



July 2, 2019

Ms. Susan C. Blue
President/Chief Executive Officer
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's Bureau of Human Services Licensing annual inspection on April 18, 2019 of the above facility, the violations 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.

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
Violation Report

Violation Report

Facility Information

Name: *COMMUNITY SERVICES GROUP*

Address: *532 W SAYLOR STREET, ATLAS, PA 17851*

County: *NORTHUMBERLAND*

Region: *NORTHEAST*

License Number: *208130*

Administrator

Name: *Roxanne Beers*

Phone: *5704908610*

Email: *beersr@CSGONLINE.ORG*

Legal Entity

Name: *COMMUNITY SERVICES GROUP INC*

Address: *320 HIGHLAND DRIVE P.O. BOX 597, PA, 17554*

Certificate(s) of Occupancy

Type: *C-2 LP*

Date: *08/30/2001*

Issued By: *L&I*

Staffing Hours

Resident Support Staff:

Total Daily Staff: *18*

Waking Staff: *14*

Inspection

Type: *Full*

Reason: *Renewal*

BHA Docket #:

Notice: *Unannounced*

Inspection Dates and Department Representative

04/18/2019 - On-Site: Vanessa Mendez, Cybil Bomberger

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *20*

Residents Served: *18*

Secured Dementia Care Unit

In Home:

Area:

Capacity:

Residents Served:

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *16*

Diagnosed with Mental Illness: *18*

Have Mobility Need: *0*

Are 60 Years of Age or Older: *8*

Diagnosed with Intellectual Disability: *0*

Have Physical Disability: *0*

COMMUNITY SERVICES GROUP

208130

25c2 - Fee Schedule

Regulations

2600.

25.c.2. A fee schedule that lists the specify the following: actual amount of allowable resident charges for each of the home's available services.

Description of Violation

The contract for resident #1 lists the amount of monthly charges as TBD (to be determined). The resident was admitted to the home on 07/27/18 and there is no updated resident home contract.

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.)

Regulation 2600.25.c.2 states a fee schedule that lists the following: actual amount of allowable resident charges for each of the homes available services. The contract for resident #1 lists the amount of monthly charges as TBD. The resident was admitted to the home on 7/27/18 and there is no updated resident home contract. The home contract was updated (see attached). To prevent this from occurring again in the future a section was added to the Leadership Meeting Form to address new admissions and ensure all tasks get completed. This meeting is held weekly (see attached form). The administrator will monitor this for compliance.

Legal Entity Representative

Roxanne Beers
Signature

Roxanne Beers, 5/25/19
Printed Name and Title Program Director Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

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

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

The above plan of correction was approved by MM (Initials)

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

04/18/2019

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101o - Walls, Floors, Ceilings

Regulations

2600.

101.o. The bedrooms must have walls, floors and ceilings, which are finished, clean and in good repair.

Description of Violation

Room #7 has a ceiling tile over the bed that has a water stained area approximately 1 foot x 1 foot from a roof leak. In addition, there are also 3 water stained ceiling tiles in room #6. The resident in room #6 stated that water has dripped from the ceiling.

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.)

Regulation 2600.101.o states the resident bedrooms must have walls, floors and ceilings, which are finished, clean and in good repair. Room #7 has a ceiling tile over the bed that has a water stained area approximately 1'x1' from a roof leak. In addition, there are also 3 water stained ceiling tiles in room #6. The resident in room #6 stated that water has dripped from the ceiling. The ceiling tiles in each bedroom were replaced. To ensure this does not occur again in the future the landlord has agreed to replace patch the roof the week of 5/27/19 on this side of the building and has indicated it will be replaced no later than 7/15/19. The administrator will monitor this for compliance.

Legal Entity Representative

Roxanne Beus
Signature

Roxanne Beus, Program Director
Printed Name and Title *5/25/19*
Date

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124 - Notice to Fire Department

Regulations

2600.

124. The home shall notify the local fire department in writing of the address of the home, location of the bedrooms, and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.

Description of Violation

The home did not notify the fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency.

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.)

Regulation 2600.124 state the home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept. The home did not notify the fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. The home did notify the local fire department, however, did not have documentation on site. The home attempted on a number of occasions to obtain the original letter from the fire department but was unable to do so. Therefore, the home sent the required information to the local fire department on 5/1/2019 (see attached documents sent to fire department). To prevent this occurrence again in the future, the home will maintain both a paper copy of the letter in the inspection book and also a saved electronic document to ensure the letter is always available.

The administrator will monitor this for compliance.

Legal Entity Representative

Roxanne Beers
Signature

Roxanne Beers, Program Director
Printed Name and Title
5/25/19
Date

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132g - Fire Drills Days/Times

Regulations

2600.

132.g. Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

Description of Violation

The home has been conducting fire drills on the last day of the month for the following months: 10/31/18, 11/30/18, 12/31/18, 01/30/19, 02/28/19, and 03/31/19.

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.)

Regulation 2600.132.g state fire drills shall be held on different days of the week, at different time of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low. The home has been conducting fire drills on the last day of the month for the months from 10/2019-3/2019. To prevent this occurrence again in the future, the home will have a second supervisor receive the fire safety training, allowing for two supervisors to conduct all fire drills and therefore ensuring that drills can be conducted in a non-routine manner when weather and schedules interfere with this process. The Assistant Program Director had scheduled to take the training on 5/16/19 but the training was cancelled due to technical difficulties by the provider (see attached email) and is going to be rescheduled. The administrator will monitor this for compliance.

Legal Entity Representative

Roxanne Beers
Signature

Roxanne Beers, Program Director
Printed Name and Title

5/25/19
Date

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141a - Medical Evaluation

Regulations

2600.

141.a. 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.

Description of Violation

The initial Documentation of Medical Evaluation for resident #1 who was admitted to the home on 07/27/18 has an exam date of 04/13/18. This is more than 60 days prior to the resident's admission date.

Plan of Correction (POC)

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Regulation 2600.141.a states a resident shall have a medical evaluation by a physician, physician's assistant or certified nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The initial Documentation of Medical Evaluation for resident #1 who was admitted to the home on 7/27/19 has an exam date of 4/13/18. This is more than 60 days prior to the resident's admission date. To prevent this from occurring again in the future two supervisors/members of leadership will review all DMEs to ensure they are complete and accurate (in addition to admission checklist). The administrator will monitor this for compliance.

Legal Entity Representative

Roxanne Beers
Signature

Roxanne Beers, Program Director 5/25/19
Printed Name and Title Date

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161d - Dietary Needs

Regulations

2600.

161.d. A resident's special dietary needs as prescribed by a physician, physician's assistant, certified registered nurse practitioner or dietitian shall be met. Documentation of the resident's special dietary needs shall be kept in the resident's record.

Description of Violation

Per resident #1's DME dated 04/13/18, resident is to be on a mechanical soft diet. The home has not been following this need as staff was not aware of this order.

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.)

Regulation 2600.161.d states a resident's special dietary needs as prescribed by a physician, physician's assistant, certified registered nurse practitioner or dietitian shall be met. Documentation of the resident's special dietary needs shall be kept in the resident's record. Per resident #1's DME dated 4/13/18, resident is to be on a mechanical soft diet. The home has not been following this need as staff was not aware of this order. Upon further review with staff, it was determined staff were following this diet and that staff needed education of the differences between a soft diet and a mechanical soft diet. On 4/18/19, staff who would be immediately tending to dietary needs were notified and on 4/19/19 all staff were sent via email, educational materials on the differences between the two diets. The resident RASP was also updated (see attached email and updated RASP). The administrator will monitor this for compliance.

Legal Entity Representative

Roxanne Bess
Signature

Roxanne Bess, Program Director
Printed Name and Title

5/25/19
Date

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185a - Implement Storage Procedures

Regulations

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.

Description of Violation

Resident #2 is to have her blood glucose tested four times a day. On 04/11/2019 at 8:12 pm, blood glucose reading of 204 was not transcribed on resident's Medication Administration Record.

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.)

Regulation 2600.185.a states 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 #2 is to have her blood glucose tested four times a day. On 4/11/19 at 8:12 pm, blood glucose reading of 204 was not transcribed on resident's Medication Administration Record. To ensure this does not occur again in the future this task has been added to the weekly cart check to verify all entries are entered into the vitals section of the MAR (see attached). The administrator will monitor this for compliance.

Legal Entity Representative

Lynne Beers
Signature

Roxanne Beers, Program Director
Printed Name and Title
5/25/19
Date

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