

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

October 21, 2025

[REDACTED], OWNER  
1600 DARLINGTON ROAD LLC  
1600 DARLINGTON ROAD  
BEAVER FALLS, PA, 15010

RE: CAMBRIDGE VILLAGE PERSONAL  
CARE HOME  
1600 DARLINGTON ROAD  
BEAVER FALLS, PA, 15010  
LICENSE/COC#: 45656

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/27/2025, 08/28/2025 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 #: 45656 License Expiration: 07/25/2026  
 Address: 1600 DARLINGTON ROAD, BEAVER FALLS, PA 15010  
 County: BEAVER Region: WESTERN

**Administrator**

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

**Legal Entity**

Name: 1600 DARLINGTON ROAD LLC  
 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: Department of Labor and Industry

**Staffing Hours**

Resident Support Staff: 0 Total Daily Staff: 86 Waking Staff: 65

**Inspection Information**

Type: Full Notice: Unannounced BHA Docket #:  
 Reason: Renewal Exit Conference Date: 08/28/2025

**Inspection Dates and Department Representative**

08/27/2025 - On-Site: [REDACTED]  
 08/28/2025 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: 100 Residents Served: 62  
 Secured Dementia Care Unit  
 In Home: Yes Area: 1ST FLOOR Capacity: 24 Residents Served: 20  
 Hospice  
 Current Residents: 23  
 Number of Residents Who:  
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 62  
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0  
 Have Mobility Need: 24 Have Physical Disability: 0

**Inspections / Reviews**

08/27/2025 - Full  
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 09/23/2025

Inspections / Reviews *(continued)*

09/25/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/26/2025

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 09/30/2025

10/21/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/26/2025

Reviewer: [REDACTED]

Follow-Up Type: Not Required

51 - Criminal Background Check

1. 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

Staff person A's Pennsylvania State Police Criminal Background Check was dated more than 1 year prior to the staff person's date of hire.

Staff person B was hired [redacted]; however, the staff person's Pennsylvania State Police Criminal Background Check was not completed until [redacted]

Plan of Correction

Accept ( [redacted] - 09/25/2025)

In response to the violation on 08/27/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken:

- 1. on 08/28/2025 by the Administrator to Review regulation 2600.51. and review all current employee background checks to ensure they were obtained within the guidelines. Staff person A was a rehire and background check was obtained on [redacted] but hire date was [redacted] So still out of compliance but was obtained and not more than a year prior.
- 2. on 08/28/2025 by the Administrator to update the policy on Requesting and obtaining criminal background checks, to include that the request must be made prior to date of hire.

To enhance the currently compliant operations, on 09/03/2025 the Administrator will Educate [redacted] and Business office manager who currently runs the background checks by use of regulation and updated Policy and documentation will be kept, with a completion date of 09/23/2025.

Effective 09/03/2025 the Administrator will perform with each new hire for 3 months confirm Criminal background check obtained prior to hire date. through 12/05/2025 to maintain ongoing compliance with having criminal history checks and hiring policies that are 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). Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 09/23/2025

Implemented ( [redacted] - 10/21/2025)

95 - Furniture and Equipment

2. Requirements

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

The door to the Secure Dementia Care nurse's station did not lock.

## 95 - Furniture and Equipment (continued)

**Plan of Correction**

Accept (█ - 09/25/2025)

*In response to the violation on 08/27/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 08/27/2025 by the Maintenance █ to place new batteries in the key pad for the door to nurses station in the SCU.*

*To enhance the currently compliant operations, on 09/03/2025 the Administrator will In-service all staff on regulation 2600.95 and ensuring locks on nurses stations are locking and functioning as they should, and documentation will be kept, with a completion date of 09/23/2025.*

*Effective 08/29/2025 the Maintenance/designee will perform Daily x 2 weeks then 3 x weekly x 2 weeks then 1x weekly x 4 weeks then monthly x 1 month checks of locks on nurses stations through 11/14/2025 to maintain ongoing compliance with ensuring furniture and equipment is in good repair, clean and free of hazards and that all locks are in good working order and functioning as they should. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.*

**Licensee's Proposed Overall Completion Date:** 09/23/2025

Implemented (█ - 10/21/2025)

## 185a - Implement Storage Procedures

**3. 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 8/15/25 resident #1's glucometer indicated a blood glucose level of 325 at 3:44p.m.; however, the resident's August 2025 MAR indicated a blood glucose reading of 286.*

*On 8/16/25 resident #1's glucometer indicated a blood glucose level of 308 at 7:26a.m.; however, the resident's August 2025 MAR indicated a blood glucose reading of 307.*

*On 8/22/25 resident #1's glucometer indicated a blood glucose level of 292 at 10:40a.m.; however, the resident's August 2025 MAR indicated a blood glucose reading of 290.*

*On 8/23/25 resident #1's glucometer indicated a blood glucose level of 308 at 10:54a.m.; however, the resident's August 2025 MAR indicated a blood glucose reading of 307.*

*On 8/26/25 resident #1's glucometer indicated a blood glucose level of 264 at 10:35a.m.; however, the resident's August 2025 MAR indicated a blood glucose reading of 252.*

**Plan of Correction**

Accept (█ - 09/25/2025)

*In response to the violation on 08/27/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 08/28/2025 by the Administrator to Report a medication error to the department and notify physician of medication error according to documentation in MAR resident received wrong amount of insulin.*

**185a - Implement Storage Procedures (continued)**

To enhance the currently compliant operations, on 09/03/2025 the Administrator will In-service all Med-tech's on glucometer readings and documentation of correct reading, and documentation will be kept, with a completion date of 09/23/2025.

Effective 09/15/2025 the Resident care coordinator/designee will perform weekly x 8 weeks then biweekly x 6 weeks audits of glucometers and MARS to ensure documentation is correct. through 12/19/2025 to maintain ongoing compliance with ensuring the home will develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 09/23/2025

Implemented (█) - 10/21/2025

**187d - Follow Prescriber's Orders****4. Requirements**

2600.

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

**Description of Violation**

Resident #1 is prescribed blood sugar checks 4 times a day, however, resident #1's blood sugar was only checked 3 times a day on 8/23/25, 8/24/25 and 8/26/25.

Resident #1 is prescribed Insulin Lispro Kwikpen 100/ml, inject sub-q before meals per sliding scale: 0-140=0 units, 141-180=1 unit, 181-220=2 units, 221-260=2 units, 261-300=4 units, 301-450=7 units, 451-499=8 units, >500 call MD.

On 8/5/25 resident #1's blood glucose reading was 331 and █ was administered 8 units of insulin, however █ should have received 7 units of insulin.

On 8/6/25 resident #1's blood glucose reading was 282 and █ was administered 3 units of insulin, however █ should have received 4 units of insulin.

On 8/7/25 resident #1's blood glucose reading was 400 and █ was administered 18 units of insulin, however █ should have received 7 units of insulin.

On 8/8/25 resident #1's blood glucose reading was 217 and █ was administered 4 units of insulin, however █ should have received 2 units of insulin.

On 8/16/25 resident #1's blood glucose reading was 308 and █ was administered 4 units of insulin, however █ should have received 7 units of insulin.

On 8/17/25 resident #1's blood glucose reading was 236 and █ was administered 2 units of insulin, however █ should have received 3 units of insulin.

On 8/22/25 resident #1's blood glucose reading was 271 and █ was administered 0 units of insulin, however █ should have received 4 units of insulin.

## 187d - Follow Prescriber's Orders (continued)

**Plan of Correction**

Accept (█) - 09/25/2025)

*In response to the violation on 08/27/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 08/28/2025 by the Administrator to Report a medication error to the department and notify physician of medication error according to documentation in MAR resident received wrong amount of insulin.*

*To enhance the currently compliant operations, on 09/03/2025 the Administrator will In-service all Med-tech's on glucometer readings and documentation of correct reading and documentation of correct insulin units, and documentation will be kept, with a completion date of 09/23/2025.*

*Effective 09/15/2025 the Resident Care Coordinator/designee will perform Weekly x 8 weeks then biweekly x 6 weeks Audits of glucometers and MAR's to ensure resident accu check being performed per orders and resident is receiving proper Insulin dose. through 12/12/2025 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:** 09/23/2025

Implemented (█) - 10/21/2025)

## 190b - Insulin Injections

**5. Requirements**

2600.

190.b. A staff person is permitted to administer insulin injections following successful completion of a Department-approved medications administration course that includes the passing of a written performance-based competency test within the past 2 years, as well as successful completion of a Department-approved diabetes patient education program within the past 12 months.

**Description of Violation**

*On 8/12/25 at 8:00a.m., 12:00p.m. and 4:00p.m., staff person C, who has not successfully completed a Department-approved diabetes patient education program within the past 12 months, administered insulin to resident #1.*

**Plan of Correction**

Accept (█) - 09/25/2025)

*In response to the violation on 08/27/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 08/28/2025 by the Administrator to Review all med tech files for insulin proper insulin training certificate.*

*To enhance the currently compliant operations, on 09/03/2025 the Administrator will In-service all Med techs on regulation 2600.190.b and documentation will be kept, with a completion date of 09/23/2025.*

**190b - Insulin Injections (continued)**

*Effective 09/02/2025 the Administrator/designee will perform 1x initial audit and with each new med tech for 3 months review of Diabetic training certificate to ensure proper certificate/training is obtained through 12/19/2025 to maintain ongoing compliance with ensuring that A staff person is permitted to administer insulin injections following successful completion of a Department-approved medications administration course that includes the passing of a written performance-based competency test within the past 2 years, as well as successful completion of a Department-approved diabetes patient education program within the past 12 months. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.*

**Licensee's Proposed Overall Completion Date: 09/23/2025**

**Implemented (█ - 10/21/2025)**