

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

March 28, 2024

[REDACTED], ADMISSIONS/ASST ADMIN
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 12/13/2023 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 **License #:** 40162 **License 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: [REDACTED]

Certificate(s) of Occupancy

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

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 65 **Waking Staff:** 49

Inspection Information

Type: Full **Notice:** Unannounced **BHA Docket #:**
Reason: Renewal **Exit Conference Date:** 12/13/2023

Inspection Dates and Department Representative

12/13/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 100 **Residents Served:** 46

Secured Dementia Care Unit

In Home: Yes **Area:** Warwick **Capacity:** 24 **Residents Served:** 14

Hospice

Current Residents: 10

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 46
Diagnosed with Mental Illness: 1 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 19 **Have Physical Disability:** 0

Inspections / Reviews

12/13/2023 Full

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 01/02/2024

01/04/2024 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 03/22/2024
Reviewer: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 01/11/2024

Inspections / Reviews *(continued)*

01/16/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/22/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 03/27/2024

03/28/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/22/2024

Reviewer: [REDACTED]

Follow Up Type: Not Required

3c - Post Current License

1. Requirements

2600.

- 3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

A copy of the most recent licensing inspection summaries dated 11/8/22 and 9/7/23 issued by the department were not posted in a conspicuous and public place in the home.

Plan of Correction

Accept (████) - 01/04/2024)

Current license is posted at the front desk. On 12/13/23, Administrator posted missing licensing inspection summaries dated 11/8/22 and 9/7/23 at the front desk. License inspection summaries will be posted at the front desk as they are received from the department. QA to be done by the Administrator weekly times two on 12/20/23 and 12/27/23, monthly times two on 1/27/24 and 2/27/24 and then quarterly. Compliance by the Administrator.

Licensee's Proposed Overall Completion Date: 01/02/2024

Implemented (████) - 03/28/2024)

51 - Criminal Background Check

2. Requirements

2600.

51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

Direct care staff person A, hired ██████ did not hold permanent residency in Pennsylvania for two consecutive years prior to employment; however, a FBI background check was not completed in accordance with the Older Adult Protective Services Act (OAPSA) (35 P.S. § 10225.101-10225.5102) and 6 Pa.Code Chapter 15.

Plan of Correction

Accept (████) - 01/04/2024)

Direct Care Staff person A completed FBI background check on 12/20/23 and is awaiting paperwork. Copy of receipt as proof was provided to the Administrator. Review of all current employees to be sure that all criminal history checks are present from anyone living outside of Pennsylvania for the last two years prior to their employment. In the future, any employees hired will be required to have criminal history checks prior to their first day of work. All staff involved in hiring process in-serviced on 1/2/24. QA of four employee records to be done by Administrator weekly times two on 12/20/22 and 12/27/22, monthly times two on 1/27/24 and 2/27/24, and then quarterly. Compliance by the Administrator.

Licensee's Proposed Overall Completion Date: 01/02/2024

Implemented (████) - 03/28/2024)

65e - 12 Hours Annual Training

3. Requirements

2600.

- 65.e. Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.

Description of Violation

Staff person B, hired ██████, completed 4.5 hours of the required 12 hours of annual training.

65e - 12 Hours Annual Training (continued)

Plan of Correction

Accept (████) - 01/16/2024)

Spreadsheet devised with all mandatory in-services and staff names to ensure that all staff attend proper in-services to be maintained by Administrator and/or designee. Spreadsheet will be put into effect as of 1/2/24. All 2023 mandatory in-services will be logged by 1/31/24 on new spreadsheet by Administrator to ensure that all staff has completed required training. If any are missing, Administrator will in-service staff where appropriate. QA of four staff members to be done weekly times two on 12/20/23 and 12/27/23, monthly times two on 1/27/24 and 2/27/24 and then quarterly by the Administrator or designee. Compliance by the Administrator.

Licensee's Proposed Overall Completion Date: 01/11/2024

Implemented (████) - 03/28/2024)

65f - Training Topics

4. Requirements

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

Description of Violation

Direct care staff person B, hired █████, did not receive the following required training topics in the training year 2022:

Medication self-administration training

Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan

Care for residents with dementia and cognitive impairments

Plan of Correction

Accept (████) - 01/16/2024)

Spreadsheet devised with all mandatory in-services and staff names to ensure that all staff attend proper in-services to be maintained by Administrator and/or designee. Spreadsheet will be put into effect as of 1/2/24. All 2023 mandatory in-services will be logged by 1/31/24 on new spreadsheet by Administrator to ensure that all staff has completed required training. If any are missing, Administrator will in-service staff where appropriate. QA of four staff members to be done weekly times two on 12/20/23 and 12/27/23, monthly times two on 1/27/24 and 2/27/24 and then quarterly by the Administrator or designee. Compliance by the Administrator.

Licensee's Proposed Overall Completion Date: 01/11/2024

Implemented (████) - 03/28/2024)

65g - Annual Training Content

5. Requirements

2600.

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

Description of Violation

Ancillary staff person C, hired on █████, did not receive the following required training topics in the training year 2022:

65g - Annual Training Content (continued)

*Emergency preparedness
The Older Adult Protective Services Act*

Direct care staff person B, hired on [REDACTED], did not receive the following required training topics in the training year 2022:

*Emergency preparedness
Resident Rights
The Older Adult Protective Services Act*

Plan of Correction

Accept [REDACTED] - 01/16/2024)

Spreadsheet devised with all mandatory in-services and staff names to ensure that all staff attend proper in-services to be maintained by Administrator and/or designee. Spreadsheet will be put into effect as of 1/2/24. All 2023 mandatory in-services will be logged by 1/31/24 on new spreadsheet by Administrator to ensure that all staff has completed required training. If any are missing, Administrator will in-service staff where appropriate. QA of four staff members to be done weekly times two on 12/20/23 and 12/27/23, monthly times two on 1/27/24 and 2/27/24 and then quarterly by the Administrator or designee. Compliance by the Administrator.

Licensee's Proposed Overall Completion Date: 01/11/2024

Implemented ([REDACTED] - 03/28/2024)

102i - Soap Dispenser**6. Requirements**

2600.

102.i. A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.

Description of Violation

There was an unlabeled, used bar of soap on the counter in the common use bathroom/Whirlpool room in the Cheswick section of the home.

Plan of Correction

Accept (JW - 01/16/2024)

The bar of soap was disposed of immediately on 12/13/23 upon discovering it by Assistant Administrator in the presence of the Department of Human Services State Surveyor. In-service of Nursing Staff done on 1/2/24 by Administrator. QA of four Resident's bathrooms and/or common bathrooms including Whirlpool rooms to be done weekly times two on 12/20/23 and 12/27/23, monthly times two on 1/27/24 and 2/27/24, and then quarterly by the Administrator or designee. Compliance by the Administrator.

Licensee's Proposed Overall Completion Date: 01/11/2024

Implemented ([REDACTED] - 03/28/2024)

103g - Storing Food**7. Requirements**

2600.

103.g. Food shall be stored in closed or sealed containers.

103g Storing Food (continued)

Description of Violation

A 10 lb bag of pasta is opened and undated in the pantry room.

A small bag of pasta is opened and undated in the pantry room.

Plan of Correction

Accept (redacted) - 01/16/2024)

The open and undated bags of pasta were immediately sealed properly and dated on 12/13/23 by the Food Service Director upon discovery. Audit of food storage areas to correct any concerns completed on 12/26/23 by the Food Service Director. In service done with all dietary staff on proper food storage and how to correctly label and date all opened food items on 1/2/24. Audit food storage areas weekly times two on 1/9/24 and 1/16/24, monthly times two on 2/16/24 and 3/16/24 and then quarterly by Food Service Director or designee. Compliance by the Administrator.

Licensee's Proposed Overall Completion Date: 01/11/2024

Implemented (redacted) - 03/28/2024)

103i - Outdated Food

8. Requirements

2600. 103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

An undated and opened bag of cut carrots in the walk in cooler.

Plan of Correction

Accept (redacted) - 01/16/2024)

The opened and undated bag of carrots was immediately disposed of upon discovery on 12/13/23 by the Food Service Director. Audit of food storage areas to correct any concerns completed on 12/26/23 by the Food Service Director. In service done with all dietary staff on proper food storage and how to correctly label and date all opened food items on 1/2/24. Audit food storage areas weekly times two on 1/9/24 and 1/16/24, monthly times two on 2/16/24 and 3/16/24 and then quarterly by Food Service Director or designee. Compliance by the Administrator.

Licensee's Proposed Overall Completion Date: 01/11/2024

Implemented (redacted) - 03/28/2024)

184a - Resident's Meds Labeled

9. 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 #1 is prescribed (redacted). Inject 12 units plus sliding scale subcutaneously at lunch and dinner; however, the sliding scale is not visible in the medication administration record nor is there a label on the kwickpen in the medication cart.

There were no pharmacy labels for (redacted) and (redacted) in the medication cart prescribed to #1.

184a - Resident's Meds Labeled (continued)

REPEAT VIOLATION 11/8/22

Plan of Correction

Accept ([redacted]) - 01/16/2024)

Immediate action taken was review on 12/22/23 of all Resident's within facility by Administrator and RN to determine which Resident's require insulin. Open and end date and initial stickers also ordered on 12/22/23. Administrator then contacted the Pharmacy to obtain appropriate ziplock bags including pharmacy labels to house insulin pens to include administration instructions and sliding scale information. All ziplock bags to be obtained by 1/31/24 as some Resident's use outside pharmacies. In-service of all med passers done on 1/2/24 by Administrator to educate on placement of insulin pens in ziplock bags and dating insulin pens with open and end dates and initials. Med passers also educated on where to find sliding scale information in Quick mar on 1/2/24 by Administrator and RN.

QA of four Resident's insulin pens for proper placement in ziplock bags to be done weekly times two on 2/7/24 and 2/14/24, monthly times two on 3/14/24 and 4/14/24, and then quarterly by the Administrator or designee. Compliance by the Administrator.

Licensee's Proposed Overall Completion Date: 01/31/2024

Implemented ([redacted]) - 03/28/2024)

190a - Completion Medication Course

10. Requirements

2600.

190.a. A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

Description of Violation

Staff person D, hired [redacted], did not complete a Department-approved medications administration course as the summary and qualification form was not completed by the train the trainer. However, staff person D administered medication to resident #2 on the [redacted], as indicated in the December 2023 MAR:

[redacted]

Plan of Correction

Accept ([redacted]) - 01/16/2024)

No immediate action was taken as Staff person D's last day of work at facility was on [redacted] before deficiency was received by facility on 12/22/23. Review of all current med passers to be sure that all state approved forms are present by RN on 1/2/24. In the future, any staff hired that already has their med pass certificate will be required to provide the additional summary and qualification forms or must repeat the med pass course. QA of state approved med pass forms of three med passers will be done monthly times two on 1/20/24 and 2/20/24 and then quarterly by the RN/med pass instructor or designee. Compliance by the Administrator.

Licensee's Proposed Overall Completion Date: 01/11/2024

Implemented ([redacted]) - 03/28/2024)

225a - Assessment 15 Days

11. Requirements

225a - Assessment 15 Days (continued)

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department’s assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

The initial assessment for resident #3, dated [REDACTED], indicates the resident is receiving hospice services; however, the contact information is not indicated under the formal support section or anywhere in the assessment or support plan.

Plan of Correction

Accept ([REDACTED] - 01/16/2024)

All Hospice records were reviewed on 1/2/24 by RN and appropriate Hospice Company names and phone numbers were added to each support plan. QA of four hospice records will be done monthly times two on 1/20/24 and 2/20/24, then quarterly thereafter by RN or designee. Compliance by the Administrator.

Licensee's Proposed Overall Completion Date: 01/11/2024

Implemented ([REDACTED] - 03/28/2024)