



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail to: graeffd@csgonline.org
MAILING DATE: December 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
532 West Saylor Street
Atlas, Pennsylvania 17851
License #: 208130

Dear Ms. Blue:

As a result of the Department of Human Services' licensing inspection on October 5, 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,

Michele Moskalczyk
Michele Moskalczyk
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

Violation Report: 20813 - 10/05/2017 - Yellenic, Cindy
PCH Name: COMMUNITY SERVICES GROUP

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

The home did not submit a reportable incident form for the following medication errors: 6-16-17, Resident #1 left the facility in the evening and did not return to the home until Noon on 6-17-17. Resident #1 missed his/her 5:00am and 9:00am medications; on 6-25-17 Resident #1 left the facility prior to the 9:00pm medication administration; and, on 8-19-17 Resident #1 left the facility on 9:49pm and did not return until 8-20-17 at 11:17am. Resident #1 missed his/her 5:00am and 9:00am 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.

For Resident #1, the home did not submit a reportable incident form for the above mentioned medication errors. In reviewing the regulations relating to medications the administrators have sent an email to all staff for clarification on medication errors and reporting guidelines (see attached email).

This email will help to ensure that this violation does not occur again in the future. This instruction will also be provided to all new employees moving forward. The administrators will ensure compliance with this plan and regulation.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Donna Graeff*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) DONNA GRAEFF ADMINISTRATOR Date 12-5-17

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

The above plan of correction is approved as of 12/8/17
(Date)

Plan of correction implementation status as of 12/8/17
(Date)

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

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

Violation Report: 20813 - 10/05/2017 - Yellenic, Cindy
PCH Name: COMMUNITY SERVICES GROUP

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

The initial DME for Resident #1, date of admission [redacted]-17, was not completed until [redacted]-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 did not have a DME completed until [redacted]-17 due to multiple refusals to attend scheduled doctor appointments. To prevent the occurrence of this violation in the future the home will not accept any new admissions unless a DME no older than 60 days is available for the day of admission. If on the day of admission the DME is not physically present, the admission will be denied until the DME is obtained. The administrator will ensure compliance with this regulation.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Donna Graeff

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

Donna Graeff Administrator

Date 12-5-17

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

The above plan of correction is approved as of

12/8/17
(Date)

Plan of correction implementation status as of

12/8/17
(Date)

The above plan of correction was approved by

M
(Initials)

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

Violation Report: 20813 - 10/05/2017 - Yellenic, Cindy
PCH Name: COMMUNITY SERVICES GROUP

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

2a. DESCRIPTION OF VIOLATION

Resident #1 has a physician order for LacDose 3000 unit to be administered by PO 3 x daily. From 6-13-17 to 9-27-17 the resident missed the LacDose 63 times.
Resident #1 missed his/her medications on 6-17-17 at 5:00am and 9:00am; on 6-25-17 at 9:00pm; on 8-20-17 at 5:00am and 9:00am.

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.

For Resident #1, the home did not administer LacDose as prescribed by the physician due to the resident leaving the facility. The home will instruct all staff to contact either the on site supervisor or on call supervisor ASAP when a resident is not available for medication administration. The supervisor, based on incident specific information will direct staff to locate resident for medication administration or when staffing is not ample enough to allow for a staff person to leave the facility to search for the resident, the supervisor will assist with locating the resident.
The administrators will monitor compliance with this regulation.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Donna Craeff*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) DONNA CRAEFF ADMINISTRATOR Date 12-5-17

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

The above plan of correction is approved as of 12/8/17
(Date)

Plan of correction implementation status as of 12/8/17
(Date)

The above plan of correction was approved by *m*
(Initials)

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

Violation Report: 20813 - 10/05/2017 - Yellenio, Cindy
PCH Name: COMMUNITY SERVICES GROUP

1. REGULATION 65 Pa.Code §2600

2600.188(b) - A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #1 has a physician order for LacDose 3000 unit to be administered by PO 3 x daily. From 6-13-17 to 9-27-17, the resident missed the LacDose 63 times and the Doctor was not notified.

Resident #1 missed his/her medications on 6-17-17 at 5:00am and 9:00am; on 6-25-17 at 9:00pm; on 8-20-17 at 5:00am and 9:00am

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 dates listed above, Resident #1 did not receive the prescribed medication. The home failed to inform the designated person and the prescriber for this resident. Errorneously, the home interpreted the regulation to exclude medications that are considered "over the counter". The interpretation of the regulation is now clear and a clarification email was sent to all staff reviewing the need to notify supervisors and follow the regulation pertaining to medication errors, including notification and reporting standards. The administrator will monitor all medication errors, including "over the counter" medications and that they are reported per regulation.

The administrator shall monitor and assure ongoing compliance.

m
12/8/17

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Donna Graeff

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

DONNA GRAEFF ADMINISTRATOR

Date
12-5-17

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

The above plan of correction is approved as of

12/8/17
(Date)

Plan of correction implementation status as of

12/8/17
(Date)

The above plan of correction was approved by

m
(Initials)

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

Violation Report: 20813 - 10/05/2017 - Yellenic, Cindy
PCM Name: COMMUNITY SERVICES GROUP

1. REGULATION 55 Pa.Code §2600

2600.201 - The home shall use positive interventions to modify or eliminate a behavior that endangers the resident himself/herself or others. Positive interventions include improving communications, reinforcing appropriate behavior, redirection, conflict resolution, violence prevention, praise, deescalation techniques and alternative techniques or methods to identify and defuse potential emergency situations.

2a. DESCRIPTION OF VIOLATION

Every time Resident #1 would leave the building and not sign out, the home would tell the resident when he/she returned, please sign out so the home knows where you are. The Resident continued to still leave the facility and not sign out. No other positive interventions were put into place to protect the resident. On 7-22-17, 8-4-17, and 8-21-17 the resident was brought back to the home by the police because he/she was found in the middle of the road and was almost hit by oncoming traffic.

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 would leave the building without signing out and did not respond to prompts from staff. To prevent this from occurring in the future, there are two sign-out books for residents when leaving the facility (on A side and B side). Staff will be instructed (see attached email) to encourage all resident to sign out. If the resident refuses to sign out, staff will inquire the whereabouts before the resident leaves and document this information in the 24 hour report. When residents return, staff will also document if the resident refuses. Administrators will monitor for compliance with this regulation.

The administrator shall monitor and be responsible for ongoing compliance.

M
12/8/17

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Donna Graeff*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *DONNA GRAEFF ADMINISTRATOR* Date *12-5-17*

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

The above plan of correction is approved as of *12/8/17*
(Date)

Plan of correction implementation status as of *12/8/17*
(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 - 10/05/2017 - Yellenic, Cindy
PCH Name: COMMUNITY SERVICES GROUP

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 had notified Elder Care Solutions on 7/25/17 stating the resident needed a higher level of care, and again on 8/13/17 FAXed Elder Care Solutions that the resident needed a more secure setting, but the home did nothing to keep the resident safe even though the home admitted the resident needed a higher level of care and they were unable to meet his/her 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 required a need for a more secure setting and a higher level of care and the home was not able to keep Resident #1 safe. The home attempted, with the PCP documentation, to receive an assessment from Northumberland County AAA. AAA completed the assessment on 8/24/17 and determined the Resident did not need a higher level of care (see attached received on 8/30/17. When the resident was admitted to GMC in Montour County after fracturing his face, another assessment was requested but was not completed. After Resident #1 was transferred to rehab in Lycoming County an assessment was completed and it was determined that the Resident needed a higher level of care (no written documentation) When the home is unable to meet the needs of the resident due to needs of a more secure environment/monitoring, the home will complete 15 minute checks and coordinate with the county of origin to secure extra staffing to ensure the residents safety. This responsibility will be monitored by the administrator and co-administrator.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Donna Graeff*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *DONNA GRAEFF ADMINISTRATOR* Date *12-5-17*

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

The above plan of correction is approved as of *12/8/17*
(Date)

The above plan of correction was approved by *m*
(Initials)

Plan of correction implementation status as of *12/8/17*
(Date)

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

Violation Report: 20813 - 10/05/2017 - Yellenic, Cindy
 PCH Name: COMMUNITY SERVICES GROUP

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

The Resident Assessment and Support Plan (RASP) for Resident #1 was not updated to reflect all the falls the resident had sustained on the following dates: 6/27, 7/26, 7/28, 8/4, 8/17, 9/6, 9/21, 9/22, 9/28. Also, the RASP does not reflect all the missed absences of the Resident nor does it reflect the correct amount of times the police had to bring the resident back to the home. The home failed to put a plan in place to meet the residents ongoing 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 had a RASP that was not updated to reflect each fall, each missed absence, and the correct number of times the police returned Resident #1 to the home. The RASP has been updated to reflected the mentioned items missing (see attached). The home had provided Resident #1 with a safety vest (see attached picture) and had also attempted to seek an assessment for a higher level of care. Resident #1 had refused PCP appointments to obtain this assessment. The home had also requested an assessment from APS/AAA to which the assessor indicated the level of care needed was PCH but a PCH in a setting not located next to a highway was needed. The home was communicating the increased needs and safety concerns with the county case management team when Resident #1 was hospitalized. At that time, the home attempted to have another assessment completed, but this assessment was denied. Resident #1 was then transferred to his county of origin for rehabilitation and was then able to obtain the needed assessment to transfer to the nursing care level, where he remains. To prevent this occurrence in the future, the home will not admit residents with a significant history of elopement or wandering. In the event a future resident has needs that change that affect their safety, the home will issue a 30 day notice to expedite the process of securing a safe environment for the resident. The administrator will monitor this plan.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Donna Graeff*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *DONNA GRAEFF ADMINISTRATOR* Date *12-5-17*

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

The above plan of correction is approved as of <u>12/8/17</u> (Date)	Plan of correction implementation status as of <u>12/8/17</u> (Date)
The above plan of correction was approved by <u><i>m</i></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: 20813 - 10/05/2017 - Yellenic, Cindy
PCH Name: COMMUNITY SERVICES GROUP

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 contract stated Resident#1 had a guardian, however, the resident's record did not contain the court ordered guardianship papers.

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 a guardian but his record did not contain a copy of the court-ordered guardianship. The home has requested a copy to include in the resident's file. To prevent this occurrence in the future the home will require a copy of the guardianship before admission into the home, including before any trial visits are commenced. The administrator/ co-administrator will monitor for compliance with this regulation.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Donna Craeff*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) DONNA CRAEFF ADMINISTRATOR Date 12-5-17

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

The above plan of correction is approved as of <u>12/8/17</u> (Date)	Plan of correction implementation status as of <u>12/8/17</u> (Date)
The above plan of correction was approved by <u><i>m</i></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