



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**Sent via e-mail to: [dirienzop@csgonline.org](mailto:dirienzop@csgonline.org)**  
**MAILING DATE: April 12, 2019**

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 inspection on November 19, 2018 of the above facility, the citations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Sincerely,

A handwritten signature in black ink that reads "Anne Graziano".

Anne Graziano  
Human Services Licensing Supervisor

Enclosure  
Violation Report



**Violation Report:** 22669 - 11/19/2018 - Harvey, Jason  
**PCH Name:** COMMUNITY SERVICES GROUP PERSONAL CARE HOME

**1. REGULATION 55 Pa.Code §2600**  
 2600.23(a) - A home shall provide each resident with assistance with activities of daily living as indicated in the resident's assessment and support plan.

**2a. DESCRIPTION OF VIOLATION**  
 The resident assessment and support plan for resident #1 indicates that the resident requires 2 hour checks and the checks to be documented. On 11/13/18, staff did not complete or documented 2 hour visual checks on resident #1.

**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 11/3/18, staff did not complete or document the 2 hour visual checks on resident #1. Resident #1 had indicated that he did not like the two hour checks and said that he would knock on the door to verify that he was well. The RASP was not updated to reflect to this change. To prevent this from occurring again in the future, any changes to the supervision level/mode will be updated in the RASP. Also, 2 hour checks as our baseline policy, however will evaluate the need for two hour checks on a case by case basis. This will be documented in each Residents RASP and will be continuously evaluated at a minimum of annually. The administrator will monitor this for compliance.

The Administrator will also review any RASP that is based on a Significant Change within the annual time frame for RASP updates to determine if this specific issue requires outside of the home's baseline policy of 2 hour wellness checks. This information will be added as an addem if appropriate. 5-30-19 *AG*

<b>Repeat Violation:</b> No	<b>Date(s) of Previous Violation(s):</b>		
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**Signature of Legal Entity Representative**  
 (Required on EVERY Page) *Maureen Schoch*

<b>Printed Name and Title of Legal Entity Representative</b> (Required on EVERY Page) <i>Maureen Schoch</i>	<b>Date</b> <i>5/30/19</i>
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of 5-30-19  
 (Date)

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

Plan of correction implementation status as of 5-30-19  
 (Date)

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

**Violation Report:** 22669 - 11/19/2018 - Harvey, Jason  
**PCH Name:** COMMUNITY SERVICES GROUP PERSONAL CARE HOME

**1. REGULATION 55 Pa.Code §2600**  
 2600.42(c) - A resident shall be treated with dignity and respect.

**2a. DESCRIPTION OF VIOLATION**  
 On 11/17/2018 at approximately 8pm staff member A did not treat resident #2 with dignity and respect during the medication pass. Staff person A told resident #2 "well I guess you're not getting anything for Christmas then" and "you can't be slamming your door, or you'll be evicted."

**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.*

Community Service Group did an internal investigation and found that staff person A did treat Resident #2 with dignity and respect. These findings were based on a second staff member being present for these interactions and reporting staff person A's interaction as professional and appropriate. Staff member A was explaining the house rules and consequences of not following these rules and that the word "evicted" was not used. To ensure that residents are being treated with dignity and respect all staff will participate in annual training on Resident Rights, Older Adult Protective Services/Adult Protective Services and Incident Reporting. The administrator will continuously monitor this compliance.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Mawreen Schoch</i>	Date <i>5/30/19</i>
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The above plan of correction is approved as of <u>5-30-19</u> (Date)  The above plan of correction was approved by <u><i>AS</i></u> (Initials)	Plan of correction implementation status as of <u>5-30-19</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 - 11/19/2018 - Harvey, Jason  
**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**  
 Resident #1's preadmission screening did not indicate suicide ideation from previous residents.

**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.*

Upon interviewing and reviewing documentation prior to admission, past suicidal behaviors were only identified as being in the resident's distant past and therefore not indicated as a current need. To avoid this from occurring again in the future, any history of suicidal ideation or attempted suicide will be documented on preadmission screenings. This will also be documented in each resident's RASP once admitted and if necessary may affect the determination of what level of routine checks the staff provide for this resident upon admission. Administrator will monitor this for compliance.

The Administrator will also have an audit of all current residents' RASPS performed within 30 days of the receipt of the Plan of Correction. This will assist the home in ensuring that any elements of suicidal ideation that have not been identified on the RASP as indicated by a Pre-Admission screening, a DME, medical or psychiatric evals or incident reports will be captured. That information will then be added to the resident's RASP to ensure that the home is best prepared to identify each resident's needs and have a plan in place to meet them. Documentation of this audit will be retained by the home. 5-30-19

*AG*

<b>Repeat Violation:</b> No	<b>Date(s) of Previous Violation(s):</b>		
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**Signature of Legal Entity Representative**  
 (Required on EVERY Page) *Maurice Schoch*

<b>Printed Name and Title of Legal Entity Representative</b> (Required on EVERY Page) <i>Maurice Schoch</i>	<b>Date</b> <i>5/30/19</i>
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