

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

February 18, 2023

[REDACTED]  
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 11/08/2022, 11/09/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,

[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

**Facility Information**

**Name:** CAMBRIDGE VILLAGE PERSONAL CARE HOME      **Licen e #:** 40162      **Licen e Expiration:** 01/03/2024  
**Address:** 1600 DARLINGTON ROAD, BEAVER FALLS, PA 15010  
**County:** BEAVER      **Region:** WESTERN

**Administrator**

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

**Legal Entity**

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

**Certificate(s) of Occupancy**

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

**Staffing Hours**

**Resident Support Staff:** 0      **Total Daily Staff:** 72      **Waking Staff:** 54

**Inspection Information**

**Type:** Full      **Notice:** Unannounced      **BHA Docket #:**  
**Reason:** Renewal, Complaint      **Exit Conference Date:** 11/09/2022

**Inspection Dates and Department Representative**

11/08/2022 - On-Site: [REDACTED]  
11/09/2022 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information			
<b>Licen e Capacity:</b> 100		<b>Re ident Served:</b> 51	
Secured Dementia Care Unit			
<b>In Home:</b> Yes	<b>Area:</b> Warwick	<b>Capacity:</b> 24	<b>Re ident Served:</b> 21
Hospice			
<b>Current Re ident :</b> 9			
Number of Residents Who:			
<b>Receive Supplemental Security Income:</b> 0		<b>Are 60 Years of Age or Older:</b> 51	
<b>Diagnosed with Mental Illness:</b> 33		<b>Diagnosed with Intellectual Disability:</b> 0	
<b>Have Mobility Need:</b> 21		<b>Have Physical Disability:</b> 0	

**Inspections / Reviews**

11/08/2022 Full  
**Lead Inspector:** [REDACTED]      **Follow-Up Type:** POC Submission      **Follow-Up Date:** 12/13/2022

Inspections / Reviews (*continued*)

## 01/18/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 02/10/2023

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 01/25/2023

## 02/04/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 02/10/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 02/11/2023

## 02/18/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/10/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

## 20b3 - Written Receipts

## 1. Requirements

2600.

20.b. If the home provides assistance with financial management or holds resident funds, the following requirements apply:

3. The home shall obtain a written receipt from the resident for cash disbursements at the time of disbursement.

## Description of Violation

*The home manages finances for resident #1. The home did not obtain resident #1's signature for the receipt of multiple disbursements, to include the following:*

██████/22, a cash disbursement of \$██████

██████/22, a cash disbursement of \$██████

██████ 22, a cash disbursement of \$██████

## Plan of Correction

Accept (██████ - 02/04/2023)

2600.20.b

*Resident #1- Review of cash disbursements with Resident and POA. Receipt provided for cash disbursements on ████████ 22 by Activity Director.*

*In-service with Office Manager and Activity Director on 12/7/2022 by RN/BSN regarding obtaining a written receipt from Resident for cash disbursements at time of disbursement.*

*Letter will be sent to POA for memory impaired Residents regarding a mark or initials being acceptable as a signature on a receipt for cash disbursement for Activity account.*

*QA of receipts with log of cash disbursements weekly x2 on 12/22/22 and 12/29/22, monthly x2 on 1/29/23 and 2/28/23, then quarterly x2, then annually.*

*Compliance by Administrator.*

*Letter was sent to POA by Activities Director on 12/11/2022.*

Licensee's Proposed Overall Completion Date: 01/18/2023

Implemented (██████ - 02/18/2023)

## 42c - Treatment of Residents

## 2. Requirements

2600.

42.c. A resident shall be treated with dignity and respect.

## Description of Violation

*On ████████/22 at ████████ a.m., staff person A found resident #2 and resident #3 soiled from head to bottom with urine and feces. When staff person A asked staff person B why ████████ did not attend to the residents, staff person B stated, "I don't ████████ with resident #3....ever!"*

## Plan of Correction

Accept (██████ - 02/04/2023)

2600.42.c

*Staff Member B terminated.*

*In-service of Care and Respect of All Residents and reporting issues with care on 12/9/22 and 12/11/22 by RN/BSN.*

42c - Treatment of Residents (continued)

QA of Resident Care weekly x2 on 12/22/22 and 12/29/22, monthly x2 on 1/29/23 and 2/28/23, quarterly x4, then annually by Administrator.

Compliance by Administrator.

Staff member B was terminated on [REDACTED]/2022.

Personal Care Aide's and Administrator were in-serviced.

Licensee's Proposed Overall Completion Date: 01/18/2023

Implemented (SQ - 02/18/2023)

132d - Evacuation

3. Requirements

2600.

132.d. Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. For purposes of this subsection, the fire safety expert may not be a staff person of the home.

Description of Violation

On 8/11/22, the maximum safe evacuation time determined by a fire safety expert was 8 minutes and 45 seconds. However, the home exceeded this time during the following fire drills:

Date of Drill:	Time of Drill:	Evacuation Time:
[REDACTED]/22	10:15 a.m.	8 minutes and 56 seconds
[REDACTED]/22	9:20 a.m.	8 minutes and 52 seconds
[REDACTED]/22	3:35 a.m.	8 minutes and 48 seconds

Plan of Correction

Accept [REDACTED] 02/04/2023)

2600.132.d

Review with Fire Safety Expert of Acceptable Evacuation time was done on 11/14/2022. Copy of letter will be provided once plan of correction is accepted.

n-service with All Staff on acceptable evacuation time done on 12/12/22 by RN/BSN.

Cause and Effect evaluation to be done if fire drills are over the acceptable evacuation time. This was reviewed with Maintenance Director on 12/7/22 by RN/BSN.

QA of Fire Drills and Cause and Effect Documentation monthly x3 on 1/29/23, 2/28/23 and 3/28/23, quarterly x2, and annually thereafter by Maintenance Director.

Compliance by Administrator.

Maintenance Director conducted review with Fire Safety Expert (Patterson Township Fire Chief).

The responsible party for cause and effect evaluations is the Maintenance Director who conducts our fire drills.

Licensee's Proposed Overall Completion Date: 01/18/2023

Implemented ([REDACTED] - 02/18/2023)

162c - Menus Posted

4. Requirements

2600.

**162c - Menus Posted (continued)**

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

**Description of Violation**

On 11/8/22, menus for the weeks of 10/30/22 to 11/5/22 and 11/6/22 to 11/12/22 were posted at the 1st and 2nd floor nurse's station, the 1st floor reception desk, and the 1st and 2nd floor dining rooms. However, the menu for the week of 11/13/22 to 11/19/22 was not posted in the home.

**Plan of Correction**

Accept ( [REDACTED] - 01/18/2023)

2600.162.c

Proper menus were obtained and posted on 11/9/22 by Dietary Manager.

n-service with Dietary Manager and Nursing Manager on menus to be posted on 12/7/22 by RN/BSN.

QA of menus to be done by Dietary Manager weekly x2 on 12/22/22 and 12/29/22, monthly x 2 on 1/29/23 and 2/28/23, quarterly x2, then annually.

Compliance by Administrator.

Licensee's Proposed Overall Completion Date: 12/12/2022

Implemented [REDACTED] - 02/18/2023)

**184a - Resident's Meds Labeled****5. Requirements**

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

**Description of Violation**

Resident #4 is prescribed [REDACTED] Inject subcutaneous three times per day before meals per sliding scale:

0-151 Give 0 units

151-175 Give 1 unit

176-200 Give 2 units

201-225 Give 3 units

226-250 Give 4 units

251-300 Give 6 units

301-350 Give 8 units

351-400 Give 10 units

400+ Give 0 units; CALL MD

However, the pharmacy label for resident #4's Insulin Lispro 100 unit/ml indicates the following sliding scale:

141-160 give 2 units

161-180 give 4 units

181-400 give 5 units

if >400 call MD.

## 184a - Resident's Meds Labeled (continued)

**Plan of Correction**

Accept [REDACTED] 02/04/2023)

2600.184.a

Reviewed physician's order and insulin label on 12/7/22. Change of direction sticker placed on box on 12/7/22 by RN/BSN. Pharmacy called about discrepancy to make sure they were aware and could correct proper dosage for future refills by RN/BSN.

In-service with Med Passer's on three checks of label to MAR and process to handle discrepancy by RN/BSN on 12/9/22.

QA of label to MAR/Order weekly x2 on 12/22/22 and 12/29/22, monthly x2 on 1/29/23 and 2/28/23, quarterly x2, annually x2 by LPN Supervisor.

Compliance by Administrator.

The Administrator reviewed the Physician's order and placed a change of direction sticker on the insulin label. The administrator called the Pharmacy on 12/7/2022.

Licensee's Proposed Overall Completion Date: 01/18/2023

Implemented [REDACTED] 02/18/2023)

## 185a - Implement Storage Procedures

**6. 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 [REDACTED]/22 at [REDACTED] a.m. resident #5's blood glucose level was [REDACTED] however, the resident's November 2022 medication administration record (MAR) indicates the resident's blood glucose level was [REDACTED]

On [REDACTED]/22 at [REDACTED] p.m. resident #5's blood glucose level was [REDACTED] however, the resident's November 2022 MAR indicates the resident's blood glucose level was [REDACTED]

On 11/9/22 at 7:49 a.m. resident #5's blood glucose level was [REDACTED] however, the resident's November 2022 MAR indicates the resident's blood glucose level was [REDACTED].

**Plan of Correction**

Accept [REDACTED] - 01/18/2023)

2600.185.a

In-service with Med Passer's on importance of accurate documentation by RN/BSN on 12/9/22.

QA of glucometer versus MAR recording weekly x2 on 12/22/22 and 12/29/22, monthly x2 on 1/29/23 and 2/28/23, then quarterly x2 by LPN Supervisor.

Compliance by Administrator.

Licensee's Proposed Overall Completion Date: 12/12/2022

Implemented [REDACTED] - 02/18/2023)

227g -Support Plan Signatures

7. Requirements

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident #6 s support plan, dated [redacted]/22, was not signed by the resident nor does it indicate the resident was unable to participate, declined to participate, refused to sign or was unable to sign.

Resident #7 s support plan, dated [redacted]/22, was not signed by the resident nor does it indicate the resident was unable to participate, declined to participate, refused to sign or was unable to sign.

Plan of Correction

Accept [redacted] - 02/04/2023)

2600.227.g

Resident's #6 and #7 Support Plan's reviewed and copy sent to POA for signature on 12/12/22. [redacted]

In-service Support Plan Process and obtaining signatures or marking decline of participation done with care team on 12/7/22 by RN/BSN.

Letter developed to advise Resident and/or Family of Support Plan development meeting.

QA of Support Plans for proper signatures to be done by Admissions Director weekly x2 on 12/22/22 and 12/29/22, monthly x2 on 1/29/23 and 2/28/23, quarterly x2, then annually.

Compliance by Administrator.

RN/BSN reviewed Resident #6 and #7's support plans.

On 12/8/2022, Resident #6's Son/POA signed [redacted] RASP and it was indicated that Resident was unable to participate.

On 12/10/2022, Resident #7's Son/POA signed [redacted] RASP and it was indicated that Resident was unable to participate.

On 12/2/2022, Admissions Director/Assistant Administrator composed and sent the letter to the families.

Licensee's Proposed Overall Completion Date: 01/18/2023

Implemented [redacted] 02/18/2023)