



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail to: schochm@csgonline.org
MAILING DATE: April 9, 2020

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 Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on January 14, 2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

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

Anne Graziano
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report

Facility Information

Name: COMMUNITY SERVICES GROUP PERSONAL CARE HOME
Address: 176 SR 901,, COAL TOWNSHIP, PA 17866
County: NORTHUMBERLAND **Region:** NORTHEAST

License Number: 22669

Administrator

Name: Maureen Schoch **Phone:** 7172857121 **Email:** schochm@csgonline.org

Legal Entity

Name: COMMUNITY SERVICES GROUP INC
Address: PO BOX 597, 320 HIGHLAND DRIVE, MOUNTVILLE, PA, 17554

Certificate(s) of Occupancy

Type: R-4 **Date:** **Issued By:**

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 14 **Waking Staff:** 11

Inspection

Type: Partial **BHA Docket #:** **Notice:** Unannounced
Reason: Complaint, Incident

Inspection Dates and Department Representative

01/14/2020 - On-Site: Ryan Yankowy

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 16 **Residents Served:** 14

Secured Dementia Care Unit

In Home: No **Area:** **Capacity:** **Residents Served:**

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 14 **Are 60 Years of Age or Older:** 4
Diagnosed with Mental Illness: 14 **Diagnosed with Intellectual Disability:** 1
Have Mobility Need: 0 **Have Physical Disability:** 0

16c - Written Incident Report

Regulations

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 § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

Resident #1 fell on 9/22/19. On 9/24/19 it was found that the resident sustained two fractures in the leg. The home did not report the injury to the Department until 9/27/19.

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.)

The home's Program Director will Review Incident Reporting and reportable incidents with all the homes Staff by 3/3/2020. It will be reviewed that the staff are to call the on call Supervisor immediately following a reportable incident or if the are unsure if an incident is reportable. The on call supervisor is to ensure that a State Report is completed and sent to the Bureau of Human Services and Liscening within 24 hours of a reportable incident occuring or being reported to home personnel.

The home's procedure's have had subsequent review with the Northeastern Regional Office's staff for clarity and compliance review. 4-3-2020

Legal Entity Representative

Julie Weaver
Signature

Julie Weaver, Vice President 2/20/2020
Printed Name and Title Date

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The above plan of correction is approved as of 4-3-2020
(Date)

Plan of correction implementation status as of 4-3-2020
(Date)

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

Implemented
 Not Implemented

142a - Secure Medical Care

Regulations

2600. 142.a. The home shall assist the resident to secure medical care if a resident's health status declines. The home shall document the resident's need for the medical care, including updating the resident's assessment and support plan.

Description of Violation

Resident #1 fell at approximately 8 am on 9/22/19. The residents leg was in severe pain and the resident was unable to bear any weight on the leg. The resident was transported to the hospital by the home at approximately 12 pm after the pain continued. The home did not immediately secure medical care for Resident #1 after the resident fell.

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 Policy of the home is to call 911 when a resident falls and is in severe pain. The supervisor on site made the decision to move Resident #1 after her fall and then several hours later to transport her to the hospital by himeself. In response to this incident the on site Supervisor who made this decision was terminated on October 4, 2019.

Legal Entity Representative

Julie Weaver
Signature

Julie Weaver Vice President 2/20/2020
Printed Name and Title Date

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~~XXXXXX~~
(Date)

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

Implemented
 Not Implemented

227d - Support Plan Medical/Dental

Regulations

- 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. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

Resident #1 is able to independently transfer and ambulate. The Residents RASP update on 9/25/19 notes the resident requires assistance to transfer and to toilet. The RASP has not been updated to reflect the residents current care needs.

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.)

Since this incident Resident changes and RASP updates/annual reviews were added to the homes weekly Leadership Meeting. On a weekly basis the home's Leadership team meets to discuss needs of the home, upcoming appointments and now Resident updates and RASP updates/annual reviews are discussed as well. This was implemented as of our meeting held on January 15th, 2020.

Legal Entity Representative

Julie Weaver
Signature

Julie Weaver, Vice President 2-20-2020
Printed Name and Title Date

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