

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

April 11, 2025

[REDACTED], ADMINISTRATOR
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 03/06/2025 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: 01/03/2026
 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: 04/09/1998 Issued By: L&I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 78 Waking Staff: 59

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal Exit Conference Date: 03/06/2025

Inspection Dates and Department Representative

03/06/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 100 Residents Served: 57
 Secured Dementia Care Unit
 In Home: Yes Area: SDCU Capacity: 24 Residents Served: 16
 Hospice
 Current Residents: 12
 Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 57
 Diagnosed with Mental Illness: 1 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 21 Have Physical Disability: 0

Inspections / Reviews

03/06/2025 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 03/28/2025

Inspections / Reviews (*continued*)

04/04/2025 - POC Submission

Submitted By: [REDACTED] Date Submitted: 04/10/2025
Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 04/11/2025

04/04/2025 - POC Submission

Submitted By: [REDACTED] Date Submitted: 04/10/2025
Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 04/11/2025

04/11/2025 - Document Submission

Submitted By: [REDACTED] Date Submitted: 04/10/2025
Reviewer: [REDACTED] Follow-Up Type: Not Required

81b - Resident Personal Equipment

1. Requirements

2600.

81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

Resident #1 had an enabler bar attached to [REDACTED] bed; however, there was an approximate 2-inch gap between the bar and mattress posing an entrapment hazard.

Plan of Correction

Accept ([REDACTED] - 04/04/2025)

In response to the violation on 03/06/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken:

1. on 03/06/2025 by the Maintenance Man to Secure the mattress with Velcro to the frame of bed until Bed Gap fillers arrive.
2. on 03/06/2025 by the Administrator to Order appropriate mattress Gap fillers to secure to the bed frame to prevent gap between the mattress and enabler bar.

To enhance the currently compliant operations, on 03/11/2025 the Administrator will In-service all staff on regulation 2600.81b resident personal equipment, with a completion date of 03/21/2025.

Effective 03/28/2025 the PCA or designated person will perform daily x 2 weeks then weekly x 4 weeks then biweekly x 4 weeks checks to ensure no gaps between the mattress gap fillers and the enabler bar through 06/13/2025 to maintain ongoing compliance with ensuring wheelchairs, walkers, prosthetic devices and other apparatus used by residents are clean, in good repair and free of hazards. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 04/04/2025

Implemented ([REDACTED] - 04/11/2025)

183d - Prescription Current

2. Requirements

2600.

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

Description of Violation

Resident #2 had Omeprazole 20mg in the home's medication cart; however, the medication was discontinued on 2/28/25.

Plan of Correction

Accept ([REDACTED] - 04/04/2025)

In response to the violation on 03/06/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 03/06/2025 by the Med Tech to Remove the discontinued medication from the medication cart.

To enhance the currently compliant operations, on 03/11/2025 the Administrator will In-service all staff on regulation 2600.183d, prescriptions current, with a completion date of 03/21/2025.

183d - Prescription Current (continued)

Effective 03/10/2025 the RCC or designee will perform 2 x weekly x 2 weeks then weekly x 8 weeks Medcart audits through 06/13/2025 to maintain ongoing compliance with ensuring only current prescription, OTC, sample and CAM for individuals living in the home will be kept in the home. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 04/04/2025

Implemented (█) - 04/11/2025)

187d - Follow Prescriber's Orders**3. Requirements**

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #3 was ordered blood glucose checks once daily. However, the resident did not receive a blood glucose check on 3/2/25.

Plan of Correction

Accept (█) - 04/04/2025)

In response to the violation on 03/06/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 03/06/2025 by the RCC to Notify Physician of missed blood sugar check on 3/2/25, Physician stated no harm.

To enhance the currently compliant operations, on 03/11/2025 the Administrator will In-service all staff on regulation 2600.187d following prescribers orders, with a completion date of 03/21/2025.

Effective 03/11/2025 the RCC or Designee will perform Daily x 2 weeks then 2 x weekly x 2 weeks then 1 x weekly x 4 weeks Monitor MAR's for any missed physician orders. through 06/13/2025 to maintain ongoing compliance with ensuring the home must follow the directions of the prescriber. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 04/04/2025

Implemented (█) - 04/11/2025)

233c - Key-Locking Devices**4. 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 mechanism are not conspicuously posted near the door to the Secure Dementia Care Unit (SDCU). There was a code posted; however, the code indicated several numbers, but not which numbers are needed nor in which order to enter in the keypad to exit the SDCU.

233c - Key-Locking Devices (continued)**Plan of Correction****Accept (█ - 04/04/2025)**

In response to the violation on 03/06/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 03/07/2025 by the Administrator to Change the posted code exiting the SCU to a easier to understand code.

To enhance the currently compliant operations, on 03/11/2025 the Administrator will In-service all staff on regulation 2600.233c key locking devices, with a completion date of 03/21/2025.

Effective 03/13/2025 the Administrator or Designee will perform x2 interviews with 2 visitors for ease of reading and comprehending code to exit SCU. through 03/28/2025 to maintain ongoing compliance with ensuring that if key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, that directions for their operation are conspicuously posted near the device. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 03/28/2025

Implemented (█ - 04/11/2025)