com*

Legal Entity

Name: *CAMBRIDGE VILLAGE ASSOCIATES*
 Address: *1600 DARLINGTON ROAD, BEAVER FALLS, PA, 15010*
 Phone: *7248461400* Email: *INFO@CAMBRIDGE-VILLAGE.COM*

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *04/04/1998* Issued By: *Labor & Industry*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *86* Waking Staff: *65*

Inspection

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Incident* Exit Conference Date: *07/21/2020*

Inspection Dates and Department Representative

07/21/2020 - On-Site: Cindy Mulick

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *100* Residents Served: *63*

Secured Dementia Care Unit

In Home: *Yes* Area: *2nd Floor* Capacity: *24* Residents Served: *20*

Hospice

Current Residents: *5*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *63*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *23* Have Physical Disability: *0*

Inspections / Reviews

07/21/2020 - Partial

Lead Inspector: *Cindy Mulick* Follow-Up Type: *POC Submission* Follow-Up Date: *08/03/2020*

Inspections / Reviews (*continued*)

8/21/2020 - POC Submission

Lead Reviewer: *Jason Williams*Follow-Up Type: *Document Submission*Follow-Up Date: *08/24/2020*

8/21/2020 - Document Submission

Lead Reviewer: *Jason Williams*Follow-Up Type: *Not Required*

42b - Abuse

1. Requirements

2600.

- 42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On 7/14/2020, at approximately 10:45 p.m, resident #1, who is diagnosed with chronic anxiety and bilateral rotator cuff tears, fell out of bed and was unable to reach her call pendant. As the resident was yelling for help, staff person A came into the resident's room and called for additional staff assistance. As the resident was still yelling for help, staff person A yelled at the resident more than once to "shut the hell up". Resident #1 was crying and shaking as a result of this incident.

Resident #1's, support plan, dated 1/9/2020, indicates the resident requires assistance of one, with toileting due to falls. On more than one occasion, staff person A responded to the resident, who was requesting assistance while using the bathroom, by putting his finger in her face and telling her to do it herself. This would occur even as the resident was expressing a fear of falling.

Plan of Correction**Accept**

IMMEDIATE: STAFF MEMBER "A" WAS IMMEDIATELY TERMINATED.

- 1. ADMINISTRATOR HELD 1 ON 1 IN-SERVICES WITH EACH EMPLOYEE ON ABUSE/INTIMIDATION AND POLICY & PROCEDURES ON 7/27/20, 7/28/20, 7/29/20. DOCUMENTATION TO BE KEPT. SEE ATTACHMENT #1-6.*
- 2. ADMINISTRATOR WILL ALSO SCHEDULE OMBUDSMEN FOR RE-TRAINING AND RE-EDUCATION OF STAFF ON "RESIDENT RIGHTS" AS SOON AS COVID-19 RESTRICTIONS ARE LIFTED.*
- 3. RESIDENT #1 REFUSES ANY COUNSELING & STATES THAT "SHE IS FINE & HAS ALREADY PUT IT OUT OF HER MIND."*
- 4. ADMINISTRATOR AND ASSISTANT ADMINISTRATOR TO CONTINUE INTERVIEWING 3 RESIDENTS PER MONTH ON A ONE ON ONE BASIS AND REPORT FINDINGS. DOCUMENTATION TO BE KEPT. SEE ATTACHMENT #7.*
- 5. ADMINISTRATOR AND/OR DESIGNEE TO REVIEW QUARTERLY AT QUALITY ASSURANCE TO MAINTAIN COMPLIANCE.*

Completion Date: 07/30/2020

42b - Abuse (continued)

Document Submission**Implemented**

IMMEDIATE: STAFF MEMBER "A" WAS IMMEDIATELY TERMINATED.

- 1. ADMINISTRATOR HELD 1 ON 1 IN-SERVICES WITH EACH EMPLOYEE ON ABUSE/INTIMIDATION AND POLICY & PROCEDURES ON 7/27/20, 7/28/20, 7/29/20. DOCUMENTATION TO BE KEPT. SEE ATTACHMENT #1-6.*
- 2. ADMINISTRATOR WILL ALSO SCHEDULE OMBUDSMEN FOR RE-TRAINING AND RE-EDUCATION OF STAFF ON "RESIDENT RIGHTS" AS SOON AS COVID-19 RESTRICTIONS ARE LIFTED.*
- 3. RESIDENT #1 REFUSES ANY COUNSELING & STATES THAT "SHE IS FINE & HAS ALREADY PUT IT OUT OF HER MIND."*
- 4. ADMINISTRATOR AND ASSISTANT ADMINISTRATOR TO CONTINUE INTERVIEWING 3 RESIDENTS PER MONTH ON A ONE ON ONE BASIS AND REPORT FINDINGS. DOCUMENTATION TO BE KEPT. SEE ATTACHMENT #7.*
- 5. ADMINISTRATOR AND/OR DESIGNEE TO REVIEW QUARTERLY AT QUALITY ASSURANCE TO MAINTAIN COMPLIANCE.*