



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via email to: [REDACTED]
MAILING DATE: September 15, 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 June 12, 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.

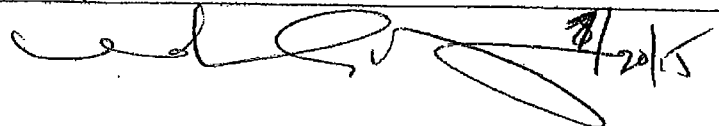
Sincerely,

Anne Graziano
Anne Graziano
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

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

PGH Name: COMMUNITY SERVICES GROUP		License Number: 20813
Address: 532 W SAYLOR STREET, ATLAS, PA 17851		County: Northumberland
Administrator: Donna Graeff		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	
Department of L&I	Mount Carmel Township	
Staffing Hours		
Resident Support: NM	Total Daily Staff: 21	Waking Staff: 16
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for inspection(s)		
Incident		
On-Site Inspections Dates and Department Representatives On-Site		
06/12/2015: Hummel, Jesse		
Off-Site Inspection Dates and Inspectors, if Applicable		
05/28/2015: Hummel, Jesse		
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: 16	
Secured Dementia Care Unit in Home: No	Are 60 Years of Age or Older: 10	
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: 1	
Number of Current Hospice Residents: 0	Have a Physical Disability: 0	
Number of Hospice Residents in past year: 0		

Leah Giltespie  8/20/15

Violation Report: 20813 - 05/28/2015 - Hummel, Jesse
 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 5/6/15 staff of the facility observed resident #1. Resident #1 was breathing rapidly. Staff also observed dry and some fresh blood on the resident's sheets. Staff the observed the resident had small amounts of blood coming from the resident's genitalia, rectum, ears, nose and mouth. The facility contacted 911 and the resident was transported to Gelsinger Hospital in Sharnokin. The facility was later notified the resident was life flighted to Gelsinger Hospital in Danville and placed on the Intensive Care Unit with a diagnosis of septic shock, respiratory failure, COPD, and clostridium difficile colitis. The resident was treated and later returned to the facility on 6/2/15. The facility failed to report this incident to the Department 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.

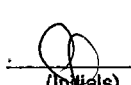
The home shall report the incident or condition to the Department's personal care home regional office or the personal care home compliant hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law) 2600.16(c). The facility failed to report that resident #1 was observed on 5/6/15 with rapid breathing and dry and fresh blood on said resident's sheets, as well as his genitalia, rectum, ears, nose and mouth. The facility did contact 911 and the appropriate care was given via the emergency room and Intensive Care Unit. The said resident returned to the facility on 6/2/15. Upon discussion with staff involved it was determined that the interpretation of the regulations led staff to believe that due to the condition occurring while a patient at the hospital, that the condition was not on the list of serious communicable diseases and the fact that he was no longer infectious upon his return it was mistaken that this was not a reportable incident. Administrator will ensure to post and review with ALL staff the following documents: Appendix A: Reportable Incidents, Appendix F: List of communicable diseases and Suspected Abuse Reporting Flow Chart (as in the RCG) in all staff offices and work stations to ensure that at any time any resident is seen in the emergency room and/or is admitted to the hospital these documents will be reviewed to determine if the situation is a reportable incident. Administrator or designee in the absence of the administrator will ensure that all state regulations for incident reporting are followed in the required time frames.

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) Leah Gillespie Date 7/20/15

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

The above plan of correction is approved as of <u>9-14-15</u> (Date)	Plan of correction implementation status as of <u>9-14-15</u> (Date)
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 - 06/28/2015 - Hummel, Jesse
 PCH Name: COMMUNITY SERVICES GROUP

1. REGULATION 55 Pa.Code §2600
 2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

2a. DESCRIPTION OF VIOLATION


On 5/2/15 resident #1 was observed in the bedroom of resident #2 trying on some of the resident's clothing while resident #2 was sleeping. Resident #1 admitted to taking two pair of bras, under wear and a dress that belonged to resident #2. The assessment and support plan completed on 9/25/14 for resident #1 was not updated to include this incident or how the facility plans on meeting the need of the resident while maintaining the safety and privacy of other residents.

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.

Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. (2600.227(d))
 Upon further review resident #1 RASP was updated to include the incident of said resident being found in resident #2 room and trying on clothing of second resident. However, a more concise plan to meet both residents needs was warranted. The management team at the PCH meets weekly and RASP are an identified area of discussion. This section has been revised to determine and update any RASP as incidents occur when one residents needs may affect the needs of another. Resident #1 is no longer a resident at the facility due to being discharged on 7/10/15 when the team together determined that the facility could no longer meet his needs while maintaining the needs of the other residents (see attached form titled EPCH Management Meeting form-section 1, third line was added).

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 7/20/15

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 (Date)

Plan of correction implementation status as of 9-14-15
 (Date)

The above plan of correction was approved by 
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- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented