



pennsylvania
DEPARTMENT OF HUMAN SERVICES

AUG 02 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
532 West Saylor Street
Atlas, Pennsylvania 17851
License #: 208130

Dear Ms. Blue:

As a result of the Department of Human Services' annual licensing inspection on May 2, 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.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Inspection.

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

Violation Report: 20813 - 05/02/2017 - O'Haire, Anne
PCH Name: COMMUNITY SERVICES GROUP

1. REGULATION 55 Pa.Code §2600
2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION

The shared resident bathroom located on side A nearest to resident room #1, shower had a heavy buildup of a black like substance along the base of the shower.

The shared resident bathroom located on the B side nearest to resident room #11, toilet had a brown black moldy substance along the base of the commode.

The wall located next to the bathtub and towards the door was missing the baseboard and the wallboard was black moldy and crumbling.

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 bathroom on A side near room #1 had a heavy buildup of a black like substance along the base of the shower. Upon further investigation, it was determined the substance is adhesive from the rubber molding. The property owner was informed and will make arrangements to replace the rubber molding. The bathroom on B side near room #11 had a brown-black moldy substance along the base of the toilet. Upon further inspection it was determined this substance is rust. The PCH has made arrangements to have a significant amount of flooring replaced, including all of the bathrooms which is scheduled for the week of June 12, 2017. A copy of the invoice and/or pictures of the completed work will be submitted to the department upon completion.

The administrator shall monitor and assure ongoing compliance.

*M
5/31/17*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Akane Beers

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

Akane Beers

Date

5/26/17

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

The above plan of correction is approved as of

5/31/17
(Date)

Plan of correction implementation status as of

5/31/17
(Date)

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

The above plan of correction was approved by

M
(Initials)

Violation Report: 20813 - 05/02/2017 - O'Haire, Anne
PCH Name: COMMUNITY SERVICES GROUP

1. REGULATION 55 Pa.Code §2500

2600.B9(b) - Hot water temperature in areas accessible to the resident may not exceed 120°F.

2a. DESCRIPTION OF VIOLATION

The hot water temperature measured in the B side laundry room had a temperature reading of 123 degrees Fahrenheit.
The water temperature measured in the B side shared resident bathroom located near resident room #11, had a temperature reading on 222 degrees Fahrenheit.

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 water heater on B side was reset to 120 degrees on the day of the inspection. The PCH will continue with the required monthly water temperature checks. Attached is a copy of the most recent water temperature log.

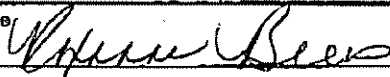
The administrator shall monitor and assure ongoing compliance.



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)

Roxanne Beers

Date

5/26/17

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The above plan of correction is approved as of

5/31/17
(Date)

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5/31/17
(Date)

The above plan of correction was approved by


(Initials)

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Violation Report: 20813 - 05/02/2017 - O'Haire, Anne
PCH Name: COMMUNITY SERVICES GROUP

1. REGULATION 58 Pa.Code §2600
2600.103(l) - Outdated or spoiled food or dented cans may not be used.

2a. DESCRIPTION OF VIOLATION

The double door refrigerator located in the kitchen was found to have a 1/2 pound package of Cobble Street brand turkey breast luncheon meat with a date the package was opened of 04-20-17. Luncheon meat is to be used within 5 days of opening the package.

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 driver task list has been updated to include weekly checks of all the refrigerators and includes throwing away items that are expired (see attached task list). The driver also fills in for the cook in the kitchen when needed and has had this task assigned now.

The administrator shall monitor and assure ongoing compliance

M 5/31/17

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

5/25/17

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The above plan of correction is approved as of

5/31/17
(Date)

Plan of correction implementation status as of

5/31/17
(Date)

The above plan of correction was approved by

M
(Initials)

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Violation Report: 20813 - 05/02/2017 - O'Haire, Anne
PCH Name: COMMUNITY SERVICES GROUP

1. REGULATION 55 Pa.Code §2600

2600.183(b) - Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

2a. DESCRIPTION OF VIOLATION

On 5/2/17 at 1:40pm, resident # 1 requested his/her (PM) medications to be packaged because he/she was planning to stay with family for the evening. Staff person "A" packaged the medications and gave them to resident #1. Department representative noted that resident # 1 placed the medications in a backpack that was left on his/her bed unattended with the bedroom door unlocked.

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.

Administrator reviewed with resident #1 that [redacted] is responsible for [redacted] medications for LOA and that if [redacted] needs to leave the medications in [redacted] room before leaving (ex. has to use bathroom before leaving) that [redacted] needs to lock [redacted] bedroom door.

The administrator shall monitor and be responsible for ongoing compliance.

[Signature]
5/31/17

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 *5/26/17*

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

The above plan of correction is approved as of 5/31/17 (Date)

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

Plan of correction implementation status as of 5/31/17 (Date)

- Fully Implemented
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- Not Implemented

Violation Report: 20813 - 05/02/2017 - OHaire, Anne
PCH Name: COMMUNITY SERVICES GROUP

1. REGULATION 55 Pa.Code §2600.

2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION

The glucometers for resident 2#, #3 and 4# are not properly calibrated with either the correct date or time.

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 second shift task list has been updated to ensure that the dates and times of the glucometers are accurate as well as verifying the entries placed in the vitals section of the EHR. (see attached tasks lists)

The administrator shall monitor and be responsible for ongoing compliance.

m

5/31/17

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 *5/26/17*

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