

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

January 20, 2023

[REDACTED]
COMMUNITY SERVICES GROUP INC
[REDACTED]
[REDACTED]

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 11/22/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

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*
 Address: *PO BOX 597, 320 HIGHLAND DRIVE, MOUNTVILLE, PA, 17554*
 Phone: [REDACTED] Email: [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: *11/22/2022*

Inspection Dates and Department Representative

11/22/2022 - 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: *6*
 Diagnosed with Mental Illness: *14* Diagnosed with Intellectual Disability: *1*
 Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

11/22/2022 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *12/18/2022*

Inspections / Reviews (*continued*)

01/06/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 01/20/2023

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 01/13/2023

01/17/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 01/20/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 01/20/2023

01/20/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/20/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

65d - Initial Direct Care Training

1. Requirements

2600.

65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:

2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.

Description of Violation

Staff person A was hired [REDACTED] and provides direct care services to residents. The home did not have documentation that staff person A completed the department's required direct care training course and test.

Plan of Correction**Accept (JH - 01/17/2023)**

Supervisors will be retrained on new hire training protocol to ensure that the the direct care staff training is completed. Each staff person's direct supervisor will review training requirements at each supervision at a minimum of the first 3 months of employment. The Program Director will monitor that trainings are occurring as required.

Licensee's Proposed Overall Completion Date: 01/13/2023

Implemented (JH - 01/20/2023)

85e - Trash Outside Home

2. Requirements

2600.

85.e. Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

Description of Violation

The home's dumpsters were overflowing with trash, preventing the lids to the dumpsters from completely closing.

Plan of Correction**Accept (JH - 01/17/2023)**

Staff members are responsible for ensuring that trash placed in the dumpster is not over flowing. Staff were retrained on ensuring that trash is not over flowing including placing trash in the all compartments of the dumpster and ensuring they flatten boxes prior to throwing them away. The home supervisors will spot check the dumpster lid a routinely to ensure compliance.

Licensee's Proposed Overall Completion Date: 01/13/2023

Implemented (JH - 01/20/2023)

125a - Combustible Storage

3. Requirements

2600.

125.a. Combustible and flammable materials may not be located near heat sources or hot water heaters.

Description of Violation

Two cigarette butts were observed in the mulch area surrounding the outdoor smoking area as well as one cigarette butt observed to the right of the porch just outside the exit.

Plan of Correction**Accept (JH - 01/17/2023)**

Staff members are responsible for cleaning up cigarette butts a minimum of twice daily. Staff members were trained on completing this task at minimum twice daily. The staff will discuss with the residents the importance of using

125a - Combustible Storage (continued)

the smoking towers rather than dropping cigarette butts on the ground at the next house meeting. Program Supervisors will spot check the building parameter to ensure that this is being completed routinely.

Licensee's Proposed Overall Completion Date: 01/13/2023

Implemented (JH - 01/20/2023)

132b - Safety Inspection/Fire Drill**4. Requirements**

2600.

132.b. A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

Description of Violation

The home did not have a fire safety inspection and supervised fire drill completed by a fire safety expert by December 31st, 2021 as required. The home's fire safety inspection and supervised fire drill did not take place until 8/3/2022.

Plan of Correction

Accept (JH - 01/17/2023)

The home administrator has placed a reminder in the calendar of the home supervisors as a reminder of completing the annual fire inspection by the fire expert. The Program Director will monitor compliance with this regulation.

Licensee's Proposed Overall Completion Date: 01/13/2023

Implemented (JH - 01/20/2023)

132d - Evacuation**5. Requirements**

2600.

132.d. Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. For purposes of this subsection, the fire safety expert may not be a staff person of the home.

Description of Violation

The fire drill conducted on 4/26/2022 at 11:20pm took 2 minutes and 53 seconds for evacuation to be completed. The home does not have fire safety areas and according to the fire safety expert the maximum safe evacuation time for the home is 2 minutes and 30 seconds.

Plan of Correction

Accept (JH - 01/17/2023)

This was the first over night fire drill completed in approximately 2 years due to the restriction on fire drills during the pandemic. The home completed a second fire drill within the month of April 2022, in which the residents and staff were able to evacuate in less than 2 minutes and 30 seconds. The staff of the home were trained on the importance of ensuring evacuation in 2 min 30 seconds or less and ensuring residents with high needs were assisted in a timely manner. This training was conducted by the Program supervisors during a staff meeting. The Program Supervisor will monitor continued compliance and provide any additional training that is needed.

Licensee's Proposed Overall Completion Date: 01/13/2023

Implemented (JH - 01/20/2023)

181c - Self-administration Assessment**6. Requirements**

181c - Self-administration Assessment (continued)

2600.

181.c. The resident's assessment shall identify if the resident is able to self-administer medications as specified in § 2600.227(e) (relating to development of the support plan). A resident who desires to self-administer medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.

Description of Violation

According to the Documentation of Medical Evaluation (DME) dated [REDACTED] resident #1 can self administer Novolog insulin and accuchecks only. According to the Medication Administration Record (MAR) and as per discussion with staff, resident #1 is allowed to take the following medications to a day program where the resident self administers these medications:

L-Carnitine 500mg, Metformin 1000mg, Jardiance 25mg, Latuda 80mg.

The resident is not assessed to self administer these medications.

Plan of Correction**Accept (JH - 01/17/2023)**

The program nurse will discuss with the resident's physician their level of ability in their medication regimen. The residents in the home are offered day programming to benefit their mental health, which also at times impacts their ability to self administer medications. In restricting their access to this type of support outside of the home in managing their mental health we may also impede on their personal rights. The home staff will continue to administer medications while the resident is in the home and ensure that the resident has as much clarity and support in taking their medication while outside of the home for these services. The Program Supervisors will monitor the need for additional support and will provide that support when required.

Licensee's Proposed Overall Completion Date: 01/13/2023

Implemented (JH - 01/20/2023)**187a - Medication Record****7. Requirements**

2600.

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

13. Date and time of medication administration.

Description of Violation

Resident #1's MAR indicates the following medications were taken by the resident at a day program:

Divalproex 500mg on 11/6/22 at 9am; Docusate Sodium 100mg on 11/07/22 at 9am; Gemfibrozil 600mg 11/07/22 and 11/09/22 at 9am; Lithium carbonate 300mg 11/07/22 and 11/09/22 at 9am; Omega-3-Acid 11/07/22 and 11/09/22 at 9am.

According to staff interviews, the medications are administered early, before the resident leaves for a day program, as per physician's orders. The MAR is not documented properly to indicate that the medications are administered by staff and not during the day program.

Plan of Correction**Accept (JH - 01/17/2023)**

The home director has reached out to the company's information technology department with support in making the EMAR able to document these early administrations accurately. While the home waits for this update, the home staff will document these administrations on paper MARs. The director reviewed this new procedure with the staff during a staff meeting and the home supervisors will monitor this going forward. The staff will be responsible for ensuring

187a - Medication Record (continued)

that this documented correctly and program supervisor will spot check the MAR to ensure that documentation is thorough and accurate.

Licensee's Proposed Overall Completion Date: 01/13/2023

Implemented (JH - 01/20/2023)

187d - Follow Prescriber's Orders**8. Requirements**

2600.

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

Description of Violation

Resident #2 has an order for insulin to be administered 3 times daily on a sliding scale as follows: 1 additional unit of insulin for every 10 units of blood sugar over 150.

On 11/16/22 at 5:30am resident #1's blood sugar was 180, requiring 3 additional units of insulin. The blood sugar readings log indicates that only 2 units of insulin were administered.

Plan of Correction

Accept (JH - 01/06/2023)

A chart was created for staff to utilize in determining the amount of insulin to administer according to resident #2's sliding scale. Staff were trained on utilizing this chart when determining the correct amount. This will be monitored by the program supervisors through a minimum of monthly reviews of this documentation.

Licensee's Proposed Overall Completion Date: 12/28/2022

Implemented (JH - 01/20/2023)