

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

May 19, 2026

[REDACTED]
1600 DARLINGTON ROAD LLC
[REDACTED]

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

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/10/2026 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: [REDACTED]
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:** 84 **Waking Staff:** 63

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Complaint, Incident **Exit Conference Date:** 03/10/2026

Inspection Dates and Department Representative

03/10/2026 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information			
License Capacity: 100	Residents Served: 65		
Secured Dementia Care Unit			
In Home: Yes	Area: 1st Floor	Capacity: 24	Residents Served: 19
Hospice			
Current Residents: 15			
Number of Residents Who:			
Receive Supplemental Security Income: 0	Are 60 Years of Age or Older: 65		
Diagnosed with Mental Illness: 0	Diagnosed with Intellectual Disability: 0		
Have Mobility Need: 19	Have Physical Disability: 0		

Inspections / Reviews

03/10/2026 Partial
Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 04/06/2026

03/30/2026 - POC Submission
Submitted By: [REDACTED] **Date Submitted:** 04/09/2026
Reviewer: [REDACTED] **Follow-Up Type:** Document Submission **Follow-Up Date:** 04/30/2026

Inspections / Reviews *(continued)*

05/19/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/09/2026

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

23a Activities of Daily Living Assistance

1. Requirements

2600.

23.a. A home shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.

Description of Violation

The support plan, dated [REDACTED] for resident [REDACTED] indicates that staff will provide assistance with transfers and with toileting. On [REDACTED] at approximately 10:00 PM, resident [REDACTED] asked direct care staff person A to transfer [REDACTED] from the chair and prepare [REDACTED] for bed. Staff person A told resident [REDACTED] [REDACTED] was unable to help [REDACTED] at that time because [REDACTED] had other people to care for. No one returned to assist the resident for over an hour.

Plan of Correction

Accepted [REDACTED] - 03/30/2026)

On 2/19/26 at approximately 1045am, Resident [REDACTED] told a MT that [REDACTED] was afraid of the aide that refused to put [REDACTED] to bed the night before. The MT immediately informed the ED. On 2/19/26, ED spoke with resident [REDACTED] and confirmed that [REDACTED] had not been put to bed by the aide [REDACTED] had asked and had to wait an hour until the night shift arrived. The ED also assured [REDACTED] that staff member A would not be [REDACTED] aide again. On 2/19/26 at approximately 3:45pm, the ED completed and sent a Reportable Event form to DHS. On 2/19/26, Staff person A was going to be suspended; however, [REDACTED] reported off work. On 2/19/26 at approximately 3:00pm the ED notified resident [REDACTED]'s [REDACTED] who is the POA. On 2/19/26 at approximately 2:30pm, 3:30pm and 4:30pm, the ED and DON called Staff Member A to suspend [REDACTED]. There was no answer, so messages were left. Staff member A was scheduled off on 2/20/26. On 2/20/26 at approximately 2:50pm, the ED and DON called staff person A and suspended [REDACTED] pending investigation. On 2/20/26, an investigation into the incident began. On 2/20/26 at approximately 1:30pm, the ED called the Area Agency on Aging and reported the incident. Also, on 2/20/26, the ED completed and sent the Act 70 Mandatory Reporting Form. On 2/23/26, staff member came to a meeting with the ED and DON and reported that [REDACTED] phone had been turned off. On 2/23/26, [REDACTED] from the Area Agency on Aging called the ED and said that the incident did not warrant a visit. On 2/24/26, the ED spoke to Resident [REDACTED] and [REDACTED] and told them that staff member A would not be returning to the building. On 3/6/26, the ED and DON, called staff member A and terminated [REDACTED] employment. An in-service on 2600.23.a, will be given to all clinical staff by Heartland Hospice RN. This will be completed by 4/2/26. Signatures will be obtained and documentation will be kept. Beginning on 3/30/26, the ED will conduct weekly audits by selecting 5 Residents and will speak to them to ensure that they are receiving all their needed ADL's. This audit will continue for one month. All documentation will be kept and presented at the monthly QAPI meeting.

Licensee's Proposed Overall Completion Date: 04/30/2026

Implemented [REDACTED] - 05/19/2026)