

Department of Human Services
Bureau of Human Service Licensing

April 1, 2021

[REDACTED], 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 [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/10/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Larry Mazza

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

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

Facility Information

Name: CAMBRIDGE VILLAGE PERSONAL CARE HOME **Licen e #:** 40162 **Licen e Expiration Date:** 01/03/2022
Adde : 1600 DARLINGTON ROAD, BEAVER FALLS, PA 15010
County: BEAVER **Region:** WESTERN

Administrator

Name: [REDACTED] **Phone:** 7248461400 **Email:** [REDACTED]

Legal Entity

Name: CAMBRIDGE VILLAGE ASSOCIATES
Address: 1600 DARLINGTON ROAD, BEAVER FALLS, PA, 15010
Phone: 7248461400 **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP **Date:** 04/09/1998 **Issued By:** Dept of Labor & Industry

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 62 **Waking Staff:** 47

Inspection

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Complaint **Exit Conference Date:** 02/10/2021

Inspection Dates and Department Representative

02/10/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 100 **Residents Served:** 43

Secured Dementia Care Unit

In Home: Yes **Area:** Memory Care **Capacity:** 24 **Residents Served:** 13

Hospice

Current Resident : 4

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 43
Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 19 **Have Physical Disability:** 0

Inspections / Reviews

02/10/2021 - Partial

Lead Inspector: [REDACTED]

Follow Up Type: *POC Submission*Follow-Up Date: *02/28/2021*

2/25/2021 POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *03/03/2021*

3/1/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *03/05/2021*

4/1/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

183b - Meds and Syringes Locked

1. Requirements

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

Throughout the day of inspection, numerous medications were unlocked and accessible in a filing cabinet in staff person A's office, to include the following:

- *Resident #1's Risperidone 0.25 mg tablets, Risperidone 0.5 mg tablets and Divalproex Sodium 500 mg tablets*
- *Resident #2's Amlodipine Besylate 5 mg tablets*

REPEAT VIOLATION: 10/22/2019

Plan of Correction**Accept**

- 1. All medications for Resident #1 and Resident #2 were removed from unsecured area and destroyed if outdated or moved to a secure locked container. Pharmacy was here on 2/23/2021 and 2/24/2021 to audit medication carts and medication rooms.*
- 2. Nursing staff was in-serviced on 2/22/2021 & 2/24/2021 on proper storage of medication.*
- 3. QA of medication storage will be weekly x3, then monthly x2, then quarterly thereafter done by 7-3 Supervisor or designee. Pharmacy will be in quarterly to audit medication carts and medications.*
- 4. Compliance by Administrator.*

Completion Date: 03/19/2021

Document Submission**Implemented**

- 1. All medications for Resident #1 and Resident #2 were removed from unsecured area and destroyed if outdated or moved to a secure locked container. Pharmacy was here on 2/23/2021 and 2/24/2021 to audit medication carts and medication rooms.*
- 2. Nursing staff was in serviced on 2/22/2021 & 2/24/2021 on proper storage of medication.*
- 3. QA of medication storage will be weekly x3, then monthly x2, then quarterly thereafter done by 7-3 Supervisor or designee. Pharmacy will be in quarterly to audit medication carts and medications.*
- 4. Compliance by Administrator.*

183d Prescription Current

1. Requirements

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

183d - Prescription Current (*continued*)**Description of Violation**

There were 12 bottles of expired medications belonging to resident #3 stored in a plastic grocery bag in a filing cabinet in staff person A's office, to include:

- *2 bottles of Omeprazole-20mg capsules, with expiration dates of 12/26/20 and 10/17/20*
- *1 bottle of Mirtazapine-30 mg tablets, with an expiration date of 11/9/20*
- *2 bottles of Memantine HCL-10 mg, with expiration dates of 8/31/20 and 12/24/20*

There were numerous expired medications belonging to resident #4 that were present in the medication cart in the secured dementia care unit (SDCU), to include:

- *1 bottle of Risperidone-0.5 mg tablets, with an expiration date of 7/5/20*
- *1 bottle of Donepezil HCL-10 mg tablets, with an expiration date of 5/29/20*
- *1 bottle of Donepezil HCL-23 mg tablets, with an expiration date of 5/29/20*

There were 6 bottles of Metformin HCL-500 mg tablets belonging to resident #4 stored in a filing cabinet in staff person A's office, which were discontinued on 6/26/20.

The following medications for residents who no longer reside in the home were present in a filing cabinet in staff person A's office, to include:

- *1 tube of Bacitracin-500 unit topical ointment belonging to resident #5*
- *2 bottles each of Ropinirole-2mg tablets and Meloxicam-15 mg tablets belonging to resident #6*

REPEAT VIOLATION: 10/22/2019

Plan of Correction**Accept**

1. *All expired medications for Resident #3 and Resident #4 were wasted.*
2. *All medications for Resident #4 that were discontinued were wasted.*
3. *All medications for discharged Resident's #5 and #6 were wasted.*
4. *All medication carts and medication rooms were examined for expired medications and/or discontinued medications. Pharmacy was here on 2/23/2021 and 2/24/2021 to audit medication carts and medication rooms for expired and discontinued medications.*
5. *Policy of medication disposal updated.*
6. *In-service with nursing staff on discontinued medications, expired medications, and discharged resident medications, held on 2/22/2021 and 2/24/2021.*
7. *QA of medication carts and medication room for expired, discontinued, or discharged resident medications to be done weekly x3, then monthly x2, then quarterly by 7-3 Supervisor or designee. Pharmacy will be in to audit medication carts and medication rooms quarterly.*
8. *Compliance by Administrator.*

Completion Date: 03/19/2021

183d - Prescription Current (*continued*)**Document Submission****Implemented**

1. All expired medications for Resident #3 and Resident #4 were wasted.
2. All medications for Resident #4 that were discontinued were wasted.
3. All medications for discharged Residents #5 and #6 were wasted.
4. All medication carts and medication rooms were examined for expired medications and/or discontinued medications. Pharmacy was here on 2/23/2021 and 2/24/2021 to audit medication carts and medication rooms for expired and discontinued medications.
5. Policy of medication disposal updated.
6. In service with nursing staff on discontinued medications, expired medications, and discharged resident medications, held on 2/22/2021 and 2/24/2021.
7. QA of medication carts and medication room for expired, discontinued, or discharged resident medications to be done weekly x3, then monthly x2, then quarterly by 7 3 Supervisor or designee. Pharmacy will be in to audit medication carts and medication rooms quarterly.
8. Compliance by Administrator.

184a Labeling OTC/CAM

1. Requirements

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.

Description of Violation

Staff person B removed numerous controlled substances from their original bottles and placed them into small plastic bags, which contained 10 pills each, stapled shut and included a handwritten label. This was completed for numerous residents, to include:

- 11 bags of resident #3's Tramadol HCL-50 mg tablets
- 9 bags of resident #7's Hydrocodone/Acetaminophen-10/325 mg tablets
- 9 bags of resident #8's Lorazepam-0.5 mg tablets

184a - Labeling OTC/CAM (continued)

Plan of Correction**Accept**

1. Medications for Resident #3 were discontinued and wasted due to non-usage. The medications for Resident #7 and Resident #8, were placed back in the appropriate pharmacy labeled bottles. The pharmacy came to the facility to verify that the appropriate controlled medications were in the appropriate pharmacy labeled bottle for Resident #7 and Resident #8. The pharmacy was in the facility to audit medication carts and controlled medication labels and medications.
2. Nursing staff was in-serviced on proper handling and storage of controlled substances on 2/22/2021 and 2/24/2021.
3. QA of medication being in appropriate labeled containers will be done weekly x3, then monthly x2, then quarterly by 7-3 Supervisor or designee. Pharmacy will audit medication carts and medication rooms for proper storage of medications quarterly.
4. Compliance by Administrator.

Completion Date: 03/19/2021

Document Submission**Implemented**

1. Medications for Resident #3 were discontinued and wasted due to non-usage. The medications for Resident #7 and Resident #8, were placed back in the appropriate pharmacy labeled bottles. The pharmacy came to the facility to verify that the appropriate controlled medications were in the appropriate pharmacy labeled bottle for Resident #7 and Resident #8. The pharmacy was in the facility to audit medication carts and controlled medication labels and medications.
2. Nursing staff was in-serviced on proper handling and storage of controlled substances on 2/22/2021 and 2/24/2021.
3. QA of medication being in appropriate labeled containers will be done weekly x3, then monthly x2, then quarterly by 7-3 Supervisor or designee. Pharmacy will audit medication carts and medication rooms for proper storage of medications quarterly.
4. Compliance by Administrator.

185a - Implement Storage Procedures

1. Requirements

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.

185a - Implement Storage Procedures (*continued*)**Description of Violation**

The home's "Destroying Medications" policy indicates, "All medication when discontinued will be returned to the pharmacy for disposal". The policy also indicates, "When a resident permanently leaves the home, the resident's medication shall be given to the resident, the designated person, if any, or the entity taking responsibility for the new placement on the day of departure from the home". However, there were numerous expired medications, discontinued medications and medications for resident who no longer reside in the home stored in a filing cabinet in staff person A's office.

The home's "Medication Guidelines" policy indicates, "All medication must be packaged in a blister pack"; however, numerous medications packaged in bottles for numerous residents were present in medication carts and medication storage areas throughout the home.

Plan of Correction**Accept**

1. All discontinued medication and discharged Residents medication were destroyed. Pharmacy was here on 2/23/2021 and 2/24/2021 to audit medication carts and medication rooms for expired and discontinued medications.
2. Policy reviewed and revised for proper destroying of medication, handling of discharged resident's medications, and medication guidelines.
3. In-service of nursing staff on revised policy for proper medication disposal and medication guidelines on 2/22/2021 and 2/24/2021. In-service on handling discharged resident medications to be done on 3/2/2021 with all nursing staff.
4. QA on medication storage to be done weekly x3, then monthly x2, then quarterly by 3-11 Supervisor or designee. Pharmacy will be in quarterly to audit medication carts and medications.
5. Compliance by Administrator.

Completion Date: 03/19/2021

Document Submission**Implemented**

1. All discontinued medication and discharged Residents medication were destroyed. Pharmacy was here on 2/23/2021 and 2/24/2021 to audit medication carts and medication rooms for expired and discontinued medications.
2. Policy reviewed and revised for proper destroying of medication, handling of discharged resident's medications, and medication guidelines.
3. In-service of nursing staff on revised policy for proper medication disposal and medication guidelines on 2/22/2021 and 2/24/2021. In-service on handling discharged resident medications to be done on 3/2/2021 with all nursing staff.
4. QA on medication storage to be done weekly x3, then monthly x2, then quarterly by 3-11 Supervisor or designee. Pharmacy will be in quarterly to audit medication carts and medications.
5. Compliance by Administrator.

185b - Medication Procedures

1. Requirements

2600.

185b - Medication Procedures (continued)

185.b. At a minimum, the procedures must include:

1. Documentation of the receipt of controlled substances and prescription medications.
2. A process to investigate and account for missing medications and medication errors.
3. Limited access to medication storage areas.
4. Documentation of the administration of prescription medications, OTC medications and CAM for residents who receive medication administration services or assistance with self-administration. This requirement does not apply to a resident who self-administers medication without the assistance of a staff person and stores the medication in his room.

Description of Violation

*The home's "Controlled Substances/Prescription Medications" policy, dated 2/20/17, indicates, "All controlled substances will be checked in by a supervisor and document the date & amount received at the top of narcotics sheet. All controlled substances will **immediately** be placed in the narcotic drawer of the med cart". However, approximately 23 excess bottles of controlled substances belonging to 10 current residents were stored in a filing cabinet in staff member A's office with no narcotic count sheets associated with these medications. Additionally, the policy indicates, "Supervisors will check counts weekly"; however, staff interviews indicate the supervisory counts are not occurring on a weekly basis.*

The home's "Controlled Substances/Prescription Medications" policy, dated 2/20/17, also indicates, "All controlled substances will be counted at the start of every shift in the presence of 2 personal care aides and documentation shall be kept." However, according to the "Controlled Drugs-Count Record", the controlled substances on the home's Windsor Unit were not counted by 2 staff persons at the start of numerous shifts, to include: the start of the 7:00a-3:00p shift on 2/1/21 through 2/9/21, the start of the 3:00p-11:00p shift on 2/3/21 through 2/8/21 and the start of the 11:00p-7:00a shift on 2/3/21 and on 2/5/21 through 2/7/21. Additionally, the controlled substances stored in staff person A's office are not counted at the start of each shift.

Plan of Correction**Accept**

1. All controlled substances were counted and appropriate controlled substance count sheets were done. Pharmacy came to the facility and audited all the medication carts and they removed excess stock medication from the facility. All controlled substances were placed in appropriate medication charts- locked narcotic drawer.
2. Policies for receiving a controlled substance and counting of a controlled substance were revised.
3. In-services on receiving a controlled substance and counting of a controlled substance were done on 2/22/2021 and 2/24/2021 with nursing staff.
4. QA of handling and counting a controlled substance will be done weekly x 3, then monthly x 2, then quarterly by 7-3 Supervisor or designee.
5. Compliance by Administrator.

Completion Date: 03/19/2021

185b - Medication Procedures (continued)

Document Submission**Implemented**

1. All controlled substances were counted and appropriate controlled substance count sheets were done. Pharmacy came to the facility and audited all the medication carts and they removed excess stock medication from the facility. All controlled substances were placed in appropriate medication charts locked narcotic drawer.
2. Policies for receiving a controlled substance and counting of a controlled substance were revised.
3. In services on receiving a controlled substance and counting of a controlled substance were done on 2/22/2021 and 2/24/2021 with nursing staff.
4. QA of handling and counting a controlled substance will be done weekly x 3, then monthly x 2, then quarterly by 7 3 Supervisor or designee.
5. Compliance by Administrator.

233c Key Locking Devices

1. Requirements

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.

Description of Violation

The directions for operating the home's locking mechanisms posted near numerous SDCU exit doors consist of letters and symbols while the keypad for entering the code includes only numbers and symbols. Staff person B indicated that the alphabetic codes represent Roman numerals and must be converted to numerical code before it can be entered to unlock the door.

Plan of Correction**Accept**

1. Directions for Secured Dementia Care Unit Entrance and Exit doors were changed. Numbers are now written in a picture. Example: One-Nine-Five-Two-Star.
2. In-service of all staff to be done on 2/25/2021 on new format.
3. QA monthly to be sure key pad signs remain posted by Maintenance Director.
4. Compliance by Administrator.

Completion Date: 03/19/2021

Document Submission**Implemented**

1. Directions for Secured Dementia Care Unit Entrance and Exit doors were changed. Numbers are now written in a picture. Example: One-Nine-Five-Two-Star.
2. In-service of all staff to be done on 2/25/2021 on new format.
3. QA monthly to be sure key pad signs remain posted by Maintenance Director.
4. Compliance by Administrator.