



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JUL 27 2015

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 Human Services' licensing inspection on April 21, 2015 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, 2015 to July 18, 2016 was issued on April 29, 2015. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink that reads "Matthew Jones".

Matthew J. Jones
Director

Enclosure
License Inspection Summary

Violation Report: 20813 - 04/21/2015 - Dumas, Gerald
 PCH Name: COMMUNITY SERVICES GROUP

4. REGULATION 55 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

The resident -- home contract for resident # 1 dated 9/16/14 is not signed by the payer of the contract.

The resident -- home contract for resident # 2 dated 1/3/14 is not signed by the payer of the contract.

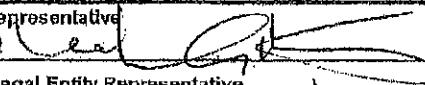
The resident -- home contract for resident # 3 dated 6/7/13 is not signed by the payer of the contract.

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 constitutes a pledge from both parties to abide by the specified terms of the home contract. For resident #1, #2, and #3 the payer of the contract had not signed said contract. A copy of the home contracts were not sent to the respective payers. A copy of the home contracts for said residents were sent and are now signed, see copies of signature pages. In the future, the representative payer, family member or designated person will be invited to the annual meeting. If they are unable to attend, the contract will be sent for review and signatures. The administrator, or in the absence of the administrator, the designee will ensure that the resident, designated person and/or payer have all signed the contract.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Leah Gillaspie	6/17/15



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

The above plan of correction is approved as of <u>7/20/15</u> (Date)	Plan of correction implementation status as of <u>7/20/15</u> (Date)
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The above plan of correction was approved by


(Initials)

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

Violation Report: 20813 - 04/21/2015 - Dumas, Gerald PCH Name: COMMUNITY SERVICES GROUP	
1. REGULATION 55 Pa. Code §2600 2600.107(c) - The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.	
2a. DESCRIPTION OF VIOLATION The facility currently has 20 residents residing at the facility. The facility is required to have a minimum of 60 gallons of emergency drinking water on hand. On 4/21/15 the facility had only 30 gallons of emergency drinking water on hand.	
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 2600.107(c) Ensures adequate food and water supplies in the event of an emergency. On 4/21/15 our facility had only 30 gallons of emergency drinking water on hand. Previous interpretation of this regulation incorrectly calculated the amount of water needed per resident. The facility purchased an additional 30 gallons water. The water supply will be monitored weekly. The administrator and/or facility cook will monitor the water supply and expiration dates. See receipts for additional water purchased. <i>The Adm or Designee will monitor the emergency water periodically, both for the minimum amount of water needed on hand, as well as the expiration dates of the water. This will ensure ongoing compliance. Q: 7/20/15</i>	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page) 	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Leah Gillespie	Date 4/17/15
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The above plan of correction was approved by  (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 - 04/21/2015 - Dumas, Gerald
 PCH Name: COMMUNITY SERVICES GROUP

1. REGULATION 56 Pa.Code §2600
 2600.107(d) - The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

2a. DESCRIPTION OF VIOLATION
 The facility has not submitted their Emergency Procedures Plan to the local Emergency Management Agency annually as required.

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 2600.107(d) Ensures that local emergency management officials are aware of the homes emergency procedures. The administrator or designee had not submitted the Emergency Procedures Plan to the local Emergency Management Agency annually as required. The regulation was misinterpreted in that the plan needed to be sent only if there was a change in the plan and not annually. A letter was sent to the local Emergency Management Agency indicating there were no changes to the previous plan.

We also reviewed the plan with staff between 3/24/15 and 3/28/15.

A copy of the plan is reviewed annually and sent to the local Emergency Management Agency with a copy of the letter to EMA retained in the QA file. The administrator or designee will be responsible for submitting the plan annually to the local EMA. See copy of letter to EMA.

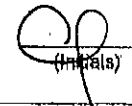
Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page)



Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Leah Gillette	6/17/15

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Violation Report: 20813 - 04/21/2015 - Dumas, Gerald
 PCH Name: COMMUNITY SERVICES GROUP

1. REGULATION 55 Pa. Code §2600
 2600.123(b) - Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

2a. DESCRIPTION OF VIOLATION
 The facility does not have the local Emergency Preparedness Plan posted in a public and conspicuous place in the facility as required.

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.

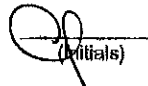
Regulation 2600.123(b) ensures to provide the required information and allows for easy access to critical information by laypersons during an emergency. The Emergency Preparedness Plan was not posted in a public and conspicuous place in our facility. The plan had previously been posted on a bulletin board in a conspicuous area in the facility. It appears at some point the plan had been removed without knowledge or notification of the administrator, designee or other staff. The plan was immediately replaced. The administrator and/or designee will monitor, once per month, if the plan is still in the conspicuous place and if not will immediately replace the plan.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Leah Gillegie Date 4/21/15

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The above plan of correction was approved by  (Initials)	

Violation Report: 20819 - 04/21/2015 - Dumas, Gerald
 PCH Name: COMMUNITY SERVICES GROUP

1. REGULATION 56 Pa. Code §2600
 2600.144(c) - A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include 2600.144(c)1-3.

2a. DESCRIPTION OF VIOLATION
 On 4/21/15 at 2:00pm Department Representatives observed approximately 50 extinguished cigarette butts located in the grass area just off of the ramp leading from the apartment, which is attached to the Personal Care Home. This is not the designated smoking area of the facility.

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 2600.144(c) greatly reduces the risk of fire in a personal care home. Cigarette butts were located in a non designated smoking area just off of the ramp leading from the apartment. The resident of the apartment extinguished cigarettes butts in a non designated smoking area. Assistant program director discussed the above issue with the resident of the apartment and it was stated the resident was not aware of the smoking areas. Administrator and/or designee will have the resident sign a copy of the smoking policies for verification of knowledge of all policies pertaining to smoking. See attached smoking policy with signature.

Adm or Designee will continue to conduct frequent checks around the home to ensure ongoing compliance. Op. 7/20/15

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

Signature of Legal Entity Representative
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Date

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Violation Report: 20813 - 04/21/2015 - Dumas, Gerald
 PCH Name: COMMUNITY SERVICES GROUP

1. REGULATION 58 Pa. Code §2600
 2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:
 (1) Resident's name.
 (2) Drug allergies.
 (3) Name of medication.
 (4) Strength.
 (5) Dosage form.
 (6) Dose.
 (7) Route of administration.
 (8) Frequency of administration.
 (9) Administration times.
 (10) Duration of therapy, if applicable.
 (11) Special precautions, if applicable.
 (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
 (13) Date and time of medication administration.
 (14) Name and initials of the staff person administering the medication.

Za. DESCRIPTION OF VIOLATION
 The home's current procedure for the administration of insulin includes insulin documentation required in both the electronic EMARS and in a notebook. The documentation of insulin administrations for the following residents was not documented in either the electronic EMARS or the notebook on the following dates and times:
 The glucometer reading for resident # 4 on 4/18/15 at 4:30 p.m. indicated a blood glucose reading of 85.
 The glucometer reading for resident # 5 on 4/20/15 (time not known) indicated a blood glucose reading of 174.

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 2600.187(a) ensures that the home's staff persons will be able to track all medications a resident receives and to ensure all medications are administered as prescribed. Glucometers should not be shared among the residents and this documentation will support the verification of this policy. The documentation of insulin administrations for the following residents was not documented in the EMARS. Staff are required to document this information in EMARS only. The violation was due to staff not being mindful of medication administration. Staff did receive training on blood sugar/ glucometer readings between 5/5/15 to 6/5/15 (see sign in sheets). Proper documentation of blood sugar testing and glucometer use is included in required DPW training with licensed staff. Medication trainers, administrator and/or designee and licensed staff are responsible to ensure staff are aware to document this information in the EMARS only.

Repeat Violation: No	Date(s) of Previous Violation(s):	
Signature of Legal Entity Representative (Required on EVERY Page)		
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date
Leah Gillespie		6/17/15

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Violation Report: 20813 - 04/21/2015 - Dumas, Gerald	
PGH Name: COMMUNITY SERVICES GROUP	
1. REGULATION 55 Pa. Code §2600 2600.190(a) - A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.	
2a. DESCRIPTION OF VIOLATION Medication trainer "A" who trains staff in medication administration in the home and administers medications, did not receive the required annual training in 2014 from another medication trainer or by a practicum observer.	
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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.</i>	
Regulation 2600.190(a) ensures that staff will be trained in the proper procedures to safely and correctly administer medications to residents. The medication trainer needs to be observed administering medications annually as specified in the medication administration training regulations. Medication trainer "A" did not receive the required annual training in 2014 from another medication trainer or by a practicum observer. Medication administration trainers have been added to the Medication Administration Training Tracking Form (see attached) and the medication trainers will review the form monthly. Also, trainer "A" had the required observation completed on 4/27/15.	
Adm or Designee will continue to monitor the status of all med techs on an on-going basis to ensure ongoing compliance. Q. 7/20/15	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page)	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Leah Gillespie</i>	
Date <i>6/1/15</i>	
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