



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail to: [beersr@csgonline.org](mailto:beersr@csgonline.org)

MAILING DATE: August 16, 2017

Ms. Susan C. Blue  
President/CEO  
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 #: 226692

Dear Ms. Blue:

As a result of the Department of Human Services' licensing inspection on April 25, 2017 of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

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

Sincerely,

*Anne Graziano*  
Anne Graziano  
Regional Licensing Administrator

Enclosure  
Licensing Inspection Summary



Violation Report: 22669 - 04/25/2017 - Novak, Ryan  
PCH Name: COMMUNITY SERVICES GROUP PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION

Resident #1 left the building for a walk on 3/3/17, the police returned the resident to the home. The home did not submit an incident to the Department until 3/6/17.

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 3/3/17 resident #1 left the building for walk and was returned by the police to the home. The home did submit an incident report to the department until 3/6/17. The home should have reported the incident to the department within 24 hours. To prevent this from occurring in the future the administrator has laminated documents from the RCG for 2600 regulations relating to abuse/ incident reporting and has a copy hanging in the supervisors shared office and one copy hanging in the open staff area to use for reminders of time guidelines for reporting. The administrator will ensure these two copies remaining hanging in both locations.

The Administrator will ensure there is a process in place to recognize correctly and report timely all incidents that constitute reportable incidents. This process must include steps for weekends and holidays to ensure timely reporting. C. 8-15-17

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

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

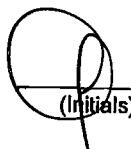
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Roxanne Beers*      Date *8/10/17*

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

The above plan of correction is approved as of 8-15-17 (Date)

Plan of correction implementation status as of 8-15-17 (Date)

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

The above plan of correction was approved by  (Initials)

Violation Report: 22669 - 04/25/2017 - Novak, Ryan

PCH Name: COMMUNITY SERVICES GROUP PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

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] the DME was completed on 1/10/17.

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

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Resident #1 was admitted to home on [redacted] and the DME was not completed until 1/10/17. The DME should have been completed 60 days prior to admission or with 30 days after admission. The administrator will inform all referral sources at the time of referral and before admission that admission will not occur unless the DME is completed 60 days prior, to avoid this occurrence in the future and to prevent a late-scheduled DME due to PCP appointment schedules not meeting the required time frame.

Adm will oversee that all current and future residents have timely initial med evaluations. QP. 8-15-17

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

8/15/17

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8/15/17 (Date)

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8/15/17 (Date)

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The above plan of correction was approved by

*QP* (Initials)

Violation Report: 22669 - 04/25/2017 - Novak, Ryan  
PCH Name: COMMUNITY SERVICES GROUP PERSONAL CARE HOME

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

2a. DESCRIPTION OF VIOLATION  
Resident #1's RASP dated 11/29/16 notes the resident does not require any supervision while in the community. On 3/3/17 the resident was picked up by the police because the resident was sitting on the side of the road. The home has not updated the residents RASP to reflect the residents current care needs.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.  
Resident #1's RASP dated 11/29/16 was not updated within 5 days of the significant incident that occurred on 3/3/17, involving the resident being returned by the police for sitting on the side of the road. The RASP has now been updated (see attached). To avoid this occurrence again in the future of not updating the RASP within the time frame a note has been added to the management meeting note that is completed weekly to address any updates that may be needed (see attached outline for management meeting).

*The Administrator will oversee this process to insure ongoing compliance of 8-15-17*

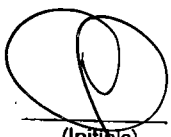
Repeat Violation: No      Date(s) of Previous Violation(s):

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 *8/18/17*

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Violation Report: 22669 - 04/25/2017 - 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 #1's RASP dated 11/29/16 had correction tape over the word NSAIDS 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.

Resident #1 Initial RASP had corrective tape over the allergy section. As a plan that was addressed with this violation, all corrective tape and white out were removed from the program so that this would not continue. This corrective tape was used prior to this correction by the previous administrator and has been resolved to avoid future occurrence of the use of tape or white out for corrections by removing all corrective tape and white out from the program. With the RASP now being updated, the corrective tape is not on the current version of the RASP (see current RASP attached). This administrator has completed an audit of all resident charts on 4/1/17 and did not find any additional corrective tape use.

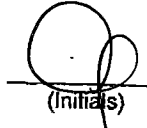
Repeat Violation: No      Date(s) of Previous Violation(s):

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

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Alexandra Beers*      Date *8/16/17*

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(Date)

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(Initials)

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