

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

September 1, 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 05/29/2026 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:** Dept L & I

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 111 **Waking Staff:** 83

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Complaint **Exit Conference Date:** 06/22/2026

Inspection Dates and Department Representative

05/29/2026 - 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:** Warwick **Capacity:** 24 **Residents Served:** 21

Hospice

Current Residents: 20

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 72
Diagnosed with Mental Illness: 50 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 39 **Have Physical Disability:** 0

Inspections / Reviews

05/29/2026 Partial

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 07/12/2026

07/13/2026 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 08/31/2026
Reviewer: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 07/20/2026

Inspections / Reviews (*continued*)

07/15/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 08/31/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 09/10/2026

09/01/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 08/31/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

57d - Waking Hours

1. Requirements

2600.

57.d. At least 75% of the personal care service hours specified in subsections (b) and (c) shall be available during waking hours.

Description of Violation

The home is required to have a minimum of 1 hour of personal care services for each mobile resident and 2 hours of personal care services for each resident with mobility needs. On [REDACTED], there were 71 residents residing in the home, including 39 residents with mobility needs, requiring a total minimum of 82.5 direct care staffing during waking hours. On this day, only 67.5 hours of direct care staffing were provided during waking hours.

Plan of Correction

Accept [REDACTED] 07/15/2026)

Upon identification of the deficiency, the ED immediately reviewed the staffing schedule and adjusted the direct care staffing to ensure at least 75% of required pc service hours are scheduled during waking hours. The RCC and designee will use the staffing calculator tool to verify compliance starting on 7/6/2026 prior to posting the schedule. OT will be approved for any open or available shifts by the ED. The ED and or designee will be re-educated on the staffing requirements as outlined in 2600.57d starting on 7/2/2026 and will be completed by 7/17/2026. Staffing schedules will be adjusted with changes in census or resident mobility need starting on 7/6/2026 by the Res Care Coordinator or designee. The ED or designee will audit staffing schedules and staffing hours weekly for 4 weeks starting on 7/13/2026, the monthly for 3 months to verify compliance. All corrective actions will be completed by Sept 12, 2026

Licensee's Proposed Overall Completion Date: 09/30/2026

Implemented [REDACTED] - 09/01/2026)

187b - Date/Time of Medication Admin.

2. Requirements

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident [REDACTED] was ordered [REDACTED], take 1 tablet by mouth every evening for 5 days for UTI. Staff did not initial the medication administration record on [REDACTED] at the time of administration.

Plan of Correction

Accept [REDACTED] - 07/15/2026)

The medication record for the identified resident was immediately reviewed and corrections were made by the Director of Nursing. Staff were immediately instructed to document all medication administration on the MAR at the time the medication was administered by the DON. All staff did receive re-education regarding the required documentation medication administration on the MAR per regulations starting on 7/2/2026 by the ED or designee and will be completed by 7/30/2026. The administrator and/or designee will complete weekly audits of all current resident MAR to help to identify and correct medication documentation for 4 weeks starting 7/13/2026 and monthly for 3 months to ensure regulatory compliance, audits to be completed by 9/30/2026. Any identified documentation deficiencies will be address immediately through counselling and retraining as appropriate by the ED or designee.

Licensee's Proposed Overall Completion Date: 09/30/2026

Implemented [REDACTED] 09/01/2026)

187d - Follow Prescriber's Orders

3. Requirements

2600.

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

Description of Violation

Resident [REDACTED] was prescribed [REDACTED], once daily on [REDACTED]. However, on [REDACTED], this medication was still not available in the home for administration and was not listed on the resident May 2026 medication administration record (MAR).

Repeated Violation- [REDACTED] et al, [REDACTED]

Plan of Correction

Accept [REDACTED] - 07/15/2026)

The identified medication order was immediately reviewed, and the MAR was reconciled with the current physician's orders by the Director of Nursing. The missing medication was immediately added to the MAR by the DON, the pharmacy was contacted to obtain the medication without delay, and the MD was notified of the missing dose. The facility will implement a medication reconciliation process whenever new medication is prescribed or a resident is admitted, returns from the hospital, or has a medication change to ensure all physician's orders are transcribed on the MAR starting on 7/13/2026 to be completed by the DON or designee. Training on regulation 2600.187d - was started on 7/2/2026 and will be completed by 7/30/2026 for all staff by the ED or designee. Medication inventory and reconciliation will be implemented routinely to verify that all prescribed medications are available before prescribed times starting on 7/2/2026 by the ED or designee. The ED or designee will conduct weekly audits of orders, MARS, and medications available starting on 7/13/2026 four weeks, and monthly for 3 months completing by 9/30/2026. Any discrepancies will be corrected immediately, and additional staff training will be provided as needed by the ED or designee.

Licensee's Proposed Overall Completion Date: 09/30/2026

Implemented [REDACTED] - 09/01/2026)

231b - Medical Evaluation

4. Requirements

2600.

231.b. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit.

Description of Violation

Resident [REDACTED] is a resident residing in the secured dementia care unit (SDCU); however the most recent medical evaluation, dated [REDACTED], did not indicate the need to reside in the SDCU.

Plan of Correction

Accept [REDACTED] - 07/15/2026)

The resident's physician was immediately contacted, and an updated DME was obtained documenting the resident's cognitive status and the need for placement in a secured dementia care unit by the ED. The resident's record was immediately updated by the ED to include the completed documentation. The community will review all current residents residing in the secured dementia care unit to verify that each has a current DME documenting the need for placement in the secured unit starting on 7/13/2026 and will be completed by the ED and or designee. The

231b Medical Evaluation (continued)

admission and assessment placement will be revised to include verification that the DME specifically documents the need for a secured dementia unit before or upon placement starting on 7/13/2026 and will be completed by the admission manager or designee. The ED or designee responsible for admissions and record review was re educated on the documentation requirement 2600.231b requirements starting on 7/2/2026. The ED or designee will audit all new admissions to the secured dementia care unit for 3 months to ensure the required documentation is complete starting on 7/13/2026 and will be completed by 9/30/2026. Any deficiencies will be corrected by the ED or designee immediately and the staff will receive additional education as needed.

Licensee's Proposed Overall Completion Date: 09/30/2026

Implemented ([REDACTED] - 09/01/2026)