



pennsylvania
DEPARTMENT OF HUMAN SERVICES

DEC 07 2018

Ms. Susan C. Blue
President/Chief Executive Officer
Community Services Group, Inc.
P.O. Box 597 320 Highland Drive
Mountville, Pennsylvania 17554

RE: Community Services Group
Personal Care Home
176 State Route 901
Coal Township, Pennsylvania 17866
License #: 226690

Dear Ms. Blue:

As a result of the Department's Bureau of Human Services Licensing annual inspection on October 17, 2018 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,

A handwritten signature in black ink that reads 'J. Rowe'.

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

Violation Report: 22669 - 10/17/2018 - Deluca, Amy
 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
 On 9/19/2018 staff person A reported to management that resident #1 reported being verbally abused by staff person B. The home investigated the matter and subsequently terminated staff person B from employment on 10/1/2018 after it was substantiated that staff person B had been verbally abusive to another resident, resident #2.
 The home did not report the incident of suspected abuse to the Department's regional office until after the incident was disclosed during the renewal inspection on 10/17/2018.

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.

2600.16(c)-The home shall report the incident or condition to the Department's PCH regional office or the PCH complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2500.15.
 On 9/19/18 staff person A reported to management that resident #1 reported being verbally abused by staff person B. The home investigated the matter and subsequently terminated staff person B from employment on 10/1/18 after it was substantiated that staff person B had been verbally abusive to another resident (resident #2). The home did not report the incident of suspected abuse to the department's regional office until after the incident was disclosed during the renewal inspection on 10/17/18. Due to the fact that this investigation overlapped with another investigation that was not resident related and confidential due to the 'target' being a supervisor, there was an oversight in the needed reporting/time frames. To prevent this violation from occurring again in the future the administrator will discuss with any supervisors initiating investigations relating to program staff the reporting requirements for the 2600 regulations and assist with meeting these requirements while being mindful on personnel rights and the integrity of the investigative process. The administrator will monitor this for compliance with the regulations.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Leah Vekios*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Leah Vekios, Director of MHServ* Date *11/19/18*

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

The above plan of correction is approved as of <u>11-28-18</u> (Date) The above plan of correction was approved by <u>MM</u> (Initials)	Plan of correction implementation status as of <u>11-28-18</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
------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Violation Report: 22669 - 10/17/2018 - Deluca, Amy
 PCH Name: COMMUNITY SERVICES GROUP PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.18 - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

2a. DESCRIPTION OF VIOLATION
 On 9/19/2018 staff person A reported to management that resident #1 reported being verbally abused by staff person B. The home investigated the matter and subsequently terminated staff person B from employment on 10/1/2018 after it was substantiated that staff person B had been verbally abusive to another resident, resident #2.
 The home did not report the incident of suspected abuse to Adult Protective Services until after the incident was disclosed during the renewal inspection on 10/17/2018.

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.

2600.18-A home shall comply with all applicable Federal, State and local laws, ordinances and regulations. On 9/19/18 staff person A reported to management that resident #1 reported being verbally abused by staff person B. The home investigated the matter and subsequently terminated staff person B from employment on 10/1/18 after it was substantiated that staff person B had been verbally abusive to another resident (resident #2). The home did not report the incident of suspected abuse to APS until after the incident was disclosed during the renewal inspection on 10/17/18. Due to the fact that this investigation overlapped with another investigation that was not resident related and confidential due to the 'target' being a supervisor, there was an oversight in the needed reporting/time frames. To prevent this violation from occurring again in the future the administrator will discuss with any supervisors initiating investigations relating to program staff the reporting requirements for the 2600 regulations and assist with meeting these requirements while being mindful on personnel rights and the integrity of the investigative process. The administrator will monitor this for compliance with the regulations.

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) *Leah Nekras, Director of MH Services* Date *11/19/18*

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

The above plan of correction is approved as of <u>11-28-18</u> (Date) The above plan of correction was approved by <u>MM</u> (Initials)	Plan of correction implementation status as of <u>11-28-18</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
------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Violation Report: 22669 - 10/17/2018 - Deluca, Amy
 PCH Name: COMMUNITY SERVICES GROUP PERSONAL CARE HOME

1. REGULATION 56 Pa.Code §2600
 2600.25(c)(2) - The contract shall specify a fee schedule that lists the actual amount of allowable resident charges for each of the home's available services

2a. DESCRIPTION OF VIOLATION
 The contract for Resident #1 dated 1/31/2018 does not specify the amount charged for the resident's room and board.

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.

2600.25(c)(2)-The contract shall specify a fee schedule that lists the actual amount of allowable resident charges for each of the home's available services. The contract for Resident #1 dated 1/31/18 does not specify the amount charged for the resident's room and board. The residents home contract was updated on 11/19/18 (see attached). To prevent this occurrence in the future, the admission checklist has been updated to include an adjusted contract be completed after the accurate income of the resident is determined. It is most likely that upon admission, the home doesn't know how much income the resident will have and therefore needs to add the amount after this confirmation (see attached) The administrator will monitor this checklist for compliance with the regulation.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	10/25/2017		
-----------------------	-----------------------------------	------------	--	--

Signature of Legal Entity Representative
 (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Ledch Velkios, Director of MH Services Date 11/19/18

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

The above plan of correction is approved as of <u>11-28-18</u> (Date) The above plan of correction was approved by <u>MM</u> (Initials)	Plan of correction implementation status as of <u>11-28-18</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
------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Violation Report: 22669 - 10/17/2018 - Deluca, Amy
 PCH Name: COMMUNITY SERVICES GROUP PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.26(b) - The quality management plan shall address the periodic review and evaluation of the following:
 (1) The reportable incident and condition reporting procedures.
 (2) Complaint procedures.
 (3) Staff person training.
 (4) Licensing violations and plans of correction, if applicable.
 (5) Resident or family councils, or both, if applicable.

2a. DESCRIPTION OF VIOLATION
 The home's quality management meeting did not include a review of licensing inspection violations or staff training.

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 quality management meeting did not include a review of licensing inspection violations or staff training. To prevent the occurrence of this violation in the future, additional time for this process will be added to the staff training plan to ensure violations during the annual inspection are reviewed, as well as staff training and will be completed by 12/31/18. In addition, the QA review form was updated to ensure additional reviews are scheduled in the event there are additional inspection summaries throughout the year (see attached). The administrator will monitor compliance with this regulation.

po

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 <u>Leah Vekas</u> (Required on EVERY Page) <u>Director of MH Services</u>	Date <u>11/19/18</u>
------------------------------------------------------------------------------------------------------------------------------------	----------------------

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

The above plan of correction is approved as of <u>11-28-18</u> (Date)	Plan of correction implementation status as of <u>11-28-18</u> (Date)
The above plan of correction was approved by <u>MM</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: 22669 - 10/17/2018 - Deluca, Amy
 PCH Name: COMMUNITY SERVICES GROUP PERSONAL CARE HOME

1. REGULATION 65 Pa.Code §2600
 2600.42(c) - A resident shall be treated with dignity and respect.

2a. DESCRIPTION OF VIOLATION

On 9/19/2018 staff person A reported to management that resident #1 reported being verbally abused by staff person B. The home investigated the matter and subsequently terminated staff person B from employment on 10/1/2018 after it was substantiated that staff person B had been verbally abusive to another resident, resident #2. The investigation found that Staff person B would frequently agitate resident #2 by yelling, stomping his/her feet, and threatening to call the police when the resident displayed aggressive behaviors rather than attempt to redirect the resident in a more positive manner.

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.

2600.42(c)-A resident shall be treated with dignity and respect. On 9/19/18 staff person A reported to management that resident #1 reported being verbally abused by staff person B. The home investigated the matter and subsequently terminated staff person B from employment on 10/1/18 after it was substantiated that staff person B had been verbally abusive to another resident (#2). The investigation found that staff person B would frequently agitate resident #2 by yelling, stomping his/her feet, and threatening to call the police when the resident displayed aggressive behaviors rather than attempt to redirect the resident in a more positive manner. To prevent this from occurring again in the future, the administrator and supervisors will develop annual trainings for staff to take regularly. This plan will be completed by 12/31/18 by scheduling via Relias the ongoing reassignment of selected trainings to all staff of the personal care home. The administrator will monitor this for 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 Leah Veloz
 (Required on EVERY Page) Director of MH Services Date 11/19/18

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

The above plan of correction is approved as of <u>11-28-18</u> (Date)	Plan of correction implementation status as of <u>11-28-18</u> (Date)
The above plan of correction was approved by <u>MM</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: 22669 - 10/17/2018 - Deluca, Amy
 PCH Name: COMMUNITY SERVICES GROUP PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.65(f) - Training topics for the annual training for direct care staff persons shall include the following:
 (1) Medication self-administration training.
 (2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
 (3) Care for residents with dementia and cognitive impairments.
 (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
 (5) Personal care service needs of the resident.
 (6) Safe management techniques.
 (7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

2a. DESCRIPTION OF VIOLATION
 Staff person A did not receive training in the required topics medication self-administration and care for residents with dementia and cognitive impairments.

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.

Staff person A did not receive training in the required topics of medication self-administration and care for residents with dementia and cognitive impairments. The home does not currently have any individuals who self-administer while at the home and therefore no training was being completed. To prevent this from occurring again in the future, all staff in the personal care home will take the medication monitoring training annually to ensure they know how to monitor and assist a resident that is interested in learning how to self administer medications. The administrator will monitor this for compliance. The current staff will be enrolled and complete this training by 12/31/18.

*The home shall also train staff annually in caring for any potential resident with dementia and cognitive impairments. The administrator shall monitor and be responsible for ongoing compliance.

11-28-18
MM

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) Leah Velkios Director of MH Services	Date 11/19/18
---------------------------------------------------------------------------------------------------------------------------	---------------

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

The above plan of correction is approved as of <u>11-28-18</u> (Date) The above plan of correction was approved by <u>MM</u> (Initials)	Plan of correction implementation status as of <u>11-28-18</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
------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Violation Report: 22669 - 10/17/2018 - Deluca, Amy
 PCH Name: COMMUNITY SERVICES GROUP PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:
 (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
 (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
 (3) Resident rights.
 (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).
 (5) Falls and accident prevention.
 (6) New population groups that are being served at the home that were not previously served, if applicable.

2a. DESCRIPTION OF VIOLATION
 Staff person C did not receive training in fire safety or emergency preparedness for the 2017 training year.

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.
 Staff person C did not receive training in fire safety or emergency preparedness for the 2017 training year. This was an oversight due to the staff not being available for the schedule staff training that year. To prevent this from occurring again in the future, an addition has been made to the QA review to ensure supervisors meet with any staff not attending the scheduled trainings to ensure completion of the required trainings. The administrator will monitor this for compliance.

*Staff person C shall be trained in fire safety and emergency preparedness for training years 2017 and 2018.
 The home shall maintain documentation of the training and the training shall be completed by 12-31-18.
 The administrator shall monitor and be responsible for ongoing compliance.

11-28-18
 MM

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 Leah VeFist
 (Required on EVERY Page) Director of MH Services Date 11/19/18

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

The above plan of correction is approved as of <u>11-28-18</u> (Date) The above plan of correction was approved by <u>MM</u> (Initials)	Plan of correction implementation status as of <u>11-28-18</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
------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Violation Report: 22669 - 10/17/2018 - Deluca, Amy
 PCH Name: COMMUNITY SERVICES GROUP PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.105(g)(1) - To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use.

2a. DESCRIPTION OF VIOLATION
 The two lint traps in the dryers located in the home's laundry room contained a thick layer of lint that had not been cleaned out of the traps after use.

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.

2600.105(g)(1)-To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. The two lint traps in the dryers located in the home's laundry room contained a thick layer of lint that had not been cleaned out of the traps after use. To prevent this from occurring again in the future, staff will sign daily that the lint traps were cleaned, as well as a supervisor will sign off as verification that the lint traps have been cleaned (see attached). The administrator will monitor this for 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) Leah Vekios Director of MH Services	Date 11/19/18
--------------------------------------------------------------------------------------------------------------------------	---------------

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

The above plan of correction is approved as of <u>11-28-18</u> (Date) The above plan of correction was approved by <u>MM</u> (Initials)	Plan of correction implementation status as of <u>11-28-18</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
------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Violation Report: 22669 - 10/17/2018 - Deluca, Amy
 PCH Name: COMMUNITY SERVICES GROUP PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.132(c) - A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

2a. DESCRIPTION OF VIOLATION
 The home's fire drill logs contained the following documentation errors:
 7/13/18 the fire drill log did not list the exits that were used during the drill conducted at 10:30am.
 5/30/2018 the fire drill log did not list the time of day the drill was conducted.

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.

2600.132(c)-A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encounter and whether the fire alarm or smoke detector was operative. The home's fire drill logs contained the following documentation errors: on 7/13/18 the fire drill log did not list the exists that were used during the drill conducted at 1030a and on 5/30/18 the fire drill log did not list the time of day the drill was conducted. The only true correction that could be made to the logs was the time of day for the drill on 5/30/18 by contacting the monitoring system to verify the time and it has been added to the log (see attached). To prevent these occurrences in the future, an addition has made to the QA review for a second person to review all logs to ensure all needed information is present (see attached). The administrator will monitor this for compliance.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Leah VerKiss*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Leah VerKiss Director of MH Services</i>	Date <i>11/19/18</i>
--------------------------------------------------------------------------------------------------------------------------------------------	----------------------

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

The above plan of correction is approved as of <u>11-28-18</u> (Date)	Plan of correction implementation status as of <u>11-28-18</u> (Date)
The above plan of correction was approved by <u>MM</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: 22669 - 10/17/2018 - Deluca, Amy
 PCH Name: COMMUNITY SERVICES GROUP PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.132(e) - A fire drill shall be held during sleeping hours once every 6 months.

2a. DESCRIPTION OF VIOLATION
 The home conducted fire drills during sleep hours on the following dates: 9/27/2017 and 4/26/2018. The home did not conduct a sleeping hour fire drill within 6 months of the drill conducted on 9/27/17 as required by this regulation.

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.

2600.132(e)-A fire drill shall be held during sleeping hours once every 6 months. The home did not conducted a sleeping hour fire drill within six months on 4/26/18 when it conducted the next drill on 9/27/17. The QA review currently has all overnight drills scheduled for April and October. However, due to violations of the last inspection, the QA schedule was 'off'. To prevent this occurrence in the future, an addition was made to the QA review to include adjustments in the event that the overnight fire drills are conducted early (see attached). The administrator will monitor this for compliance.

The administrator shall ensure that the home has sleep hour fire drills once every 6 months. Fire drill shall be unannounced and the administrator shall monitor and be responsible for ongoing compliance.

11-28-18

MM

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Leah Vekias*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Leah Vekias Director of MH Services</i>	Date <i>11/19/18</i>
-------------------------------------------------------------------------------------------------------------------------------------------	----------------------

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

The above plan of correction is approved as of <u>11-28-18</u> (Date)	Plan of correction implementation status as of <u>11-28-18</u> (Date)
The above plan of correction was approved by <u>MM</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: 22669 - 10/17/2018 - Deluca, Amy
 PCH Name: COMMUNITY SERVICES GROUP PERSONAL CARE HOME

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
 Resident #3 requires blood glucose checks 4 times daily. On 10/14/2018 the reading of 223 found in the resident's glucometer for 8:05pm was not recorded on the resident's Medication Administration Record in the "vitals" section where blood glucose readings are recorded by 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.

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. Resident #3 requires blood glucose checks 4 times daily. On 10/12/18, the reading of 223 found in the resident's glucometer for 805p was not recorded on the resident's MAR in the vitals section. The glucose reading in question was added to vital sections on xx/xx/xx. To prevent this from occurring again in the future, two direct care staff per day will review the glucometers to ensure all and accurate readings are entered in the vitals sections (see attached). The administrator will monitor this for 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) Leah Vekich
Director of MH Services Date 11/19/18

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

The above plan of correction is approved as of <u>11-28-18</u> (Date) The above plan of correction was approved by <u>MM</u> (Initials)	Plan of correction implementation status as of <u>11-28-18</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
------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Violation Report: 22669 - 10/17/2018 - Deluca, Amy
PCH Name: COMMUNITY SERVICES GROUP PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

2a. DESCRIPTION OF VIOLATION

The preadmission screening form dated 1/23/2018 for Resident #1 did not contain the resident's name, date of birth, or the level of supervision needed.

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.

2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home. The preadmission screening form dated 1/23/18 for Resident #1 did not contain the resident's name, date of birth, or the level of supervision needed. The resident's name was added on 10/17/18. To prevent this from occurring again in the future, an addition to the admission checklist has been made for a second person to review this document to ensure all areas are completed. The administrator will monitor this for compliance.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Leah Vekich*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Leah Vekich Director of MHI Services</i>	Date <i>11/19/18</i>
--------------------------------------------------------------------------------------------------------------------------------------------	----------------------

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

The above plan of correction is approved as of <u>11-28-18</u> (Date) The above plan of correction was approved by <u>MM</u> (Initials)	Plan of correction implementation status as of <u>11-28-18</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
------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------