



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail to: beersr@csgonline.org
MAILING DATE: August 11, 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 June 22, 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: 22591 - 06/22/2017 - O'Haire, Anne
 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 located at the Hallway B nurse station did not have the required emergency numbers 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 telephone located at the hallway B nurse station (open staff area) did not have the required emergency numbers posted on or near the phone. This phone was moved from its original location temporarily and the phone number list was not moved with the phone. Upon this inspection, the phone was returned to the original area. To avoid this from occurring again in the future a note has been attached to each phone with the statement "emergency numbers must be posted near by, if phone is moved list of numbers must also move". Pictures of the phone in proper location and the note on phone are attached for your review.

Adm o = designee will periodically ensure that all telephones w/ outside lines have the required #s on/near each phone.

[Signature] 8-10-17

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Roxanne Beer* Date *7/8/17*

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

The above plan of correction is approved as of 8-10-17
 (Date)

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

Plan of correction Implementation status as of 8-10-17
 (Date)

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

Violation Report: 22591 - 06/22/2017 - OHaire, Anne
 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 15 plus extinguished cigarette butts were located around the wooden ramp to the entrance of the home on the ground. Approximately 15 plus extinguished cigarette butts were located on the ground in the home's designated smoking area.

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.

Extinguished cigarette butts were located around the wooden ramp to the entrance of the home on the ground and also on the ground in the designated smoking area. This task had been added to the daily list for MHDSS on two shifts. To prevent this from occurring again in the future staff have been informed to check the grounds for extinguished butts twice during the shifts.

*The Administrator/Designee will perform random periodic walk throughs of the property to ensure ongoing compliance. Documentation to be retained by the home
 Q. 8-10-17*

Repeat Violation: No	Date(s) of Previous Violation(s):		
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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 *7/8/17*

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Violation Report: 22591 - 06/22/2017 - O'Haire, Anne
 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 does not include a thermometer, scissors and a CPR breathing shield.

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 first aid kit located in the 2015 Dodge Grand Caravan did not include a thermometer, scissors and a CPR breathing shield. The thermometers and scissors were previously on site and added to the first aid kits in the building but was neglected to be added to the first aid kits in both vans. These have been added. The incorrect masks were added to the first aid kits during a separate inspection and the proper CPR masks have been ordered and added to all First Aid Kits (see attached picture of proper masks). To prevent this from occurring again in the future, when new masks are ordered, only masks that are labeled "CPR" will be purchased (see attached documentation).

Adm/Designee will perform random audits of 1st aid kits for the home's vehicle(s). Documentation will be retained by the home. Q. 8-10-17

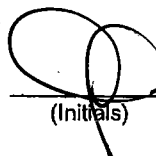
Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Allyson Beers*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Roxanne Beers* Date *7/8/17*

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Violation Report: 22591 - 06/22/2017 - O'Haire, Anne
 PCH Name: COMMUNITY SERVICES GROUP PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.181(c) - A resident who desires to self-administer medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.

2a. DESCRIPTION OF VIOLATION
 Resident # 1 completes the residents own blood glucose readings while out of the facility. The resident has not been assessed by a physician to do so.

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 completes [redacted] own blood glucose readings while out of the facility. The resident was previously assessed by the past resident's program but documentation was not able to be obtained from the home regarding this resident's independence of blood glucose readings. The PCP for Resident #1 was contacted and gave order (please see copies of faxes with communication with the PCP). To prevent this from occurring in the future, documentation will be requested by the home prior to admission.

The orders for self-adm will be kept on file w/all other current orders for the resident(s) in question.

The Adm Designee will review the resident(s) Adm records that are out of the building for scheduled diabetic care to ensure ongoing compliance.

**copy of order enclosed.*

8-10-17

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Roxanne Beers</i>	Date <i>7/8/17</i>
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Violation Report: 22591 - 06/22/2017 - O'Haire, Anne
 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

Resident # 2's MAR 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.

As you will see in the attached documentation, the electronic MAR does contain the necessary items required for the MAR, as does the paper MAR, also attached. Specifically addressed with this violation are the drug allergies, diagnosis and initials of staff person administering the medications. Circled on both the electronic MAR and the paper you will see both the drug allergies and the diagnosis of Resident #2. On the electronic MAR, staff administering medications use a password that then populates their name assigned as administering the medications. On 6/22/17, inspector Novak inquired what we send with residents if they go to the hospital to which I informed inspector Novak that we give them a copy of the paper MAR and verbally tell the emergency professionals when the last dose of medication is given. Inspector Novak said that was insufficient and suggested we also document our medication administration on the paper MAR as well as the electronic MAR, which creates a duplication of this record and, in our opinion, unnecessary work for staff. CSG has not been asked or required to do this in any other program. According to discussion of section of regulation 2600.187(a) the reasons for the MAR include notifying physicians and emergency personnel of "when a medication was last administered" which we do so verbally and can also do by printing off the administration record from the electronic MAR. We respectfully ask that you reconsider this violation as we do not feel we are in violation of the regulation based on the RCG for 2600 regulations.

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 (Required on EVERY Page) *Roxanne Beers*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Roxanne Beers.* Date *7/8/17*

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[Handwritten Initials]
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