



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFICATE OF COMPLIANCE**

This certificate is hereby granted to COMMUNITY SERVICES GROUP INC  
LEGAL ENTITY

To operate COMMUNITY SERVICES GROUP PERSONAL CARE HOME  
NAME OF FACILITY OR AGENCY

Located at 176 SR 901, COAL TOWNSHIP, PA 17866  
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

\_\_\_\_\_  
ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

\_\_\_\_\_  
ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

\_\_\_\_\_  
ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

To provide Personal Care Homes  
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 16  
or the maximum capacity permitted by the Certificate of Occupancy whichever is smaller.  
(MAXIMUM CAPACITY)

Restrictions: \_\_\_\_\_

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes  
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from October 28, 2016 until April 28, 2017,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **226691**

Robert E. Robinson  
ISSUING OFFICER

Jay Baul  
DEPUTY SECRETARY

**NOTE:** This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

OCT 28 2016

Ms. Julie Weaver, Vice President  
Community Services Group, Inc.  
320 Highland Drive, P.O. Box 597  
Mountville, Pennsylvania 17554

RE: Community Services Group Personal Care Home  
176 State Route 901  
Coal Township, Pennsylvania 17866  
License #: 226691

Dear Ms. Weaver:

As a result of the Department of Human Services' licensing inspection on October 19, 2016 of the above facility, we have found that your facility is in substantial compliance with the regulations, set forth in 55 Pa.Code Ch. 2600 (relating to Personal Care Homes), that can be adequately assessed at this time. The licensing inspector was unable to complete a full inspection because the home is new and not yet serving four or more residents.

In accordance with 55 Pa.Code § 2600.11(b) or 55 Pa.Code § 2800.11(b) (relating to procedural requirements for licensure or approval of personal care homes a re-inspection of your newly licensed facility will be conducted within 3 months of the effective date of this license. Complete compliance with all applicable regulations is required in order to maintain your license.

During the inspection, violations on the enclosed License Inspection Summary were found. All violations specified on the 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 PROVISIONAL license is enclosed, based on substantial but not complete compliance with 55 Pa.Code Ch. 2600.

Sincerely,

A handwritten signature in black ink, appearing to read "J. Rowe".

Jacqueline L. Rowe  
Director

Enclosures  
License  
License Inspection Summary



Violation Report: 22888 - 10/19/2016 - Dumas, Gerald  
 PCH Name: COMMUNITY SERVICES GROUP PERSONAL CARE HOME

1. REGULATION 66 Pa.Code §2600  
 2600.87 - The home's rooms, hallways, interior stairs, outside steps, outside doorways, porches, ramps, evacuation routes, outside walkways and fire escapes shall be lighted and marked to ensure that residents, including those with vision impairments, can safely move through the home and safely evacuate.

2a. DESCRIPTION OF VIOLATION  
 Exterior lighting is not provided outside from Emergency Exits A and B - along the egress paths and to the two designated meeting locations. Lighting along the pathways to the designated meeting locations assures the residents and staff safe navigation away from the building.

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.

Per regulation 2600.87 our facility did not have sufficient lighting from Emergency exits A and B - along the egress paths and to the two designated meeting locations and therefore would not assure the residents and staff safe navigation away from the building. Additional outdoor lighting was installed and are motion detectable as to illuminate the areas when being used (Please refer to pictures previously sent and labeled "1-Lighting front ramp and parking lot meeting location", "2-Lighting front of building and egress", and "3-Lighting front of building and egress far corner", "4-Lighting added on back of building", "5-Lighting ramps of side of building farthest from road" "6-Lighting added on side of building closest to road"). To ensure that lighting is properly illuminating and the deficiency does not occur again, the home shall conduct a quarterly check of all outside lighting (see monitoring tool attached).

The home will also insure the exterior of the building does not pose any hazard to the residents, staff or residents.  
 Q. 10-26-16

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 Senior Director      Date 10/25/16

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

The above plan of correction is approved as of 10-26-16 (Date)

Plan of correction implementation status as of 10-26-16 (Date)

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

The above plan of correction was approved by  (Initials)

Violation Report: 22869 - 10/18/2016 - Dumas, Gerald  
 PCH Name: COMMUNITY SERVICES GROUP PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600  
 2600.133(a)(2) - If the home serves nine or more residents, if the exit or way to reach the exit is not immediately visible, access to exits shall be marked with readily visible signs indicating the direction to travel.

2a. DESCRIPTION OF VIOLATION  
 Looking from hallway A towards the foyer entryway, an exit sign is not immediately visible to indicate the direction of travel to the nearest exit.

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.

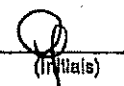
Per regulation 2600.133(a)(2) our facility did not have a visible exit sign from hallway A looking toward the foyer area. Immediately upon learning of this deficiency, the home attached an additional exit sign with an arrow that clearly indicates the direction of the exit (Please refer to pictures labeled "Front of A side hall", "Front of B side hall", and "Visible from living room"). To assure the deficiency does not occur in the future, the home will monitor the signs quarterly to ensure they remain visible and replace if needed (see monitoring tool attached).

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 Senior Director      Date 10/25/16

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

The above plan of correction is approved as of <u>10-26-16</u> (Date)	Plan of correction implementation status as of <u>10-26-16</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