



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

JUL 05 2013

Ms. Susan C. Blue, President/CEO
Community Services Group, Inc.
320 Highland Drive
P.O. Box 597
Mountville, Pennsylvania 17554

RE: Community Services Group
532 West Saylor Street
Atlas, Pennsylvania 17851

Dear Ms. Blue:

As a result of the Department of Public Welfare's licensing inspection on May 14, 2013, of the above personal care home the violations with 55 Pa.Code Ch. 2600 specified on the enclosed Violation Report were found.

All violations specified on the enclosed Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code 2600 must be maintained.

Your regular license for the period July 18, 2013 to July 18, 2014 was issued on March 29, 2013. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink, appearing to read 'R. Melusky'.

Ronald Melusky
Director

Enclosure
Violation Report

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

PCH Name: COMMUNITY SERVICES GROUP		License Number: 20813
Address: 532 W SAYLOR STREET, ATLAS, PA 17851		County: Northumberland
Administrator: Donna Graeff and Kelly Windle		Region: NORTHEAST
Legal Entity Name: COMMUNITY SERVICES GROUP INC		
Legal Entity Address: P.O. BOX 597, MOUNTVILLE, PA 17854		
Certificate(s) of Occupancy C-2 LP 08/30/2001 PA Dept. of L&I		
Staffing Hours	Total Daily Staff: 21	Waking Staff: 16
Resident Support: 1		
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal, Complaint, Incident		
On-Site Inspections Dates and Department Representatives On-Site 05/14/2013: Dumas, Gerald; Yellenko, Cindy		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 20	Number of Residents who:	
Number of Residents Served: 19	Receive Supplemental Security Income: 16	
Secured Dementia Care Unit in Home: No	Are 60 Years of Age or Older: 9	
Area:	Have Mental Illness: 19	
Secured Dementia Unit Capacity, if Applicable:	Have an Intellectual Disability: 0	
Number of Residents Served in Secured Dementia Care Unit, if applicable:	Have a Mobility Need: 1	
Number of Current Hospice Residents: 1	Have a Physical Disability: 0	
Number of Hospice Residents in past year: 1		

Violation Report: 20013 - 05/14/2013 - Dumas, Gerald
 PCH Name: COMMUNITY SERVICES GROUP

1. REGULATION 55 Pa.Code §2600
 2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION
 Resident #1 missed their 8:00pm medications on 8-18-2012. It was reported to the physician, but there was no reportable incident submitted to the Department.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a subsequent violation from occurring again. If steps cannot be completed

Regulation 2600.16(c) is important to the homes analysis of incident trends and root causes as well as prepares the home to prevent future incidents. Furthermore it also may decrease the need for the department to pursue additional information. The regulation was violated because an incident report was not sent to the Department. The cause of this oversight was the lack of follow-thru in following the programs Policy and Procedure on incident reporting. At this point, the program is not being asked to submit an incident report for this matter however the Policy and Procedure will be reviewed by all Staff and the administrators of the home will ensure that reportable incidents are sent to the Department as indicated in the PCH 2600 Regulations. The administrators will accomplish this by receiving a verbal daily report on any incidents/situations. The administrator or supervisory designee will also review the 24 Hour Report daily. This will allow for the administrator to process with Staff whether the incident/situation is reportable or not and prompt for an incident report to be completed if needed. The Staff, and ultimately, the administrators will be responsible for preventing further violation of this regulation.

The administrators will ensure the following:
 Incident Reporting P&P to be reviewed by all Staff by 6/21/13.
 Regulation 2600.16 (b-f) will be reviewed by all Staff utilizing the RCG by 6/21/13.
 Verbal Daily Report to begin immediately by Staff to the administrator or designee.
 24 Hour Report to be reviewed daily.

*See attached Incident Reporting Policy and Procedure for the Home

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page) *Julie R Weaver*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Julie R. Weaver* Date *5-28-13*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 5/30/13
 (Date)

Plan of correction implementation status as of 5/30/13
 (Date)

The above plan of correction was approved by *M*
 (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 20813 - 05/14/2013 - Dumas, Gerald
 PCH Name: COMMUNITY SERVICES GROUP

1. REGULATION 65 Pa. Code §2600
 2600.25(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

2a. DESCRIPTION OF VIOLATION
 Resident #2, date of admission 12-3-2012, signed the contract along with the administrator/designee. The resident has a payer, and the payer did not sign the contract.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Regulation 2600.25(b) is an important regulation as it constitutes a pledge by both parties to abide by the specified terms of the contract. The regulation was violated due to the representative payee's signature not being obtained on her Resident-Home Contract. The cause of the violation was not obtaining the signature of the representative payee, this oversight occurred following the review of the Resident-Home Contract. The violation was rectified on 5/22/13 by obtaining the representative payees signature on the Resident-Home Contract. Further violations of this regulation will be prevented by adding the step of obtaining the representative payees signature to the admission checklist. The administrators will be responsible for preventing further violations of this regulation.

*See attached Resident-Home Contract with Representative Payee signature obtained for the individual in question.
 *See attached Admission Checklist with added step referenced above.

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Printed Name and Title of Legal Entity Representative
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Violation Report: 20813 - 05/14/2013 - Dumas, Gerald
 PCH Name: COMMUNITY SERVICES GROUP

1. REGULATION 55 Pa.Code §2600
 2600.191 - The home shall educate the resident on the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

2a. DESCRIPTION OF VIOLATION
 Resident #3, date of admission 4-19-2013, and Resident #2, date of admission 12-3-2012, have not been educated on their right to question or refuse medications if they believe that the medication may be an error.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Regulation 2600.191 is important to the educating of residents on their right to question or refuse medication if the resident believes there may be a medication error. The regulation was violated due to an update of the Resident-Home Contract in May of 2012 and this medication right was inadvertently not added to Addendum A Resident Rights. The home will utilize an addendum to the contract outlining the medication right and education of the resident concerning this matter to the Contract for the 2 residents in question who's contract has this right omitted. Future violations will be prevented by updating the Resident-Home Contract immediately so that all future resident admissions will be informed and educated on this right. The administrator will be responsible for ensuring that this violation does not occur again. This violation was able to be corrected for Resident #3 on 5/28/13 by an Addendum outlining the medication right. The violation for Resident #2 will be corrected by 5/31/13.

The administrators will ensure the following:
 Review of Resident-Home Contract Addendum F with Resident #2 by 5/31/13

- *See attached Resident-Home Contract updated on 5/28/13
- *See attached Resident-Home Contract Addendum for Resident #3 reviewed on 5/28/13.

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative (Required on EVERY Page)	Julie R Weaver
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Julie R Weaver	5-28-13

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Violation Report: 20813 - 05/14/2013 - Dumas, Gerald
 PCH Name: COMMUNITY SERVICES GROUP

1. REGULATION 55 Pa.Code §2600
 2600.221(c) - A current weekly activity calendar shall be posted in a conspicuous and public place in the home.

2a. DESCRIPTION OF VIOLATION
 On the day of inspection, the scheduled activity for the afternoon was "cards." Resident interviews indicated that cards were not initiated by staff in the afternoon.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Regulation 2600.221(c) is important to PCH services as having a weekly activity calendar will help residents know when activities are held and assist them in deciding which ones they would like to participate in and plan their week accordingly. The regulation was not upheld due to the residents reporting during the inspection interviews that cards were not initiated by staff in the afternoon. The cause of this violation was due to PCH staff not holding the planned activity for the afternoon of 5/14/13. A way to prevent this from occurring again will be to review the activities scheduled to be held during the morning shift report. This way the administrator and Staff can be clear on which Staff person is responsible for facilitating the activity scheduled. This will also assist in ensuring that the Staff has what they need to carry out the scheduled activity. In addition, during the weekly house meeting the home will begin to review which activities residents enjoyed the most from the previous week as well as which activities they would like to see included over the next few weeks. This will also ensure that residents input are being included in developing the schedule and hold Staff accountable to facilitating the scheduled activities. The house meeting notes and activity schedule are reviewed by the administrator each week. The administrator will utilize the house meeting notes to ensure that activities are being held based on the feedback from residents and ensure that their feedback is being included in future activity schedules. This process will ensure that this violation does not occur again.

The administrators will ensure the following:
 Beginning 6/2/13 feedback on previous activities will be included on the house meeting agenda.
 Beginning 6/2/13 suggestions for future activities will be elicited from residents.
 Beginning 6/3/13 suggested activities will be included on the weekly activity schedule.
 The administrator will continue to review and sign the House Meeting notes each week to ensure the above items on included as part of the discussion.
 The administrator will continue to review the weekly activity schedule to ensure suggested activities are included.

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Printed Name and Title of Legal Entity Representative
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Violation Report: 20813 - 05/14/2013 - Dumas, Gerald
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1. REGULATION 56 Pa.Code §2600
 2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

2a. DESCRIPTION OF VIOLATION
 Resident #3's, date of admission 4-19-2013, pre-admission screening was completed on 2-12-2013.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Regulation 2600.224(a) is important as it ensures that the home can meet the resident's needs prior to admission. The regulation was not upheld due to the Pre-Admission screening being completed on 2/12/13 and date of admission being 4/19/13. This violation occurred due to the resident's trial visits to the home and subsequently admission did not occur as soon as anticipated. Not completing a new Pre-admission screening was oversight on the administrator's part as a new one should have been completed within 30 days of admission. Future violations will be prevented by the administrator creating a timeline using the admission checklist for all referrals. The admission checklist will list all needed paperwork, department forms and agency forms including dates due. One week prior to admission, the administrator will review this paperwork to be sure that the timeline is still accurate and that department forms are completed within the timeframes indicated within the 2600 PCH regulations.

*See attached Admission Checklist

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