

Department of Human Services
Bureau of Human Service Licensing

May 10, 2022

[REDACTED] ADMINISTRATOR

RE: COMMUNITY SERVICES GROUP
PERSONAL CARE HOME
176 SR 901
COAL TOWNSHIP, PA, 17866
LICENSE/COC#: 22669

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/09/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
[REDACTED]

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY

Facility Information

Name: *COMMUNITY SERVICES GROUP PERSONAL CARE HOME* License #: 22669 License Expiration: 12/13/2022
Address: 176 SR 901, COAL TOWNSHIP, PA 17866
County: *NORTHUMBERLAND* Region: *NORTHEAST*

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

Name: *COMMUNITY SERVICES GROUP INC*
[REDACTED]

Certificate(s) of Occupancy

Type: *R-4* Date: *10/06/2016* Issued By: *Coal Township*

Staffing Hours

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

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *11/09/2021*

Inspection Dates and Department Representative

11/09/2021 - On-Site: [REDACTED]

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: 7
Diagnosed with Mental Illness: 14 Diagnosed with Intellectual Disability: 1
Have Mobility Need: 0 Have Physical Disability: 0

Inspections / Reviews

11/09/2021 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *01/29/2022*

02/08/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *02/18/2022*

04/27/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *05/04/2022*

05/10/2022 - Document Submission

Reviewer: [REDACTED] Follow-Up Type: *Not Required*

25b - Contract Signatures

1. Requirements

2600.

25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

Description of Violation

The resident-home contract, dated [REDACTED], for resident #1 was not signed by the resident.

Plan of Correction

Do Not Accept

Resident #1 did sign the home contract dated for [REDACTED] [REDACTED] signed this on an electronic signature pad and the contract was then printed.

Completion Date: 10/04/2017

Update: 02/08/2022

What will the home do to prevent future violations? Who will be responsible?

AG, 2-8-22

Plan of Correction

Accept

Per email exchange with AG, this violation will be removed as the home contract was signed by the resident on the date of admission. The signed home contract is attached.

Completion Date: 10/04/2017

Update: 04/27/2022

THIS VIOLATION IS BEING WITHDRAWN. IT WAS CITED IN ERROR.

AG, 4-27-22

Document Submission

Implemented

THIS VIOLATION IS BEING WITHDRAWN. IT WAS CITED IN ERROR.

AG, 4-27-22

Update: 05/10/2022

**THIS VIOLATION IS
WITHDRAWN
AG, 5-10-22**

85a - Sanitary Conditions

1. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

Resident #2's glucometer contained blood on the glucometer.

85a - Sanitary Conditions (continued)

Plan of Correction**Accept**

Staff will be reminded that the glucometer must be wiped clean after each use. The glucometers will be checked nightly by the over night staff and spot checked at least twice a month by a supervisor.

Completion Date: 02/05/2022

Document Submission**Implemented**

Attached is the sign in sheet from the staff meeting in which we discussed checking the glucometers nightly and the supervisor spot checking them. Attached is the chart used by supervisors who are doing spot checks on glucometers. This is a new chart as we had a change in staffing and no longer have access to the one created and utilized in February/March.

187a - Medication Record

1. Requirements

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

Description of Violation

Resident #2, is prescribed [REDACTED]. However, resident's medication administration record does not indicate the sliding scale units of insulin on the following dates and times:

11/4/2021 at 9:00pm

11/4/2021 at 4:18pm

10/29/2021 at 4:22pm

10/23/2021 at 4:21pm

10/20/2021 at 9:15pm

Plan of Correction**Accept**

Resident #2 does not have a sliding scale for 9pm dose of [REDACTED] insulin. The staff shall be retrained on documenting sliding scale units administered, in the vitals section along with Resident #2's blood sugar reading. The over night staff will be retrained on monitoring this documentation on a nightly basis and the Program Supervisors will monitor this on a minimum of a bi weekly basis.

Completion Date: 03/01/2022

Document Submission**Implemented**

Attached is the sign in sheet from the staff meeting in which we reviewed sliding scales and how to document them. Also attached is the chart that the supervisors use to document when they are checking the sliding scale documentation.

225c - Additional Assessment

1. Requirements

2600.

225.c. The resident shall have additional assessments as follows:

Description of Violation

Resident #1 did not have an annual assessment completed.

Plan of Correction**Accept**

Resident #1's annual assessment was completed on [REDACTED]. The program nurse has created a chart that tracks DME, Assessments and support plan due dates for all residents. This is hanging in the shared leadership office and is

225c - Additional Assessment (continued)

reviewed at least on a monthly basis.

Completion Date: 01/01/2022

Document Submission**Implemented**

Attached is a picture of the chart that the program nurse is utilizing to track the due dates for the DME's Assessments and Support plans.

227c - Support Plan Revision**1. Requirements**

2600.

227.c. The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

Description of Violation

Resident #1 did not have an annual support plan completed.

Plan of Correction**Accept**

Resident #1's annual support plan was completed on 11/12/2021. The program nurse has created a chart that tracks DME, Assesments and support plan due dates for all residents. This is hanging in the shared leadership office and is reviewed at least on a monthly basis.

Completion Date: 01/01/2022

Document Submission**Implemented**

Attached is the picture again of the chart being utilized by the program nurse to track DME's Assessments and Support Plans.

252 - Record Content**1. Requirements**

2600.

252. Content of Resident Records - Each resident's record must include the following information:

Description of Violation

Resident 3's record does not include identifying marks.

Plan of Correction**Accept**

Identifying marks were added to Resident #3's record on [REDACTED]. The program's leadership will create an admission check list that will be referenced when admitting new resident's to the program to help ensure all documentation is completed at the correct time.

Completion Date: 03/01/2022

Document Submission**Implemented**

Attached the checklist that the leadership team will utilize when we have a new resident arrive at the home.