



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

AUG 23 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' annual licensing inspection on May 5, 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,

  
Jay Bausch  
Deputy Secretary

Enclosure  
License Inspection Summary



Violation Report: 20813 - 05/05/2016 - Hummel, Jesse  
 PCH Name: COMMUNITY SERVICES GROUP

1. REGULATION 58 Pa.Code §2600

2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

2a. DESCRIPTION OF VIOLATION

The Licensing Inspection Summary from the inspection completed on 2/18/16 is posted on the bulletin board in the common area. The privacy coding document indicating resident names is also posted on the bulletin board. The Licensing Inspection Summary Report indicates confidential health information of residents.

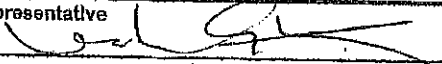
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

*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.*

The Licensing Inspection Summary from the inspection completed on 2/18/16 was posted on the bulletin board in the common area. The privacy coding document indicating resident names was also posted on the bulletin board and should have been removed before posting. The privacy coding document was immediately removed on the day of inspection and a note has been attached to the sleeve where all inspection summaries are posted reminding that the privacy code document should be removed prior to posting (see attached picture).

Admin/Designee will review posted Licensing inspection reports in the future to ensure ongoing compliance. Cp. 1-9-16

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


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

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) Leah Gillespie, Senior Director      Date 4/10/16

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE

The above plan of correction is approved as of 7-9-16  
 (Date)

Plan of correction implementation status as of 7-9-16  
 (Date)

The above plan of correction was approved by   
 (Initials)

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

Violation Report: 20813 - 05/05/2016 - Hummel, Jesse.  
 PCH Name: COMMUNITY SERVICES GROUP

**1. REGULATION 55 Pa.Code §2600**  
 2600.105(g)(2) - Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

**2a. DESCRIPTION OF VIOLATION**  
 Department Representatives observed a heavy accumulation of lint on the ramp outside of the facility. The accumulation of lint was observed directly below the dryer ductwork exiting from the facility. The duct work of the dryer requires regular cleaning to prevent a buildup of lint, which is a fire hazard.

**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.*

There was a heavy accumulation of lint on the ramp outside of the facility directly below the dryer ductwork exiting from the facility. The duct work of the dryer requires regular cleaning to prevent a buildup of lint, which is a fire hazard. The facility has chosen a new provider to conduct the quarterly cleaning of the dryer lint ductwork. This provider was contacted and providing cleaning of the ductwork and has agreed to do the cleaning quarterly (see attached invoice).

*Adm/Designee will conduct, at minimum monthly reviews to ensure ongoing compliance QO. 7-9-16*

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 Gillespie*      Date *4/10/16*

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

The above plan of correction is approved as of 7-9-16  
 (Date)

Plan of correction implementation status as of 7-9-16  
 (Date)

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

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

Violation Report: 20813 - 06/06/2018 - Hummel, Jesse  
 PCH Name: COMMUNITY SERVICES GROUP

**1. REGULATION 55 Pa.Code §2800**  
 2800.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:  
 (1) The resident's name.  
 (2) The name of the medication.  
 (3) The date the prescription was issued.  
 (4) The prescribed dosage and instructions for administration.  
 (5) The name and title of the prescriber.

**2a. DESCRIPTION OF VIOLATION**  
 Resident #2 is prescribed Lisinopril 20mg, Citalopram HBR 40mg, and Quetiapine Fumarate 300mg. The medication labels for these medications do not indicate the date the prescription was issued.

**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.

Resident #2 had medication labels that did not indicate the date of the original prescription. The facility, upon further review determined multiple prescription labels needed this date and contacted the pharmacy who sent new labels immediately (see attached example corrected).

*Adm/Designer used, at minimum, audit med deliveries to ensure proper labeling of all Rx in the home. Audits should be done minimally, monthly, to ensure ongoing compliance. C. 7-9-16*

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 Gillespie      Date 6/16/18

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

The above plan of correction is approved as of 7-9-16 (Date)

Plan of correction implementation status as of 7-9-16 (Date)

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

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