

Department of Human Services  
Bureau of Human Service Licensing

January 24, 2022

[REDACTED], ADMINISTRATOR  
[REDACTED]  
[REDACTED]  
[REDACTED]

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 10/19/2021, 10/21/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,  
[REDACTED]

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* License #: *40162* License Expiration: *01/03/2023*  
 Address: *1600 DARLINGTON ROAD, BEAVER FALLS, PA 15010*  
 County: *BEAVER* Region: *WESTERN*

**Administrator**

[REDACTED]

**Legal Entity**

[REDACTED]

**Certificate(s) of Occupancy**

Type: *C-2 LP* Date: *04/09/1998* Issued By: *L&I*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *52* Waking Staff: *39*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
 Reason: *Renewal* Exit Conference Date: *10/21/2021*

**Inspection Dates and Department Representative**

10/19/2021 - On-Site: [REDACTED]

10/21/2021 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *100* Residents Served: *38*

**Secured Dementia Care Unit**

In Home: *Yes* Area: *Memory Care* Capacity: *24* Residents Served: *10*

**Hospice**

Current Residents: *6*

**Number of Residents Who:**

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *38*  
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *14* Have Physical Disability: *0*

## Inspections / Reviews

10/19/2021 - Full

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *11/28/2021*

12/17/2021 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *01/12/2022*

01/24/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

## 18 - Compliance With Laws

### 1. Requirements

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

#### Description of Violation

*The Care Facility Carbon Monoxide Alarms Standard Act, enacted 6/23/16, requires carbon monoxide alarms to be installed in close proximity of, but not less than 15 feet from, any fossil-fuel burning device or appliance.*

*On 10/19/21, at 10:30 a.m., the carbon monoxide detector was located approximately 5 feet from the gas operated stove in the home's main kitchen.*

*On 10/19/21, at 10:46 a.m., the carbon monoxide detector was located approximately 2 inches from the gas operated stove in the kitchen adjacent to the activity room.*

*On 10/19/21, at 10:59 a.m., the carbon monoxide detector was located approximately 7 feet from the gas operated boiler in the boiler room.*

*On 10/19/21, at 11:05 a.m., there was no carbon monoxide detector present in the home's second floor laundry room. The laundry room contained two gas operated dryers.*

#### Plan of Correction

**Accept**

2600.18

*The care facility Carbon Monoxide Alarm Standard Act was printed out and reviewed with the Maintenance Department on 11/23/2021.*

*The carbon monoxide detector in the:*

*Kitchen was moved to an appropriate distance from the gas source on 10/19/2021.*

*Activity room kitchen was mounted outside of the kitchen above the door on 10/19/2021.*

*Boiler room was moved 15 feet from gas source on 10/19/2021.*

*Laundry room was purchased on 10/19/2021 and plugged into the wall on the washer area.*

*All other carbon monoxide detectors were checked to be sure of distance from gas source on 10/21/2021.*

*QA of carbon monoxide detector distance from gas source will be done quarterly. Compliance by Maintenance Director.*

#### Document Submission

**Implemented**

*The Maintenance Department was in-serviced on 11/22/2021 on the Carbon Monoxide Alarm Standard Act. The Maintenance Director created a form to monitor carbon monoxide detector placement quarterly and the first quarterly inspection was done on 12/20/2021 by the Maintenance Director.*

## 85d - Trash Receptacles

### 1. Requirements

2600.

85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

#### Description of Violation

*On 10/19/21, at 10:47 a.m., there was a partially full, uncovered trash can in the kitchen adjacent to the activity room.*

**85d - Trash Receptacles (continued)****Plan of Correction****Accept***2600.85d**In-service of appropriate trash receptacle done on 11/26/2021.**Trash can in Activity kitchen area removed. Proper trash can with lid was placed in kitchen area on 10/19/2021.**QA of appropriate trash can in Activity kitchen will be done weekly x 2, then monthly x 2, then quarterly thereafter.***Document Submission****Implemented***In-service completed on 11/26/2021. Weekly inspections were done on 11/22/21, 11/26/21, and 12/3/21. Monthly inspections were done on 12/3/21 and 1/3/22 and will be done on 2/3/22 then quarterly with QA.***89b - Hot Water Temperature****1. Requirements**

2600.

89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

**Description of Violation***On 10/19/21, at 1:25 p.m., the hot water temperature in resident #1's room measured 122.3 degrees Fahrenheit and at 1:57 p.m., it was 122.3 degrees Fahrenheit.***Plan of Correction****Accept***2600.89b Hot Water**The temperature in Resident #1 room was rechecked on 11/23/2021 and the water mixing valve was adjusted to lower the temperature on 11/22/2021. Review of acceptable water temperatures were done with Maintenance on 11/22/2021.**Weekly water temperatures are to be taken throughout the building in random rooms by the Maintenance Director and recorded in the water temperature log.***Document Submission****Implemented***Weekly water temperatures are taken in random rooms by the Maintenance Director and recorded in the water temperature log.***91 - Telephone Numbers****1. Requirements**

2600.

91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

**Description of Violation***On 10/19/21, there were no emergency telephone numbers to include the nearest hospital and fire department on or by the telephone in residents #2's room.***Plan of Correction****Accept***2600.91**In-service to be done on the need for Emergency phone numbers placed on or near each phone on 11/26/2021. A sign was placed at the front desk reminding our families that all new phones must be given to our Receptionist for proper sticker on 11/23/2021.*

**91 - Telephone Numbers (continued)**

Phone for Resident #2 had an appropriate Emergency phone number sticker placed on it on 10/19/2021.

All phones were checked for appropriate Emergency phone numbers.

QA of phones: Appropriate Emergency phone numbers will be done weekly x 2, then monthly x 2, then quarterly thereafter.

**Document Submission****Implemented**

In-service was done on 11/26/21 for all staff for emergency phone numbers. A sign was placed at the front desk reminding families to obtain an emergency phone numbers sticker from the receptionist for any new phones entering the building. All phones were checked and proper stickers placed on 11/22/21, 11/26/21, 12/3/21, 1/3/22, and will be done on 2/3/22 and then quarterly with QA.

**92 - Windows****1. Requirements**

2600.

92. Windows and Screens - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

**Description of Violation**

On 10/21/21, at 1:57 p.m., the screen in the front window of room 129 had a hole measuring 1 1/2" by 8".

**Plan of Correction****Accept**

2600.92

The window screen in Room #129 was replaced on 11/22/2021.

On 11/22/2021, an audit was conducted of the 187 screens within Cambridge Village by the Maintenance Department. The findings of the audit were that 18 screens are in need of repair. The Maintenance Department will repair one screen a day for the next 18 working days as weather permits per [REDACTED], Maintenance Director. A QA of the window screens will be done monthly x 2, then quarterly.

**Document Submission****Implemented**

Room #129's screen was replaced on 11/22/21. An audit was conducted of the remaining screens within Cambridge Village on 11/22/21 by the Maintenance Department. There were 18 screens found to be in need of repair. The Maintenance Department will repair one screen a day for the next 18 working days as weather permits per Maintenance Director. All screens were replaced or repaired by 12/13/2021. The first monthly audit was done on 12/20/2021 and all screens were found to be in good shape. Another monthly audit will be performed and then quarterly with QA.

**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.

**Description of Violation**

On 10/21/21, resident #2's glucometer was not calibrated to the correct date and time.

185a - Implement Storage Procedures (continued)

**Plan of Correction**

**Accept**

2600.185a

*In-service to be done on developing and implementing procedures to be sure medical equipment is accurate and instructions of how to correct if needed. Instruction sheets were printed out for each individual glucometer on 11/23/2021.*

*Resident #2's glucometer was calibrated to the correct date and time on 10/19/2021. The other three (3) glucometer's in the facility were checked for appropriate calibrations on 10/20/2021.*

*Monthly QA of glucometers calibration will be done by Charge Nurse.*

**Document Submission**

**Implemented**

*An in-service was done on 11/26/21 on glucometers and the importance of them displaying the correct date and time. Instructions on how to correct each glucometer were printed out and place in the back of the narcotic's books on each of the applicable nursing units. QA sheets were made for each resident with a glucometer and their glucometers were checked for proper date and time on 10/22/21, 11/29/21, 12/29/21, and will be checked on 1/29/22. Monthly QA and compliance by the LPN Supervisor, [REDACTED] or RN Supervisor, [REDACTED].*