

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

July 10, 2023

[REDACTED], ADMINISTRATOR
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 05/03/2023 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:** 12/13/2023

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: [REDACTED]

Phone: [REDACTED] **Email:** [REDACTED]

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 15 **Waking Staff:** 11

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Complaint, Incident **Exit Conference Date:** 05/03/2023

Inspection Dates and Department Representative

05/03/2023 On Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 16 **Residents Served:** 15

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: 15 **Diagnosed with Intellectual Disability:** 1
Have Mobility Need: 0 **Have Physical Disability:** 0

Inspections / Reviews

05/03/2023 - Partial

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 06/01/2023

06/13/2023 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 07/10/2023
Reviewer: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 06/20/2023

Inspections / Reviews *(continued)*

06/30/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 07/10/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 07/07/2023

07/10/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 07/10/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

15a - Resident Abuse Report

1. Requirements

2600.

15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

Resident #2 alleged that Resident #3 hit him/her on [REDACTED] 23. The allegation of abuse was not reported to the local Area Agency on Aging.

Plan of Correction

Accept ([REDACTED] - 06/30/2023)

The home staff will be retrained on incident reporting and OAPSA/APS by Maureen Schoch, Program Director on [REDACTED]/2023. The Home supervisors will report any suspected or alleged abuse to Aging, Adult Protective services and Department of Human Services. This will be reinforced and monitored by the Program Director on an on going basis.

Licensee's Proposed Overall Completion Date: 06/19/2023

Implemented ([REDACTED] - 07/10/2023)

16c - Written Incident Report

2. Requirements

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 #2 alleged that Resident #3 hit him/her on [REDACTED]/23. The home did not submit an incident report to the Department regarding the alleged abuse.

Plan of Correction

Accept ([REDACTED] - 06/30/2023)

The home staff will be retrained on incident reporting and OAPSA/APS by Maureen Schoch, Program Director on 6/15/2023. The Home supervisors will report any suspected or alleged abuse to Aging, Adult Protective services and Department of Human Services. This will be reinforced and monitored by the Program Director on an on going basis.

Licensee's Proposed Overall Completion Date: 06/19/2023

Implemented ([REDACTED] - 07/10/2023)

144c1 - Smoking Area Guidelines

3. Requirements

2600.

144.c. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following:

1. Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

144c1 - Smoking Area Guidelines (*continued*)**Description of Violation**

Nursing notes indicate that Resident #1 was observed smoking inside of the home on 2/7, 2/10 and 2/11/23.

Plan of Correction

Accept (█ - 06/30/2023)

Resident #1 was in a manic state and not in his right frame of mind. The home's policy is for residents to smoke in the designated smoking area only. The staff at the time immediately and successfully redirected Resident #1 to out his cigarette or stop from attempting to light his cigarette and go to the smoking area in each incident. The staff will be retrained in the home's smoking policy and home rules on 6/15/2023 by the Program Director, █. The residential supervisor, █, updated Resident #1 RASP to indicate his history of attempting to smoke in the home. Supervisors in the home will ensure the policies continue to be followed through supervisions and reminders as needed.

Licensee's Proposed Overall Completion Date: 06/19/2023

Implemented (RY - 07/10/2023)

227d - Support Plan Medical/Dental

4. Requirements

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

Nursing notes indicate that Resident #1 was observed smoking inside of the home on 2/7, 2/10 and 2/11/23. Resident #1's Resident assessment and support plan (RASP) dated 4/5/23 has not been updated to reflect these behaviors and how the home will manage them.

Plan of Correction

Accept (█ - 06/30/2023)

The Program Director, █, will retrain programs leadership on when a RASP or RASP update should be completed and what should be included in those on 5/31/2023. The program leadership will provide feedback on RASPs and RASP updates prior to it being submitted to their record.

Licensee's Proposed Overall Completion Date: 06/19/2023

Implemented (█ - 07/10/2023)