



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

JUN 25 2014

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
License #: 208130

Dear Ms. Blue:

As a result of the Department of Public Welfare's licensing inspection on April 28, 2014, of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Your regular license for the period July 18, 2014 to July 18, 2015 was issued on April 16, 2014. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink, appearing to read "Matthew J. Jones", with a long horizontal flourish extending to the right.

Matthew J. Jones
Director

Enclosure
License Inspection Summary

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

PCH Name: COMMUNITY SERVICES GROUP		License Number: 208130
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 17554		
Certificate(s) of Occupancy		
C-2 LP	I-1	
08/30/2001	10/16/2007	
PA Dept. L&I	Mount Carmel Township	
Staffing Hours		
Resident Support: NA	Total Daily Staff: 22	Waking Staff: 17
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Renewal		
On-Site Inspections Dates and Department Representatives On-Site		
04/28/2014: Patton, Leslie; Novak, Ryan		
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: 20	Receive Supplemental Security Income: 15	
Secured Dementia Care Unit in Home: No	Are 60 Years of Age or Older: 9	
Area:	Have Mental Illness: 20	
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: 2	
Number of Current Hospice Residents: 1	Have a Physical Disability: 0	
Number of Hospice Residents in past year: 1		

Violation Report: 20813 - 04/28/2014 - Patton, Leslie
 PCH Name: COMMUNITY SERVICES GROUP

1. REGULATION 55 Pa.Code §2600

2600.15(a) - The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adults Protective Services Act (35 P.S. Sections 10225.701 - 10225.707) and 6 Pa. Code Sections 15.21 - 15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

2a. DESCRIPTION OF VIOLATION

On 3/22/14 at approximately 1:00pm, resident #1 told staff person A that resident #2 sexually assaults her/him every night. The allegation of sexual abuse by resident #2 was not reported to the local Area Agency on Aging.

3. PLAN

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Regulation 2600.15(a) This regulation ensures that abuse or suspected abuse is appropriately reported and investigated. It is important as a mechanism to protect individuals in care from abuse and to prevent abuse. The regulation was violated because an Act 13 Report was not sent to Area Agency on Aging as indicated in Regulation 2600.15(a) which supports the Older Adults Protective Services Act. The cause of this oversight was the lack of follow-thru in following the programs Policy and Procedure on incident reporting. Allegations of abuse will be reported as indicated in the PCH 2600 Regulations and in accordance with OAPSA standards. The Policy and Procedure will be reviewed by all Staff and the administrators of the home will ensure that suspected abuse of a resident is reported immediately to the Department and that Area Agency on Aging is notified immediately 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 or supervisory designee to process with Staff whether the incident/situation is reportable or not and prompt for an Act 13 report to be completed if needed. Any verbal or written reports that allude to or concretely allege abuse will be looked into further. The administrator will utilize progress notes, interviews with the resident making the allegations and Staff working during the shift that the allegation was made so that a concise follow-up report can be made to the Department and Aging. 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 6/30/14.
 Regulation 2600.16 (b-f) will be reviewed by all Staff utilizing the RCG by 6/30/14.
 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):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Julie Weaver*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Julie Weaver, Vice President* Date *5/19/14*

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

The above plan of correction is approved as of <u>5/23/14</u> (Date)	Plan of correction implementation status as of <u>5/23/14</u> (Date)
The above plan of correction was approved by <u><i>M</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 20813 - 04/28/2014 - Patton, Leslie
 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

On 3/22/14 at approximately 1:00pm, resident #1 told staff person A that resident #2 sexually assaults her/him every night. The allegation of sexual abuse by resident #2 was not reported to the Department's regional office.

3. PLAN OF CORRECTION

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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. Allegations of abuse will be reported as indicated in the PCH 2600 Regulations. 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 or supervisory designee to process with Staff whether the incident/situation is reportable or not and prompt for an incident report to be completed if needed. Any verbal or written reports that allude to or concretely allege abuse will be looked into further. The administrator will utilize progress notes, interviews with the resident making the allegations and Staff working during the shift that the allegation was made so that a concise incident report can be made to the Department. 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 6/30/14.
 Regulation 2600.16 (b-f) will be reviewed by all Staff utilizing the RCG by 6/30/14.
 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: Yes	Date(s) of Previous Violation(s):	05/14/2013
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Julie Weaver*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Julie Weaver, Vice President* Date *5/19/14*

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Violation Report: 20813 - 04/28/2014 - Patton, Leslie
 PCH Name: COMMUNITY SERVICES GROUP

1. REGULATION 55 Pa.Code §2600
 2600.125(a) - Combustible and flammable materials may not be located near heat sources or hot water heaters.

2a. DESCRIPTION OF VIOLATION
 A large plastic garbage bag and a washcloth were located behind the dryer in the "B wing" section of the home.

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 2600.125(a) is important to the safety of the home as combustible and flammable materials can be ignited by heat sources, leading to explosions and fires. The regulation was not upheld due to the inspector finding a large plastic garbage bag and a washcloth behind the dryer in the B side wing. The items were immediately removed the day of the inspection so to prevent any incidences. To prevent this from occurring again the home will add to the Awake Nights Task List to check behind both sets of washer/dryers nightly for any items that may have inadvertently fell behind the units and remove them. The Shift Task Lists are reviewed daily by the administrator and/or Designated supervisor daily so to ensure that tasks are completed daily. The Awake Night Task List has been updated and is attached.

The administrators will ensure the following:
 The updated Awake Night Task List will be implemented on 5/21/14

*See attached Awake Night Task List

The administrator shall monitor and assure ongoing compliance - M 5/23/14

Repeat Violation: No Date(s) of Previous Violation(s): *5/23/14*

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Julie Weaver Vice President* Date *5/19/14*

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Violation Report: 20813 - 04/28/2014 - Patton, Leslie
 PCH Name: COMMUNITY SERVICES GROUP

1. REGULATION 55 Pa.Code §2600

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.

2a. DESCRIPTION OF VIOLATION

Resident # 3's Novolog mix 70/30 and Resident #n 4's Lantus SoloStar 100u Insulin pens were not dated when the pens were opened. The manufacturer's instructions read: "use or discard insulin within 28 days of opening."
 Resident # 5's and resident #6's Advair Diskus was not dated the day the Diskus was opened. The manufacturer's instructions read: "Diskus good for 1 month after opening foil pouch."

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Regulation 2600.183(e) states that 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. The regulation is important as some medications such as insulin have instructions to be stored within a certain temperature range and has manufacturer's instructions indicating how long the medication is good for once opened. The violation occurred as the Staff who opened Resident #3's Novolog and Resident #4's Lantus had not labeled and dated the pens when opened. This same violation occurred for Resident #5's Advair Diskus.

In order to prevent future violations the administrator has reviewed with the staff, upon receiving a new refill prescription for any, all insulin and inhalers, that the medications are properly prepared when initially opened, by writing the date on the container, using a marker and label provided in the med cart, following the manufacturer instructions. This has also become part of the Daily Report. Weekly the med carts are checked by the administrator and nurse to ensure compliance.

The administrators will ensure the following:
 The administrator will re-review these instructions with the staff by 6-30-14.

- *See Attached "Stand Up" topic List
- *See Attached Weekly Medication Cart Check list

The administrator shall monitor and assure ongoing compliance. m 5/23/14

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

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Julie Weaver, Vice President* Date *5/19/14*

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The above plan of correction is approved as of 5/23/14
 (Date)

Plan of correction implementation status as of 5/23/14
 (Date)

The above plan of correction was approved by *[Signature]*
 (Initials)

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