

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

June 15, 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 05/08/2026 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

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 107 **Waking Staff:** 80

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Complaint **Exit Conference Date:** 05/08/2026

Inspection Dates and Department Representative

05/08/2026 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 100 **Residents Served:** 72

Secured Dementia Care Unit

In Home: Yes **Area:** 1st Floor **Capacity:** 24 **Residents Served:** 19

Hospice

Current Residents: 21

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 72
Diagnosed with Mental Illness: 40 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 35 **Have Physical Disability:** 0

Inspections / Reviews

05/08/2026 Partial

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 05/21/2026

05/22/2026 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 06/14/2026
Reviewer: [REDACTED] **Follow-Up Type:** Document Submission **Follow-Up Date:** 06/26/2026

Inspections / Reviews *(continued)*

06/15/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/14/2026

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

85e - Trash Outside Home

1. Requirements

2600.

85.e. Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

Description of Violation

There were 2 black trash bags and multiple loose pieces of trash on the ground next to the dumpster.

Plan of Correction

Accept [redacted] - 05/22/2026)

Plan of Correction

1. On 5/8/2026 the trash that had fallen out of the dumpster while being emptied that morning was returned to the dumpster by the Maintenance staff.
2. Executive Director or designee will educate current staff by 5/22/26 on regulation 2600.85.e and the need for trash outside of the home to be kept in covered receptacles. Documentation of training shall be kept.
3. The Director of Plant Operations or designee will audit that trash outside of the home is kept in covered receptacles beginning 5/18/26 weekly for 4 weeks, bi-weekly for 4 weeks and monthly for one month. The results of the audit will be reported to the Executive Director immediately if there is a discrepancy.
4. The results of the audits will be reviewed at the monthly Quality Assurance meetings with ED and department Directors beginning 6/23/26 and continued review will be based on three months' sustained compliance.

Licensee's Proposed Overall Completion Date: 06/17/2026

Implemented [redacted] - 06/15/2026)

183e - Storing Medications

2. Requirements

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

Resident [redacted] is prescribed [redacted] units sub-Q every day. However, the medication did not have an open date on it.

Plan of Correction

Accept [redacted] 05/22/2026)

Plan of Correction

1. The open medication for Resident [redacted] was immediately removed from the medication cart on 5/8/2026 and properly disposed of according to company policy. A new insulin pen was opened and dated for Resident [redacted]
2. A Med cart audit will be completed by the Director of Nursing or designee by 5/22/26 to verify that medications have an opened date. Documentation shall be kept.
3. Current med techs to receive training by the Director of Nursing or designee by 5/22/26 on proper labeling of medication with open dates as applicable to Regulation 2600.183.e. Documentation of training shall be kept.
4. Director of Nursing or designee will audit 5 resident's medications beginning 5/26/26 weekly for 4 weeks then biweekly for 4 weeks and monthly for one month. The results of the audit will be reviewed by the Executive Director or designee.
5. The results of the audits will be reviewed at the monthly Quality Assurance meetings with ED and department

183e Storing Medications (continued)

Directors beginning 6/23/26 and continued review will be based on three months' sustained compliance.

Licensee's Proposed Overall Completion Date: 06/17/2026

Implemented [REDACTED] 06/15/2026)

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

Resident [REDACTED] is prescribed [REDACTED] before meals and at bed time per scale, 141 180 4U, 181 220 5U, 221 260 6U, 261 300 7U, 301 340 8U, 341 400 9U, 401 450 10U, 450 999 11U and call MD. However, multiple glucose measurements were not indicated on the resident's May 2026, Medication Administration Record to include [REDACTED] at 12:00 p.m. and at 7:00 a.m.

Plan of Correction

Accept [REDACTED] 05/22/2026)

Plan of Correction

1. immediate can BG reading be obtained from glucometer? The Director of Nursing or designee will audit Resident #2 Medication Administration Record daily beginning 5/15/26 for 10 days to ensure glucose measurements are accurately obtained and documented according to Regulation 2600.185.a and issues will be immediately addressed.
2. Current med techs to receive training by the Director of Nursing or designee by 5/22/26 on properly obtaining and documenting glucose measurements as applicable to Regulation 2600.185.a. Documentation of training shall be kept.
3. Director of Nursing or designee will audit 5 resident's glucose measurements and documentation in the Medication Administration Record beginning 5/22/26 weekly for 4 weeks then biweekly for 4 weeks and monthly for one month. The results of the audit will be reviewed by the Executive Director or designee.
4. The results of the audits will be reviewed at the monthly Quality Assurance meetings with ED and department Directors beginning 6/23/26 and continued review will be based on three months' sustained compliance.

Licensee's Proposed Overall Completion Date: 06/17/2026

Implemented [REDACTED] 06/15/2026)

187a - Medication Record**4. Requirements**

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

6. Dose.

Description of Violation

Resident [REDACTED] is prescribed [REDACTED] inject three times a day per sliding scale, 0 149 0U, 150 175 2U, 176 200 3U, 201 250 4U, 251 300 5U, 301 350 7U, 351 400 9U, greater than 400 12U, call md. On [REDACTED], at 8:00 a.m., the resident's Medication Administration Record indicated a blood glucose measurement of [REDACTED]. As per the medications order the resident was administered 0 units on insulin. However, the resident's May 2026,

187a - Medication Record (continued)

Medication Administration Record indicated the resident was administered 3 units of insulin for the corresponding date / time .

Plan of Correction

Accept (██████ 05/22/2026)

Plan of Correction

1. The Director of Nursing corrected the Medication Administration Record on Date to document the administration of 3U of Novolog straight order in the proper location.
2. Current med techs to receive training by the Director of Nursing or designee by 5/22/26 on properly documenting insulin administration as applicable to Regulation 2600.187.a. Documentation of training shall be kept.
3. Director of Nursing or designee will audit 5 resident's Medication Administration Record beginning 5/22/26 for proper documentation weekly for 4 weeks then biweekly for 4 weeks and monthly for one month. The results of the audit will be reviewed by the Executive Director or designee.
4. The results of the audits will be reviewed at the monthly Quality Assurance meetings with ED and department Directors beginning 6/23/26 and continued review will be based on three months' sustained compliance.

Licensee's Proposed Overall Completion Date: 06/17/2026

Implemented (██████ 06/15/2026)

187d - Follow Prescriber's Orders**5. Requirements**

2600.

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

Description of Violation

Resident ██████ was prescribed ██████ three units sub-Q every morning with breakfast. However, resident ██████ was not administered this medication on multiple dates to include ██████ and ██████.

Plan of Correction

Accept (██████ - 05/22/2026)

Plan of Correction

1. The Director of Nursing or designee will audit Resident ██████ Medication Administration Record beginning 5/15/26, daily for 10 days to ensure medication is administered according to directions of the prescriber.
2. Current med techs to receive training by the Director of Nursing or designee by 5/22/26 on following the directions of the prescriber as applicable to Regulation 2600.187.d. Documentation of training shall be kept.
3. Director of Nursing or designee will audit 5 resident's Medication Administration Record beginning 5/22/26 weekly for 4 weeks then biweekly for 4 weeks and monthly for one month. The results of the audit will be reviewed by the Executive Director or designee.
4. The results of the audits will be reviewed at the monthly Quality Assurance meetings with ED and department Directors beginning 6/23/26 and continued review will be based on three months' sustained compliance.

Licensee's Proposed Overall Completion Date: 06/17/2026

Implemented (██████ - 06/15/2026)