



Sent via e-mail to: schochm@csgonline.org
MAILING DATE: July 7, 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 April 6, 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". The signature is fluid and cursive.

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: *Incident*

Inspection Dates and Department Representative

04/06/2020 - Off-Site: Ryan Yankow

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: *5*
Diagnosed with Mental Illness: *14* Diagnosed with Intellectual Disability: *1*
Have Mobility Need: *0* Have Physical Disability: *0*

85a - Sanitary Conditions

Regulations

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

Resident #1's glucometer was used to test Resident #2's blood glucose on 4/3/20 at 9:54pm.

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.)

In response to this incident the home purchased a new glucometer for Resident #1. The home also added a label with the resident's name to both sides of the outside of the glucometer cases and the resident's initials to each corresponding glucometer. This incident was also reviewed with the specific staff member who made the error, reminding her of the 15 steps of medication administration and the 5 rights, and her supervisor will continue to review this incident with her in monthly supervisions.

Legal Entity Representative

Julie Weaver
Signature

Julie Weaver, Vice Pres.
Printed Name and Title

5-4-2020
Date

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

The above plan of correction is approved as of 7-2-2020
(Date)

Plan of correction implementation status as of 7-2-2020
(Date)

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

Implemented
 Not Implemented