



pennsylvania

DEPARTMENT OF HUMAN SERVICES

Sent via email to: [REDACTED]

MAILING DATE: March 7, 2016

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 February 18, 2016, February 22, 2016 and February 25, 2016 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,

Michele Moskalczyk
Michele Moskalczyk
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

**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		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 of L&I	Mount Carmel Township	
Staffing Hours		
Resident Support: 0	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		
Off-Site Inspection Dates and Inspectors, if Applicable		
02/18/2016: Foulkes, Kimberli		
02/22/2016: Foulkes, Kimberli		
02/25/2016: Foulkes, Kimberli		
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: 11	
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: 2	
Number of Hospice Residents in past year: 0		

Violation Report: 20813 - 02/18/2016 - Foulkes, Kimberli
 PCH Name: COMMUNITY SERVICES GROUP

1. REGULATION 55 Pa.Code §2600
 2600.132(d) - Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.

2a. DESCRIPTION OF VIOLATION
 According to Administrator A when the alarm sounded on 1/30/16 resident #1 did not evacuate to a public thoroughfare or fire safe area.

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.

Residents shall be able to evacuate the entire building to public thoroughfare, or to a fire-safe area designated in writing with the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert: Regulation 2600.132(d). According to Administrator A when the alarm sounded on 1/30/16 resident #1 did not evacuate to a public thoroughfare or fire safe area. Resident #1 was in the shower and the door to the bathroom was locked. Staff notified resident #1 that the fire alarm had sounded and the building was being evacuated. Resident #1 refused to leave the bathroom. Administrator A provided counseling to resident #1 on the importance of evacuating immediately when the fire alarm is sounded. Straight keys to the bathroom doors will be included with resident door keys that are in the emergency preparedness pack for staff to have access to in the event of future fire drills or actual emergencies requiring evacuation procedures be implemented. Staff will be trained immediately on the use of the straight keys should a resident have the door locked during a fire drill or emergency requiring evacuation procedures. This procedure will also be discussed at the March 23, 2016 staff meeting that includes emergency preparedness review and will be included annually. The importance of evacuating when the fire alarm sounds or any situations requiring evacuation procedures will also be reviewed at the house meeting scheduled for xx/xx/xxxx. A fire drill was held on 2/26/2016 and all residents and staff present were evacuated successfully and within the required time frame.

The administrator shall monitor and assure ongoing compliance.

[Signature]
 3/7/16

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

Signature of Legal Entity Representative (Required on EVERY Page) *[Signature]* Senior Director

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Leah Gillopie Senior Director* Date *3/3/16*

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

The above plan of correction is approved as of <u>3/7/16</u> (Date)	Plan of correction implementation status as of <u>3/7/16</u> (Date)
The above plan of correction was approved by <u>[Signature]</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