



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail to: [REDACTED]
MAILING DATE: October 19, 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 July 21, 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
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

PCH Name: COMMUNITY SERVICES GROUP PERSONAL CARE HOME		License Number: 22669
Address: 178 STATE ROUTE 901, COAL TOWNSHIP, PA 16866		County: Northumberland
Administrator: ROXANNE BEERS		Region: NORTHEAST
Legal Entity Name: COMMUNITY SRVICES GROUP, INC.		
Legal Entity Address: 320 HIGHLAND DRIVE, MOUNTVILLE, PA 17554		
Certificate(s) of Occupancy R-4 10/06/2016 COAL TOWNSHIP		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 12	Waking Staff: 9
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Incident:		
On-Site Inspections Dates and Department Representatives On-Site		
07/21/2017: Dumas, Gerald; Foulkes, Kimberli		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 16 Number of Residents Served: 12 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, If Applicable: Number of Residents Served in Secured Dementia Care Unit, If applicable: Number of Current Hospice Residents: 0 Number of Hospice Residents In past year: 0	Number of Residents who: Receive Supplemental Security Income: 12 Are 60 Years of Age or Older: 2 Have Mental Illness: 12 Have an Intellectual Disability: 1 Have a Mobility Need: 0 Have a Physical Disability: 0	

Violation Report: 22669 - 07/21/2017 - Dumas, Gerald
 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 eloped from the facility on 4/30/17 and walked approximately 40 miles in an attempt to visit their estranged spouse, resulting in kidney damage, an injury to the resident's foot and dehydration, resulting in the resident's hospitalization. An incident report was faxed to the Department on 5/3/17, more than 24 hours after the incident.

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 eloped from the facility on 4/30/17 and walked approx. 40 miles in an attempt to visit [redacted] estranged [redacted] which resulted in a hospitalization due to kidney damage and an injury to the resident's foot and also dehydration. An incident report was faxed to the Department on 5/3/17 but was not submitted within the 24 hour time-line. To prevent this from occurring again, the appendix items from the RCG 2600 resource were laminated and posted in the open staff area, as well as in the shared supervisor office for future reference when events occur. (see attached documents that are laminated and posted, pg 182 table of abuse requirements, Appendix A and F). In addition, the monthly staff meeting for September was to already scheduled to discuss incident reporting (see attached training sheet).

The Administrator will oversee that all staff know what elements or events are to be reported, as well as ensuring timely reporting w/in 24 hours including nights, weekends and holidays.
 Ep. 9/25/17

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) *Roxanne Beers* Date *9/22/17*

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The above plan of correction is approved as of <u>9/25/17</u> (Date)	Plan of correction implementation status as of <u>9/25/17</u> (Date)
The above plan of correction was approved by <i>[Handwritten Initials]</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: 22669 - 07/21/2017 - Dumas, Gerald

PCH Name: COMMUNITY SERVICES GROUP PERSONAL CARE HOME

1. REGULATION 55 Pa. Code §2600

2600.42(b) - A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

2a. DESCRIPTION OF VIOLATION

The assessment for resident #1, dated 3/17/17, and support plan, dated 3/20/17, indicates that the resident requires supervision in unfamiliar places. Under the description of the need for supervision, it states that the resident is not familiar with the local area. Under the plan to meet the need for supervision, it states "Staff transports resident where he/she needs to go and supervises in any unfamiliar places." Resident # 1 had an elopement from the facility on 4/30/17. The resident traveled on foot approximately 40 miles in an attempt to visit their estranged spouse. The resident was hospitalized after this incident and discharged back to the PCH on 5/4/17 after receiving treatment for kidney damage due to muscle injury, dehydration, and wounds to both feet.

On 6/28/17, between 2:00p.m. and 4:00p.m. resident # 1 went missing from the home for the second time. Resident # 1 was found by the police down an embankment less than a mile from the home and taken to the hospital. As of 7/21/17 the resident was still hospitalized and the Department was informed by the home that the resident had sustained a fractured arm and ankle injury.

Resident #1 was a victim of neglect due to the home's failure to provide the services essential to avoid a clear and serious threat to their physical health, specifically the level of supervision indicated in the resident assessment and support plan.

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 assessment for resident #1, dated 3/17/17 and support plan dated 3/20/17, indicates that the resident requires supervision in unfamiliar places. Under the description of the need of supervision, it states that the resident is not familiar with local area and under the plan to meet the need for supervision it states "staff transports resident where he/she needs to go and supervises in any unfamiliar places". Resident #1 had an elopement from the facility on 4/30/17 and had not informed staff of the need to enter the local area and walked approx. 40 miles and suffered kidney damage, dehydration and wounds to both feet. Upon residents discharge from the hospital on 5/4/17, program staff reviewed with resident the rules of signing out before leaving the facility and the need to inform staff to ensure safety in the community. Resident indicated [redacted] would inform staff when needing to entering the community so that supervision could be provided to ensure [redacted] safety. On 6/28/17 the same resident had a second incident of elopement which again led to a hospitalization due to dehydration, a fractured arm and an ankle injury that required surgery. To prevent this occurrence for the future, the home, in conjunction with the behavioral team from Northumberland County are discussing monitoring devices and one-on-one staff supervision for the resident to return and remain safe in the home or a 30 day notice for this resident, due to the resident not complying with the homes rules of signing out and informing staff of the need to navigate the community. A letter has been developed, however, the decision to send the letter has not yet been made. UPDATE: Resident #1 was given a 30 day notice due to the home not being able to meet [redacted] needs (see attached).

w/ resident's permission

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

9/22/17

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The above plan of correction is approved as of

9/25/17 (Date)

Plan of correction implementation status as of

9/25/17 (Date)

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

The above plan of correction was approved by

[Signature] (Initials)

Violation Report: 22669 - 07/21/2017 - Dumas, Gerald
 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] 17. The resident's medical evaluation was completed on [redacted] 17. The medical evaluation was completed more than 60 days prior to admission.

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 the home [redacted] 17 and had a medical evaluation on [redacted] 17, more than the 60 day requirement prior to admission. To prevent this from occurring in the future, Prior to a resident's first day of admission or first day of trial visit, a newer DME will be requested if the initial DME submitted will expire or request first day of trial pass/admission date to coincide with the DME date. The administrator or designee will ensure the DME date is within time frames before the resident comes for their first visit/admission date.

The Administrator will oversee to ensure ongoing compliance Cp. 9/25/17

Repeat Violation: Yes	Date(s) of Previous Violation(s):	03/30/2017
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Roxanne Bees*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Roxanne Bees* Date *9/25/17*

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

The above plan of correction is approved as of *9/25/17*
 (Date)

Plan of correction implementation status as of *9/25/17*
 (Date)

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

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

Violation Report: 22669 - 07/21/2017 - Dumas, Gerald
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 home's June 2017 Medication Administration Record (MAR) for resident # 1 is missing a diagnosis or purpose for the following medications:

Acetaminophen, 325 MG tab
CALC ANTACID CHW, 500 MG
DOK CAP, 100 MG
LEVETIRACETAM, 100 MG TABLET
OLANZAPINE 20 MG TABLET
OMEPRAZOLE CAP 20 MG
PERPHENAZINE TAB 4 MG
RISPERIDONE 3 MG TABLET
SOD CHOLRIDE TAB 1 GM
VITAMIN D3 TAB, 1000 UNITXYLITOL SORBITOL
Acetaminophen, 325 mg tab PRN

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 August 16, 2017 Anne Graziano and Roxanne Beers conducted a webex review of the EHR that CSG uses. Anne requested to see information from several resident records and all items requested were obtained from the EHR. The requested items from the MAR were not available on the day of the inspection. For the short term, Roxanne Beers is coordinating with the IT team to develop ways to send via email any requests made the department or to easily print requested information. A 'snipping tool' is available and all staff were sent instructions (a copy laminated as well, see attached). For the long term, the Clinical Committee has been working on selecting a new program to use for CSG's electronic records agency wide.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	03/30/2017
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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 *9/22/17*

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The above plan of correction is approved as of 9/25/17
(Date)
either short- or long-term. The home will produce either paper or electronic MARs for Department reps to review.

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

Plan of correction implementation status as of 9/25/17
(Date)

Fully Implemented

Partially Implemented - Adequate Progress

Partially Implemented - Inadequate Progress

Not Implemented

Violation Report: 22669 - 07/21/2017 - Dumas, Gerald
 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

On 5/10/17, the following prescribed medications were documented as administered late at 10:57 a.m. and 10:59 a.m. on the resident's medication administration record: Perphenazine, Xylitol, Risperidone, Vitamin D, Sodium Chloride, Levettiracetam and Acetaminophen. The prescribed medications are to be administered at 8:00 a.m. as per prescriber's orders.

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 5/10/17, the medication record for this resident indicates the medications were given with DPW guidelines which indicates the medications were administered on time but documented in the EHR late. Staff were informed via email to make more detailed notes in the EHR after a webex meeting between Roxanne Beers and Anne ^{Grizziano} Grizziano to review the EHR used by CSG. A long term solution is that CSG's Clinical Committee is researching new programs to use agency wide for the electronic records.

In the interim, the home will follow prescriber orders and document same (see 2600.187(c)) in order to maintain compliance.

Upon selection of the new program, the Administrator will contact the Northeast Regional office to ensure the home will be compliant.

The home will use paper MARs when circumstances prevent the home from being compliant w/ an electronic MAR system.

OP. 9/25/17

Repeat Violation: Yes	Date(s) of Previous Violation(s):	03/30/2017
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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 *9/22/17*

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The above plan of correction is approved as of 9/25/17 (Date)

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

Plan of correction implementation status as of 9/25/17 (Date)

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

Violation Report: 22669 - 07/21/2017 - Dumas, Gerald
 PCH Name: COMMUNITY SERVICES GROUP PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.223(a) - The home shall have a current written description of services and activities that the home provides including the following:

- (1) The scope and general description of the services and activities that the home provides.
- (2) The criteria for admission and discharge.
- (3) Specific services that the home does not provide, but will arrange or coordinate.

2a. DESCRIPTION OF VIOLATION

The home's Description of Services does not include a current written description of services and activities that the home provides or specific services that the home offers the resident. Also, there is no reference regarding the criteria for admission or discharge of residents beyond a mental health goal of living in a moderately supervised setting. Also, there is no reference to any supplemental services a resident may require but the home does not provide but will arrange such as physical therapy, occupational therapy, speech therapy, psych rehab., partial hospitalation, crisis services, etc..

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 home's Description of Services does not include detailed information regarding activities and specific services, criteria for admission or discharge and no reference to supplemental services, although some of this information is in the home contract. The Description of Services have been updated (see attached for approval by the department)

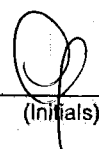
In the event the description of services needs to be updated or modified, the Administrator will oversee the policy updates to ensure ongoing compliance. Cf. 9/25/17

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 *9/22/17*

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The above plan of correction is approved as of <u>9/25/17</u> (Date) The above plan of correction was approved by  (Initials)	Plan of correction implementation status as of <u>9/25/17</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: 22669 - 07/21/2017 - Dumas, Gerald
 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's initial assessment dated [redacted] 17, is checked E "Not Applicable" for the following Personal Care Needs: eating, transferring, toileting, bladder management, using telephone, caring for possessions, bowel management, ambulating, personal hygiene, turning, and positioning. The resident should be assessed as independent with these activities. The resident's Behavioral/Cognitive Needs are all also checked E "Not applicable".
 The assessment also indicates that the resident requires minimal supervision-no supervision in the home or when in familiar surroundings but needs attendance in unfamiliar places. Under the description of the need, it states that the resident is not familiar with the local area. The plan to meet the need states "Staff transports where he/she needs to go and supervises in unfamiliar places." There is no responsible party checked, it is left blank.
 Additionally, Resident # 1 has a history, as noted by Danville State Hospital, identifying a previous elopement incident in addition to a preoccupation with their ex-spouse and an inability to control their behavior. These issues are not addressed on the resident's assessment.

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 had an initial assessment that checked E" not applicable for a majority of the Personal Care needs in error. All of the items should have been checked off A "independent" and this has now been corrected (see attached RASP for corrections). The section for "supervision" also did not indicate a responsible party and this has now been corrected (see RASP attached). Additionally, the history of elopement and preoccupation has been added to the RASP. To prevent the incomplete nature of the RASP, both initially and due to significant changes, the administrator, designee or any other staff required to complete RASPs will be instructed to complete these tasks in a separate room to avoid distractions that may allow for items to be left blank or boxes to be checked off incorrectly.

The Administrator will oversee the process of completing resident RASPs that are correct & complete in order to ensure ongoing compliance. @ 9/25/17 9/25/17

Repeat Violation: Yes Date(s) of Previous Violation(s) 03/30/2017

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 *9/22/17*

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Plan of correction implementation status as of 9/25/17 (Date)

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

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

Violation Report: 22669 - 07/21/2017 - Dumas, Gerald
 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 assessment, dated [redacted] 17, states under Dietary Need that the resident has a need for decreased fluid intake and the plan to meet the need is to encourage the resident to reduce fluid intake to 2 liters per day. There is nothing marked in the frequency and responsible party section of the support plan to indicate how this need will be met.

Resident # 1 eloped from the home on 4/30/17, was escorted home by police on 5/1/17, was sent to the ER for an evaluation and subsequently hospitalized for kidney damage, dehydration and an injury to his foot. Upon discharge back to the home on 5/4/17, the home did not update the resident's support plan to document how the home plans to meet the resident's needs regarding supervision and wound care. In discussing the resident's situation with the Regional Office upon Resident # 1's return to the home on 5/4/17, the home reported that the resident will be on 2 hour checks for supervision needs. The home failed to note to Department Representatives that every resident of the home is on 2 hour checks and that this is the baseline of supervision for all residents. The home failed to address the need for increased supervision following the resident's initial elopement from 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.

Resident #1's assessment dated [redacted] 17 did not include the frequency and responsible person for the fluid intake reduction (now updated see RASP attached), and did not include the update to include wound care (care had been provided but was not updated in the RASP. To prevent updates not being included in the future, this will be discussed during weekly management meetings at the home and updates will be completed during the meeting. In relation to the need for increased supervision, the home, after the first elopement discussed the concerns with the resident and were hopeful that the resident would comply with the home rules of informing staff and also requesting staff support when navigating the community. The second elopement has led to multiple meetings with case management and at times the inclusion of the BHSL to discuss the need for increased level of supervision or a 30 day notice and has been updated in the RASP attached. Again, RASPs will be discussed during management and if needed changes will be made during the meeting. The administrator will ensure these updates are included during the meeting or discussion of scheduling time for the updates that are within the 5 day time frame for significant changes.

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 *9/22/17*

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 (Date)

Plan of correction implementation status as of 9/25/17
 (Date)

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

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