



**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 July 19, 2017 until January 19, 2018,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **226692**

*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

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**

**MAILING DATE:**

**JUL 20 2017**

Ms. Susan C. Blue,  
President/CEO  
Community Services Group, Inc.  
P.O. Box 597, 320 Highland Drive  
Mountville, Pennsylvania 17554

RE: Community Services Group Personal Care Home  
176 State Route 901  
Coal Township, Pennsylvania 17866  
License #: 226692

Dear Ms. Blue:

As a result of the Department of Human Services' (Department) licensing inspections on March 30, 2017 and May 17, 2017 of the above facility, we found new violations not found during our previous inspection.

A SECOND PROVISIONAL license is being issued based on substantial compliance with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes). Your provisional license is enclosed.

All violations specified on the Licensing Inspection Summary must be corrected by the dates specified on the Licensing Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

If you disagree with the decision to issue a provisional license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa.Code Part II, Chs. 31-35. If you decide to appeal your provisional license, a written request for an appeal must be received within 10 days of the date of this letter by:

Kevin Brumbach, Enforcement Manager  
Bureau of Human Services Licensing  
Department of Human Services  
Room 631, Health and Welfare Building  
625 Forster Street  
Harrisburg, Pennsylvania 17120

Ms. Susan C. Blue

2

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,

A handwritten signature in black ink, appearing to read "J. Rowe". The signature is written in a cursive style with a large initial "J" and a long, sweeping underline.

Jacqueline L. Rowe  
Director

Enclosures  
License  
Licensing Inspection Summary

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

PCH Name: COMMUNITY SERVICES GROUP PERSONAL CARE HOME		License Number: 22691
Address: 176 SR 901, COAL TOWNSHIP, PA 17866		County: Northumberland
Administrator: ROXANNE BEERS		Region: NORTHEAST
Legal Entity Name: COMMUNITY SERVICES GROUP INC		
Legal Entity Address: 320 HIGHLAND DRIVE PO BOX 597, MOUNTVILLE, PA 17554		
<b>Certificate(s) of Occupancy</b> R-4 10/08/2016 COAL TOWNSHIP		
<b>Staffing Hours</b> Resident Support: 0 Total Daily Staff: 14 Waking Staff: 11		
Type of Inspection: Full BHA Docket Number: Notice: Unannounced		
<b>Reason(s) for Inspection(s)</b> Renewal, Provisional		
<b>On-Site Inspections Dates and Department Representatives On-Site</b> 03/30/2017: Novak, Ryan		
<b>Off-Site Inspection Dates and Inspectors, If Applicable</b>		
<b>Other Details</b>		
Partial or Full Triggers:		Random Indicators:
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 16	Number of Residents who:	
Number of Residents Served: 14	Receive Supplemental Security Income: 1	
Secured Dementia Care Unit in Home: No	Are 60 Years of Age or Older: 2	
Area:	Have Mental Illness: 14	
Secured Dementia Unit Capacity, if Applicable:	Have an Intellectual Disability: 1	
Number of Residents Served in Secured Dementia Care Unit, if applicable:	Have a Mobility Need: 0	
Number of Current Hospice Residents: 0	Have a Physical Disability: 0	
Number of Hospice Residents in past year: 0		

*Leah Gillespie*

Director of MHH Services  
5/8/17

Violation Report: 22691 - 03/30/2017 - Novak, Ryan  
 PCH Name: COMMUNITY SERVICES GROUP PERSONAL CARE HOME

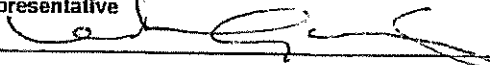
1. REGULATION 55 Pa.Code §2600  
 2600.20(b)(3) - The home shall obtain a written receipt from the resident for cash disbursements at the time of disbursement.

2a. DESCRIPTION OF VIOLATION  
 The record of financial transactions for Resident #1 does not include the residents signature on 3/3/17 when the resident withdrew \$175.00

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.*

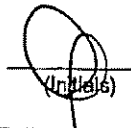
On 5/1/2017 the resident was informed that the signature was not obtained at the time of the withdraw and signed for the withdraw (see attached picture). The violation occurred due to the APD taking the money to the resident in [redacted] bedroom versus resident coming to the office where the money is safely secured. To prevent this from occurring again in the future, all residents will be encouraged to come into the office to ensure the security and confidentiality of the transaction but even if they choose to have their funds brought to them in their bedrooms, we will ensure that they sign to confirm the transaction. Current administrator/PD uses a Quality Assurance tool to ensure this is completed, accurately and timely (see attachment).

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)		Director of MA Services
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Leah Gillespie	5/8/17

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

The above plan of correction is approved as of <u>5-10-17</u> (Date) <i>documents provided.</i>	Plan of correction implementation status as of <u>5-10-17</u> (Date) <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
The above plan of correction was approved by  (Initials)	

Violation Report: 22691 - 03/30/2017 - Novak, Ryan  
 PCH Name: COMMUNITY SERVICES GROUP PERSONAL CARE HOME

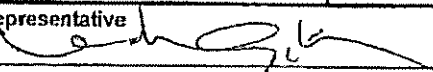
1. REGULATION 55 Pa.Code §2600  
 2600.25(a)(1) - Prior to admission, or within 24 hours after admission, a written resident-home contract (contract) between the resident and the home shall be in place.

2a. DESCRIPTION OF VIOLATION  
 Resident #2 was admitted to the home for a respite stay on [redacted] 17, the resident does not have a 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.*

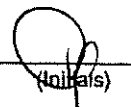
The resident did not have a signed contract. Attached is the signed contract. To prevent this from happening in the future, we have ensured that the Quality Assurance tool is being used for new admissions and the PD is using the same tool to ensure resident records are completed accurately, using the appropriate mode and completed within time frames. (see attached).

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Leah Gillespie Date 5/8/17

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

The above plan of correction is approved as of <u>5-10-17</u> (Date) documents provided.	Plan of correction implementation status as of <u>5-10-17</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: 22691 - 03/30/2017 - Novak, Ryan  
 PCH Name: COMMUNITY SERVICES GROUP PERSONAL CARE HOME


1. REGULATION 55 Pa.Code §2500  
 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  
 Resident #3's contract dated [redacted] 16 is not signed by the resident.

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.*

Attached is the signed contract. To prevent this violation in the future the administrator will use a tool to ensure resident records are completed accurately, using the appropriate mode and completed within time frames. The updated contract was sent to the rep-payee for a new signature. Current administrator/PD uses a Quality Assurance tool to ensure this is completed, accurately and timely (see attachment).

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

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) Leah Gillespie Date 5/8/17

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

The above plan of correction is approved as of 5-10-17  
 (Date)

*on site*

The above plan of correction was approved by   
 (Initials)

Plan of correction implementation status as of 6/02/17  
 (Date)

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

Violation Report: 22691 - 03/30/2017 - Novak, Ryan  
 PCH Name: COMMUNITY SERVICES GROUP PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600  
 2600.25(c)(2) - The contract shall specify a fee schedule that lists the actual amount of allowable resident charges for each of the home's available services

2a. DESCRIPTION OF VIOLATION  
 Resident #3's contract dated [redacted] 16 does not include a rate for room and board and a fee schedule.  
 Resident #4's contract dated [redacted] /16 does not include a fee schedule

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.*  
 Attached are the home contracts updated to the current version, that is in the electronic records, which does include the rate for room and board and a fee schedule. The previous administrator preferred to use hand written documents and therefore, used an older version that did not contain the correct information. This previous administrator is no longer employed by CSG and the old versions of the contract were deleted from the shared drive to prevent any other administrator from using an old version. The rep-payees were sent the updated contract and are awaiting new signatures. Current administrator/PD uses a Quality Assurance tool to ensure that the electronic records to ensure the correct versions are being used and the electronic record is being utilized.

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

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Leah Gillespie Director of MH Services* Date *5/8/17*

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

The above plan of correction is approved as of <u>5-10-17</u> (Date)  <i>onsite</i>  The above plan of correction was approved by <i>[Signature]</i> (Initials)	Plan of correction implementation status as of <u>6/22/17</u> (Date) <input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented
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Violation Report: 22691 - 03/30/2017 - Novak, Ryan  
 PCH Name: COMMUNITY SERVICES GROUP PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600  
 2600.25(c)(9) - The contract shall specify the conditions under which the agreement may be terminated including home closure as specified in § 2600.228(b) (relating to notification of termination).

2a. DESCRIPTION OF VIOLATION  
 Resident #3's contract dated [redacted] 16 and Resident #4's contract dated [redacted] 16 does not include the conditions under with the contract may be terminated.

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.*

Attached are the home contracts updated to the current version, that is in the electronic records, which does include the conditions under which the contract may be terminated. The previous administrator preferred to use hand written documents and therefore, used an older version that did not contain the correct information. The previous administrator is no longer employed by CSG and the old versions of the contract were deleted from the shared drive to prevent any other administrator from using an old version. Current administrator/PD uses a Quality Assurance tool to ensure the correct versions are being used and the electronic record is being utilized. the correct versions are being used and the electronic record is being utilized.

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

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

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Leah Gillespie Director of MH services*      Date *5/8/17*

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

The above plan of correction is approved as of 5-10-17  
 (Date)

Plan of correction implementation status as of 6/22/17  
 (Date)

*on-site 6/22/17*

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

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

Violation Report: 22691 - 03/30/2017 - Novak, Ryan  
 PCH Name: COMMUNITY SERVICES GROUP PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600  
 2600.25(c)(13) - The contract shall include written information on the resident's rights and complaint procedures as specified in § 2600.41 (relating to notification of resident rights and complaint procedures).

2a. DESCRIPTION OF VIOLATION  
 Resident #3's contract dated [redacted] 16 and Resident #4's contract dated [redacted] 16 does not include the resident rights and complaint procedures.

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.*

Attached are the home contracts updated to the current version, that is in the electronic records, which does include the resident's rights and complaint procedures. The previous administrator preferred to use hand written documents and therefore, used an older version that did not contain the correct information. This previous administrator is no longer employed by CSG and the old versions of the contract were deleted from the shared drive to prevent any other administrator from using an old version. The current administrator and PD will use the Quality Assurance tool to (see attached) monitor the electronic records to ensure the correct versions are being used and the electronic record is being utilized.

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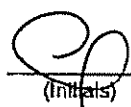
Signature of Legal Entity Representative  
 (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <b>Ledn Gillespie Director of NH Services</b>	Date <b>5/8/17</b>
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of 5-10-17  
 (Date)

*on-site*

The above plan of correction was approved by   
 (Initials)

Plan of correction implementation status as of 6/22/17  
 (Date)

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

Violation Report: 22691 - 03/30/2017 - Novak, Ryan  
 PCH Name: COMMUNITY SERVICES GROUP PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600  
 2600.25(e) - The resident, or a designated person, has the right to rescind the contract for up to 72 hours after the initial dated signature of the contract and pay only for the services received.

2a. DESCRIPTION OF VIOLATION

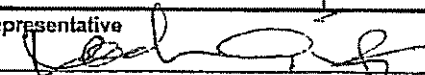
Resident #3's contract dated [redacted] '16 and Resident #4's contract dated [redacted] '16 does not include the residents right to rescind the contract within 72 hours of signing the contract.

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.*

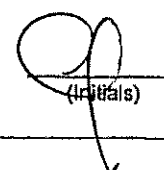
Attached are the home contracts updated to the current version, that is in the electronic records, which does include the resident's right to rescind the contract with 72 hours of signing the contract. The previous administrator preferred to use hand written documents and therefore, used an older version that did not contain the correct information. This previous administrator is no longer employed by CSG and the old versions of the contract were deleted from the shared drive to prevent any other administrator from using an old version. The current administrator and PD will also uses the QA tool to monitor the electronic records to ensure the correct versions are being used and the electronic record is being utilized

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) <u>Ledra G. Lopez</u> <u>Director of MBI services</u>	Date <u>5/8/17</u>
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of <u>5-16-17</u> (Date)  on site  The above plan of correction was approved by  (Initials)	Plan of correction implementation status as of <u>6/22/17</u> (Date)  <input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented
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Violation Report: 22691 - 03/30/2017 - Novak, Ryan  
 PCH Name: COMMUNITY SERVICES GROUP PERSONAL CARE HOME

**1. REGULATION 55 Pa.Code §2600**  
 2600.66(b) - The plan must include training aimed at improving the knowledge and skills of the home's direct care staff persons in carrying out their job responsibilities. The staff training plan must include the following:  
 (1) The name, position and duties of each direct care staff person.  
 (2) The required training courses for each staff person.  
 (3) The dates, times and locations of the scheduled training for each staff person for the upcoming year.

**2a. DESCRIPTION OF VIOLATION**  
 The home's 2017 staff training plan does not include the projected date, time and locations of the trainings.

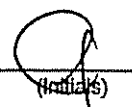
**3. PLAN OF CORRECTION (POC)** (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
*Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.*  
 The 2017 staff training plan did not include the dates, times and locations of the trainings, however, this information was posted for all staff to see next to the posted work schedules and was also emailed to all staff (see attachment). This information has now been updated on the current staff training plan(see attachment). The current administrator/PD uses the QA tool to ensure this is completed accurately, completely and timely for the next year's training schedule.

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) <b>Leah Collespie Director of MH Services</b>	Date <b>5/8/17</b>
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of <u>5-10-17</u> (Date) documents provided.  The above plan of correction was approved by  (Initials)	Plan of correction implementation status as of <u>6/20/17</u> (Date): <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
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Violation Report: 22691 - 03/30/2017 - Novak, Ryan  
 PCH Name: COMMUNITY SERVICES GROUP PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600  
 2600.91 - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

2a. DESCRIPTION OF VIOLATION  
 The telephone near the kitchen does not have the personal care home complaint hotline number posted on or near the phone.

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 incorrect number was listed for the PCH complaint hotline. This has now been corrected by all phones in the facility (see attachment). The PCH will use the DPW poster to ensure this phone number is correct to prevent this violation in the future.

Adm will oversee to ensure ongoing compliance. *Q*  
 5-10-17

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

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

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Leah Gilchrist Director of PCH Services*      Date *5/8/17*

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

The above plan of correction is approved as of 5-10-17  
 (Date)

*on-site verify*

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

Plan of correction implementation status as of 6/23/17  
 (Date)

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

Violation Report: 22691 - 03/30/2017 - Novak, Ryan  
 PCH Name: COMMUNITY SERVICES GROUP PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600  
 2600.96(a) - The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

2a. DESCRIPTION OF VIOLATION  
 The first aid kit located in the medication room did not include protective eyewear.

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 protective eye wear was on site but in two different locations (see attachment). All first aid kits in the facility now have protective eye wear in a bag that is attached to the kits (see attachment).

*Adm will oversee to ensure ongoing compliance.  
 Q. 5-10-17*

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Leah Gillespie Director of MH Services</i>	Date <i>5/8/17</i>
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of <u>5-10-17</u> (Date) <i>on site 6/22/17</i>	Plan of correction implementation status as of <u>6/22/17</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

Violation Report: 22691 - 03/30/2017 - Novak, Ryan  
 PCH Name: COMMUNITY SERVICES GROUP PERSONAL CARE HOME

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 home's emergency procedures and the local municipality emergency procedures are not posted in a conspicuous and public place in the home.

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 PCH's and the local municipality emergency procedures were in the emergency preparedness binder and not posted. This was corrected the day of the inspection (see attached).

*Adm will oversee to ensure ongoing compliance. CP 5-10-17*


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      Date  
 (Required on EVERY Page)      *Leah Collesive, Director of MH Services*      5/8/17

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

The above plan of correction is approved as of 5-10-17  
 (Date)

The above plan of correction was approved by   
 (Initials)

Plan of correction implementation status as of 6/22/17  
 (Date)

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

Violation Report: 22691 - 03/30/2017 - Novak, Ryan  
 PCH Name: COMMUNITY SERVICES GROUP PERSONAL CARE HOME

**1. REGULATION 55 Pa.Code §2600**  
 2600.124 - The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.

**2a. DESCRIPTION OF VIOLATION**  
 The home's notice to the fire department dated 10/19/16 does not include the level of assistance the residents will require in the event of an emergency.

**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 notice on 10/19/16 did not contain specific levels of assistance due to no residents residing in building. An updated letter was mailed to the fire department (see attached). The administrator and PD uses the QA tool (see attached) in conjunction with the fire drill records to send updated letters to the fire department if our resident's level of assistance should change.


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) <u>Leah Sillescu</u> Director of MHC Services	Date <u>5/8/17</u>
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of 5-10-17  
 (Date)  
on-site

The above plan of correction was approved by   
 (Initials)

Plan of correction implementation status as of 6/20/17  
 (Date)

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

Violation Report: 22691 - 03/30/2017 - Novak, Ryan  
 PCH Name: COMMUNITY SERVICES GROUP PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600  
 2600.132(a) - An unannounced fire drill shall be held at least once a month.

2a. DESCRIPTION OF VIOLATION  
 The home has not conducted a monthly fire drill since opening in October 2016.

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.*

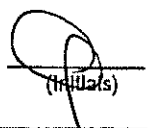
Attached are the fire drills records to indicate that a fire drill was completed the following day after this inspection, and to fire drills in April (one of which was a sleeping fire drill). The administrator will conduct two fire drills per month until the end of October 2017, including an additional sleeping fire drill in October to complete the correct number of fire drills. To prevent this violation in the future, the administrator and PD uses the same QA tool to ensure the fire drills are completed per regulations (see attached records and QA tool).

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, Director of MHT Services	Date 5/8/17
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of <u>5-10-17</u> (Date) on-site	Plan of correction implementation status as of <u>6/22/17</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: 22691 - 03/30/2017 - Novak, Ryan  
 PCH Name: COMMUNITY SERVICES GROUP PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2500  
 2600.141(a)(1) - A resident shall have a medical evaluation by a physician, physician's assistant, or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

2a. DESCRIPTION OF VIOLATION  
 Resident #1 was admitted to the home on [redacted] 16, the DME was completed on [redacted] 16.

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.

To prevent this violation for the future a monitoring tool has been created to ensure DME's, MA51's, and RASP are completed within time frames (see attached).

The Administrator will oversee the implementation of the tool for use by the home's direct care staff, and then review the actual tool in use to ensure ongoing compliance. 5-10-17

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) Leah Gillespie

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) Leah Gillespie, Director of MTH Services      Date: 5/8/17

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

The above plan of correction is approved as of 5/10/17  
 on-site (Date)

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

Plan of correction implementation status as of 6/22/17  
 (Date)

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

Violation Report: 22691 - 03/30/2017 - Novak, Ryan  
 PCH Name: COMMUNITY SERVICES GROUP PERSONAL CARE HOME

1. REGULATION 65 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

The homes smoking policy notes ashtrays or sand filled urns will be provided in the designated smoking area. The only item in the home's smoking area at the time of inspection was a chair.

The home currently utilizes individual hand held urns for each resident to extinguish cigarette butts in. The residents take the urn outside while smoking and then bring the urn back into the home and place it at the desk. This procedure is not in the homes smoking policy.

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.*

Previous receptacle was broken by residents pulling it apart to get used 'butts' to smoke. The individual urns were an attempt to ensure residents were not smoking butts of other residents for infection control. A new receptacle was purchased with a lock so that residents cannot access the inside of the receptacle and also to ensure compliance with CSG's smoking P&P. Residents were reminded of the rules of the home regarding smoking and that a continuation of violation of home rules could lead to a loss of their placement in the home (see attached).

*Adm will oversee to ensure ongoing compliance. Cf. 5-10-17*

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

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

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Leah Gillespie MTH Services Director of*      Date *5/8/17*

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

The above plan of correction is approved as of *5-10-17*  
 (Date)

*on-site*

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

Plan of correction implementation status as of *6/22/17*  
 (Date)

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

Violation Report: 22691 - 03/30/2017 - Novak, Ryan  
 PCH Name: COMMUNITY SERVICES GROUP PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600  
 2600.144(c)(1) - Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

2a. DESCRIPTION OF VIOLATION  
 Approximately 75 extinguished cigarette butts were located around the wooden ramp to the entrance of the home on the ground. Cigarette ashes were noted on the wooden porch which enters the home.

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.  
 Cleaning of cigarette butts will be encouraged to be completed by the residents who smoke. This task has also been added to the DSS task list for two shifts per day (see attached). Again, when residents violate the home rules they are reminded of the potential loss of their place in the home.

*Adm will conduct periodic walk thrus of the home's exterior areas to observe compliance. Cf. 5-10-17*

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

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

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Ledh Gillespie Director of Services*      Date *5/8/17*

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

The above plan of correction is approved as of *5-10-17*  
*on-site*  
 (Date)

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

Plan of correction implementation status as of *6/22/17*  
 (Date)

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

Violation Report: 22691 - 03/30/2017 - Novak, Ryan  
 PCH Name: COMMUNITY SERVICES GROUP PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600  
 2600.171(b)(5) - If staff persons or volunteers of the home provide transportation for the residents, the vehicle must have a first aid kit with the contents in § 2600.96 (relating to first aid kit).

2a. DESCRIPTION OF VIOLATION  
 The first aid kit located in the 2015 Dodge Grand Caravan did not include a CPR breathing shield, protective eyewear, thermometer and tweezers.

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.

please see attachments provided previously. All first aid kits were updated.

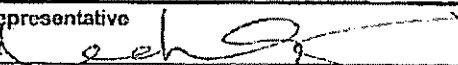
As per phone call w/ [redacted] CST,

the home will ensure that all vehicles used by the home to transport residents has a complete first aid kit in the vehicle.

The Adm/designee will check monthly to ensure any vehicles used to transport residents has a first aid kit with all the required elements of 2600.96.

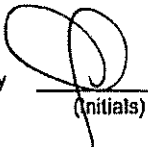
OP. 6/28/17

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) Leda Gillespie Director of MHA Services	Date 5/8/17
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of <u>6/28/17</u> (Date) on-site new violation The above plan of correction was approved by  (initials)	Plan of correction implementation status as of <u>6/28/17</u> (Date) <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
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Violation Report: 22691 - 03/30/2017 - Novak, Ryan  
 PCH Name: COMMUNITY SERVICES GROUP PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600  
 2600.182(b) - Prescription medication that is not self-administered by a resident shall be administered by one of the following:  
 (1) A physician, licensed dentist, licensed physician's assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic.  
 (2) A graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the home.  
 (3) A student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the home.  
 (4) A staff person who has completed the medication administration training as specified in § 2600.190 for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

2a. DESCRIPTION OF VIOLATION  
 On March 19, 2017 from 10pm-12am and March 20, 2017 from 12am-5am the home did not have anyone trained to administer medications. The home serves residents with PRN medications.

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.  
 This situation was addressed immediately with the APD, who develops the schedule and the APD covered the schedule to ensure a staff person who was completely certified in medication administration was working. The staff then became medication certified by 4/6/17. To prevent this in the future a notation has been added to schedule to note that staff with CPR/FA, Medication Administration and Diabetes Certification are schedule to ensure regulations are complied with (see attached).

*Adm will ensure there is a tickler file or training calendar established to track dates for periodic med training as required. This will assist in ensuring the home attains ongoing compliance. Q. 5-10-17*

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Leah Gillespie Mtt Services</i>	Date <i>5/8/17</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>5-10-17</u> (Date) <i>on-5-17</i>	Plan of correction implementation status as of <u>6/23/17</u> (Date)
The above plan of correction was approved by <i>[Signature]</i> (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: 22691 - 03/30/2017 - Novak, Ryan  
 PCH Name: COMMUNITY SERVICES GROUP PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600  
 2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION

Resident #5's Levimir flex pen was not dated when the pen was opened. The medication expires 28 days after opening the pen.

Resident #6's Humalog quick pen was not dated when the pen was opened. The medication expires 28 days after opening the pen.

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 pens were corrected the day of inspection by reviewing the medication administration log. To prevent this in the future a laminated sign was placed in each medication cart to ensure staff remember to put expiration stickers on any pens or vials the day they are opened.

*ADM will oversee to ensure ongoing compliance. Cp. 5-10-17*

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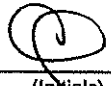
Signature of Legal Entity Representative  
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative - *Leah Gillespie, Director of MHServices*  
 (Required on EVERY Page) Date *5/8/17*

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

The above plan of correction is approved as of 5-10-17  
 (Date)

*on-site*

The above plan of correction was approved by   
 (Initials)

Plan of correction implementation status as of 6/22/17  
 (Date)

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

Violation Report: 22691 - 03/30/2017 - Novak, Ryan  
 PCH Name: COMMUNITY SERVICES GROUP PERSONAL CARE HOME

**1. REGULATION 55 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.

**2a. DESCRIPTION OF VIOLATION**

The medication administration record for resident #5 does not include drug allergies, diagnosis and the initials of the staff person administering the medications.

**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.*

On the day of the inspection, the inspector requested a print out of the electronic MAR to demonstrate the above mentioned information. The paper MARS were given to the inspector (see attached) to which she questioned why there were no staff initials. I then explained that we only use the paper MAR if our technology does not work and showed her the electronic MAR but the inspector was unable to find the information she was looking for. Attached are photos of the EHR with the above mentioned information. I respectfully request that this violation be reconsidered due to the fact the information was present, just not located on the specific day of the inspection (see attached EHR MAR that shows allergies, diagnosis, and staff names for medication administration).

*Please refer to the Department's Policy on Electronic Records (enclosed) for your review. It is also located on our website.*

*The Adm. Designee will ensure that all 14 required elements are in compliance and can be measured by on-site Licensing Representatives. Both of these steps will assist the home @ attaining compliance. @ 6-23-17*

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Leah Collette, Director of MIT Services* Date *5/8/17*

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

The above plan of correction is approved as of *5/10/17* (Date)  
*on-site*

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

Plan of correction implementation status as of *6/23/17* (Date)

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

Violation Report: 22691 - 03/30/2017 - Novak, Ryan  
 PCH Name: COMMUNITY SERVICES GROUP PERSONAL CARE HOME

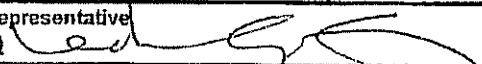
1. REGULATION 55 Pa.Code §2600  
 2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION  
 Resident #5 has an order for blood glucose readings 4 times daily. On 3/22/17 and 3/27/17 the 11am reading was not completed. On 3/25/17 the 8am reading was not completed.

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.

On 3/22/17 and 3/27/17 the resident was at [redacted] program and is responsible for [redacted] own blood sugar checks (see attached). On 3/25/17 the resident was in fact at the PCH and the blood sugar should have been checked. PD sent an email to all staff reminding them to follow their medication administration steps to ensure these are completed (see attached)

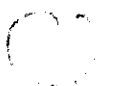
Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) Leah Gillette, Director of M.H. Services Date 5/8/17

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

The above plan of correction is approved as of 5-10-17  
 (Date)  
 m-s-14

The above plan of correction was approved by   
 (Initials)

Plan of correction implementation status as of 4/22/17  
 (Date)

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

Violation Report: 22691 - 03/30/2017 - Novak, Ryan  
 PCH Name: COMMUNITY SERVICES GROUP PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600  
 2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

2a. DESCRIPTION OF VIOLATION  
 Resident #3 was admitted to the home on [redacted] 16, the pre-admission screening was completed on [redacted] 16.

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 resident initially was admitted to the Atlas PCH and transferred to the Coal Township PCH on [redacted] 16. Due to the fact that the resident resided in the Atlas PCH for such a short time with no significant changes that another pre-admission screening and other assessments would put undo stress on the resident and we're focusing on person-centered, TIC and recovery and resiliency. We respectfully request reconsideration for this violation. In the event this violation remains on the summary, in the future the PCH the resident is being transferred to will complete a second pre-admission screening and other required assessments.

*The pre-adm screen must be performed for each resident and each specific LOCATION in order to determine if that specific home can meet that specific resident's needs.*

*Violation Stands.*

*Adm will oversee to ensure pre-adm screens are completed @ the home for every new (or respite) admission noo that 30 days old. CP. 5-10-17*

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

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

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Lach Gillegie, Director of MH Services*      Date *5/8/17*

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

The above plan of correction is approved as of 5-10-17  
 (Date)

*on-site*

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

Plan of correction implementation status as of 6/30/17  
 (Date)

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

Violation Report: 22691 - 03/30/2017 - Novak, Ryan  
 PCH Name: COMMUNITY SERVICES GROUP PERSONAL CARE HOME

**1. REGULATION 55 Pa.Code §2600**  
 2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

**2a. DESCRIPTION OF VIOLATION**  
 Resident #3's RASP did not have a date the assessment portion of the RASP was completed. The resident was admitted to the home on [redacted] 16.  
 Resident #2 was admitted to the home for a respite stay on [redacted] 17, the home did not complete the assessment portion of the RASP.

**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 PD reviewed the scheduled and determined the dates the Assessment was completed. Again, due to an attempt to avoid undo stress and focus on Recovery and Resiliency, TIC, person-centered care, the same RASP was used. If this is determined to be incorrect a new RASP will be completed. (see attached RASP).

An undated RASP can be corrected after the fact - along w/ the initials & date of the person who made the correction.

Re: Respite - all regulations that pertain to the stay are required based on time frames - If the resident is in the home for 1 day a pre-adm screen & contract are needed - 15 days an assessment is needed - 30 days a support plan is needed.

Q. 5-10-15

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 Gilgrip Director of MH Services** Date **5/8/17**

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

The above plan of correction is approved as of <u>5-10-15</u> (Date) on [redacted]	Plan of correction implementation status as of <u>5/8/17</u> (Date)
The above plan of correction was approved by [redacted] (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <input checked="" type="checkbox"/> Not Implemented <b>ERROR</b>

Violation Report: 22691 - 03/30/2017 - Novak, Ryan  
 PCH Name: COMMUNITY SERVICES GROUP PERSONAL CARE HOME

**1. REGULATION 55 Pa.Code §2600**

2600.227(a) - A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

**2a. DESCRIPTION OF VIOLATION**

Resident #3's RASP did not have a date the support portion of the RASP was completed. The resident was admitted to the home on [redacted] 16.

**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 PD reviewed the scheduled and determined the dates the Support Plan was completed. Again, due to our opinion that Atlas PCH and Coal Township PCH are the same level of care and we want to minimize the number of assessments that the individuals has to ensure, the same RASP was used. If this is determined to be incorrect a new RASP will be completed. (see attached RASP).

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 Director of MH Services			5/7/17
<b>DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!</b>			
The above plan of correction is approved as of <u>5/16/17</u> (Date)		Plan of correction implementation status as of <u>6/22/17</u> (Date)	
on-site		<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <input checked="" type="checkbox"/> Not Implemented <b>ERROR</b>	
The above plan of correction was approved by		(Initials)	

Violation Report: 22691 - 03/30/2017 - Novak, Ryan  
 PCH Name: COMMUNITY SERVICES GROUP PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600  
 2600.227(g) - Individuals who participate in the development of the support plan shall sign and date the support plan.

2a. DESCRIPTION OF VIOLATION  
 Resident #3's RASP that did not have a date on it was not signed by anyone who completed the RASP or participated in the development of the RASP. The resident was admitted to the home on 11/9/16.

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 RASP was signed by myself and the resident (see attached).

The Adm will ensure that residents who participate in the development of their support sign and date it.

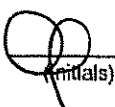
Adm/designee will audit existing residents' RASPs to ensure current compliance, and check new admissions and annual RASPs to ensure ongoing compliance. Q. 6/28/17

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 Gillette, Director of MH Services	Date 5/8/17
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of <u>5/10/17</u> (Date) on-site	Plan of correction implementation status as of <u>6/28/17</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: 22691 - 03/30/2017 - Novak, Ryan  
 PCH Name: COMMUNITY SERVICES GROUP PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2500  
 2600.251(a) - A separate record shall be kept for each resident.

2a. DESCRIPTION OF VIOLATION  
 Resident #2 was admitted to the home for a respite stay on [redacted] 17, the resident did not have a record.

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 resident's paper record was discovered in another location of the program (see attached). To prevent this violation in the future the monitoring tool (already attached) will be used to ensure completion.

The Adm will oversee this process in order to attain and maintain ongoing compliance.  
 Cp. 5-10-17.

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

Signature of Legal Entity Representative  
 (Required on EVERY Page)

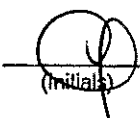
Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page)      Date

Leah Gillette      Director of MH Services      5/8/17

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

The above plan of correction is approved as of 5-10-17  
 (Date)

on-site

The above plan of correction was approved by   
 (Initials)

Plan of correction implementation status as of 6/22/17  
 (Date)

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

Violation Report: 22691 - 03/30/2017 - Novak, Ryan  
 PCH Name: COMMUNITY SERVICES GROUP PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600  
 2600.251(b) - The entries in a resident's record shall be permanent, legible, dated and signed by the staff person making the entry.

2a. DESCRIPTION OF VIOLATION  
 Resident #4's RASP dated 11/18/16 had correction tape over zyprexa in the allergy section.

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.  
 On 3/30/17 the PD went through the program and removed all white out and/or corrective tape. PD also sent an email to staff indicating this practice is not permitted and explained that if any white out or corrective tape was found in the program and did not belong to a resident that it would be discarded (see attached).

*Adm will oversee to ensure ongoing compliance  
 Q. 5-10-17.*

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

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

Printed Name and Title of Legal Entity Representative      Date  
 (Required on EVERY Page) *Leah Gillespie Director of MH Services*      *5/18/17*

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

The above plan of correction is approved as of 5-15-17  
 (Date)  
*on-site*

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

Plan of correction implementation status as of 6/02/17  
 (Date)

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



Violation Report: 22669 - 05/17/2017 - Harvey, Jason  
 PCH Name: COMMUNITY SERVICES GROUP PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600  
 2600.41(d) - A copy of the resident's rights and complaint procedures shall be given to the resident and, if applicable, the resident's designated person upon admission.

2a. DESCRIPTION OF VIOLATION  
 The home did not provide resident #1 admitted on [redacted] 2017 with a copy of the resident rights and complaint procedures.

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 previous administrator neglected to use the appropriate home contract that contains the resident rights. This administrator had completed this on 4/1/17 with a draft of the contract directly from the resident file but was unable to electronically sign and hand signed this contract. The full electronic contract was electronically signed by both the administrator and the resident on 6/19/17 (see both attached). The draft was inadvertently placed in the scanned file folder instead of the resident file. To prevent this from happening again in the future, the scanned files will be stored in the shared supervisor office, with the resident files being stored in the medication room.

*Adm/ Designer will audit contracts for all current residents to ensure compliance. 6/26/17*

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Kobarr Beers*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Kobarr Beers*      Date *6/19/17*

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

The above plan of correction is approved as of 6/26/17  
 (Date)  
*docs provided.*

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

Plan of correction implementation status as of 6/26/17  
 (Date)

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

Violation Report: 22669 - 05/17/2017 - Harvey, Jason  
 PCH Name: COMMUNITY SERVICES GROUP PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600  
 2600.42(c) - A resident shall be treated with dignity and respect.

2a. DESCRIPTION OF VIOLATION  
 Staff person A was observed throwing away resident's property belonging to resident's # 1, #2 and #3. Staff person A was hiding items belonging to resident #4, which caused the behaviors to escalate. Staff person A did not treat the residents of the home with dignity and respect.

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.

Staff person A was reportedly treating residents without dignity and respect. An investigation was conducted with staff and residents and staff person A was suspended upon this administrator's learning of the information and was then terminated due to the investigation concluding the dignity and respect was violated for the residents listed (see attached documentation).

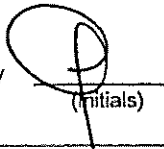
Within 90 days of receipt of this plan of correction:  
 The next training to comply w/ 2600.65 (g), the home will reach out to the Northumberland County Area Agency on Aging to have one of their staff conduct the employee training @ the home. Upon completion, the home will submit copies of the signature sheets to the Regional office for verification. Cf. 6/26/17

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Roxanne Reed</i>	Date <i>6/19/17</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>6/26/17</u> (Date)	Plan of correction implementation status as of <u>6/26/17</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: 22669 - 05/17/2017 - Harvey, Jason  
 PCH Name: COMMUNITY SERVICES GROUP PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600  
 2600.191 - The home shall educate the resident on the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

2a. DESCRIPTION OF VIOLATION  
 The contract in the record of resident #1 (dated [redacted] 7) did not indicate the residents' right to question or refuse medication if the resident believes there may be a medication error.

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 previous administrator neglected to use the appropriate home contract that contains the resident rights. This administrator had completed this on 4/1/17 with a draft of the contract directly from the resident file but was unable to electronically sign and hand signed this contract. The full electronic contract was electronically signed by both the administrator and the resident on 6/19/17 (see both attached). The draft was inadvertently placed in the scanned file folder instead of the resident file. To prevent this from happening again in the future, the scanned files will be stored in the shared supervisor office, with the resident files being stored in the medication room.

*Adm Designee will audit all current residents' records to ensure current compliance*  
*CP 6/26/17*

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Kyrene Beers*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Kyrene Beers*      Date *6/19/17*

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

The above plan of correction is approved as of *6/26/17*  
*dec's provided*  
 (Date)

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

Plan of correction implementation status as of *6/26/17*  
 (Date)

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

Violation Report: 22669 - 05/17/2017 - Harvey, Jason  
 PCH Name: COMMUNITY SERVICES GROUP PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600  
 2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

2a. DESCRIPTION OF VIOLATION  
 Resident #1 (DOA [redacted] /17) did not have a preadmission completed within 30 days prior to admission to the home.

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 previous administrator neglected to complete the Pre-Admission screening. To prevent this from happening again in the future the admission checklist will be utilized (see attached).

*The home will audit all current residents' records in order to ensure current compliance.*

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Koranne Beers</i>	Date <i>6/19/17</i>
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of 6/26/17  
 (Date)

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

Plan of correction implementation status as of 6/26/17  
 (Date)

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

Violation Report: 22669 - 05/17/2017 - Harvey, Jason  
 PCH Name: COMMUNITY SERVICES GROUP PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600  
 2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

2a. DESCRIPTION OF VIOLATION  
 Resident #1 (DOA [redacted] 17) did not have an Initial Resident Assessment completed within 15 days of admission to the home.

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.

In preparation for the inspection held in March 2017 and for ongoing QA, this administrator have reviewed the resident files on-site to determine if documents were completed. This resident's RASP was seen in the file, along with all other resident files. This administrator inquired as to why the electronic versions were not used and the previous administrator indicated technology difficulties. This administrator instructed the previous administrator to update to the electronic version as soon as possible. This administrator had deemed it would be appropriate as the paper version would suffice until an update could made. Upon review of inspectors for this current inspection summary that only the first page of the RASP was completed. Attached is the completed RASP. To prevent this from happening in the future, only the electronic version will be utilized and support will be obtained from the IT department if needed.

Please see the Department's Policy on Electronic Records enclosed for your review. It is located on our website.

The Adml Designee will audit all resident's current records to insure both compliance with this regulation, as well as compliance w/ the Department's Policy on Electronic Record Keeping.

Both of these steps will assist the home in ensuring compliance. P. 6/26/17

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

Signature of Legal Entity Representative (Required on EVERY Page) *Roxanne Beers*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Roxanne Beers*      Date *6/19/17*

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

The above plan of correction is approved as of <u>6/26/17</u> (Date)	Plan of correction implementation status as of <u>6/26/17</u> (Date)
The above plan of correction was approved by <i>[Signature]</i> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 22669 - 05/17/2017 - Harvey, Jason  
 PCH Name: COMMUNITY SERVICES GROUP PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600  
 2600.227(a) - A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

2a. DESCRIPTION OF VIOLATION  
 Resident #1 (DOA [redacted] 17) did not have an initial Support Plan completed within 30 days of admission to the home.

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.

In preparation for the inspection held in March 2017 and for ongoing QA, this administrator have reviewed the resident files on-site to determine if documents were completed. This resident's RASP was seen in the file, along with all other resident files. This administrator inquired as to why the electronic versions were not used and the previous administrator indicated technology difficulties. This administrator instructed the previous administrator to update to the electronic version as soon as possible. This administrator had deemed it would be appropriate as the paper version would suffice until an update could made. Upon review of inspectors for this current inspection summary that only the first page of the RASP was completed. Attached is the completed RASP. To prevent this from happening in the future, only the electronic version will be utilized and support will be obtained from the IT department if needed.

Please see the Department's Policy on Electronic Records, enclosed for your review. It can be found on our website.

The Adm. Designee will audit all residents' records (current) to ensure compliance w/ this regulation as well as compliance w/ electronic record keeping.


Both of those steps will assist the home in attaining compliance. CP. 6/26/17

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

Signature of Legal Entity Representative (Required on EVERY Page) *Rotame Bees*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Rotame Bees*      Date *6/19/17*

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

The above plan of correction is approved as of <u>6/24/17</u> (Date)	Plan of correction implementation status as of <u>6/26/17</u> (Date)
The above plan of correction was approved by  (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 22669 - 05/17/2017 - Harvey, Jason  
 PCH Name: COMMUNITY SERVICES GROUP PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600  
 2600.252 - Each resident's record must include the following information: (1) through (26)

2a. DESCRIPTION OF VIOLATION  
 The resident records for Resident #2 and #3 did not contain a copy of the incident report dated 4/18/2017.

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 resident paper files on site contain information that is regularly requested by inspectors. The incident reports were copied and put in the mail box folder that each resident has and that this information gets scanned into the EHR. These reports are in that box for each resident awaiting the scanning process.

*The Adm / Designee will develop and implement a process to ensure that all of the appropriate items of 2600.252 (1-26). Current resident records will then be audited, along w/ implementation of this system noted above in order to ensure ongoing compliance.*

*The Adm will oversee this process to ensure compliance. Cf. 6/26/17.*

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Kyanna Beers*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Kyanna Beers*      Date *6/19/17*

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

The above plan of correction is approved as of <u>6/26/17</u> (Date)	Plan of correction implementation status as of <u>6/26/17</u> (Date)
The above plan of correction was approved by <i>[Signature]</i> (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