



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail to: schochm@csgonline.org
MAILING DATE: May 13, 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 March 19, 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, appearing to read "M. Moskalczyk".

Michele Moskalczyk
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: *(570)4864160* 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: *Incident*

Inspection Dates and Department Representative

03/19/2020 - Off-Site: Corey Pica

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: *0*
Have Mobility Need: *0* Have Physical Disability: *0*

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's health showed signs of decline. Staff Member A took resident 1's vitals around 9:00am on 3/17/2020 and was concerned by her low SPO2 83% with O2 at 2.5L. Resident 1 declined to be evaluated at the hospital. At approximately 3:30pm on 3/17/2020, resident 1 showed no signs of improvement and looked to be declining. 911 was contacted at this time and Resident 1 was taken to the hospital where she would be admitted with hypoxia. It took over 6 hours from the time the resident showed signs of declining health until an ambulance was contacted to transport her to the hospital.

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 member A and another staff member did continue to take resident's 1's SPO2 levels throughout those 6 hours. When resident 1 was adamant that she would not go to the hospital staff members had her lay down in her bed with her oxygen on. At 9:20 am her SPO2 was up to 87%, at 9:45 am her SPO2 was up to 93%. The staff continued to check her SPO2 levels periodically and was in contact with her Behavioural health case worker, who also spoke with her psychiatrist. At 215 pm her SPO2 level dropped again to 81% the staff spoke with Resident 1 about going to the hospital. Resident 1 continued to decline. At this time Northumberland County Crisis was contacted. At approximately 3PM Northumberland County crisis had not arrived and Elaine was seen walking through the hall without her oxygen on. Staff member A got her into her bed and oxygen on and took her SPO2 level. It had dropped to 34% and did rise above 64% with the oxygen on. Staff member A contacted 911 at this time.

In response to concerns with Resident 1's health the leadership team has revised our on call document for staff. The document "Who to call for help" outlines when to call 911 vs the on call supervisor. This was reviewed with the staff on 4/23/2020 and posted in a common area for staff access at all times.

Immediately and Ongoing:

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 such care, including updating the resident's assessment and support plan. The administrator or designee shall monitor for ongoing compliance. 5-6-2020 - MM

Legal Entity Representative

Julie Weaver
Signature

Julie Weaver, Vice President 4/24/20
Printed Name and Title Date

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The above plan of correction is approved as of 5-6-2020 Plan of correction implementation status as of 5-6-2020
(Date) (Date)

Implemented
 Not Implemented

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

187d - Follow Prescriber's Orders

Regulations

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Staff Member B failed to administer Resident 1's prescribed am dose of Spiriva on 3/17/2020.

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.)

This error was reviewed with the staff member Per Community Services Group Policy and Procedures. This was staff member B's first medication error. The error was reviewed with Staff member b and her supervisor will continue to review with her during her supervisions.

Within 5 days of receipt of this plan of correction:

The administrator or designee shall monitor and ensure that staff are following the direction of the prescriber by auditing physicians orders weekly for the next 4 months.

5-6-2020 - MM

Legal Entity Representative

Julie Weaver
Signature

Julie Weaver, Vice President 4-24-20
Printed Name and Title Date

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(Date)

Plan of correction implementation status as of 5-6-2020
(Date)

- Implemented
- Not Implemented

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(Initials)