

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

November 14, 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 09/15/2023, 10/10/2023 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: *1* Total Daily Staff: *16* Waking Staff: *12*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:

Reason: *Incident* Exit Conference Date: *10/10/2023*

**Inspection Dates and Department Representative**

09/15/2023 - On-Site: [REDACTED]

10/10/2023 - Off-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: *0*

Have Mobility Need: *1* Have Physical Disability: *0*

**Inspections / Reviews**

**09/15/2023 - Partial**

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *10/28/2023*

**10/31/2023 - POC Submission**

Submitted By: [REDACTED] Date Submitted: *11/09/2023*

Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *11/07/2023*

Inspections / Reviews (*continued*)

## 11/02/2023 - POC Submission

Submitted By: [REDACTED] Date Submitted: 11/09/2023

Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 11/08/2023

## 11/14/2023 - Document Submission

Submitted By: [REDACTED] Date Submitted: 11/09/2023

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

42c - Treatment of Residents

1. Requirements

2600.

42.c. A resident shall be treated with dignity and respect.

Description of Violation

On 8-29-23 Employee A and Resident # 3 were doing laundry and the employee engaged in a discussion where the employee told the resident [REDACTED] could no longer do [REDACTED] laundry in a tone that was disrespectful and added "it's not your laundry day". Resident # 3 felt singled out. Upon investigation of the incident, the employee was terminated.

Resident # 3 believed [REDACTED] rights had been violated. The resident was not being treated with dignity and respect.

Repeat violation: 6/12/23

Plan of Correction

Accept ([REDACTED] - 10/31/2023)

Staff member A was terminated. The staff at the program will be retrained by Assistant Director, [REDACTED], on Resident rights by 10/30/2023. Staff will be trained a minimum of annually moving forward. This will be monitored by program supervisors.

Licensee's Proposed Overall Completion Date: 10/30/2023

Implemented ([REDACTED] - 11/14/2023)

85a - Sanitary Conditions

2. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On 9-11-23, Employee B used the glucometer of Resident # 4 to test Resident # 2's blood glucose.

Plan of Correction

Accept ([REDACTED] - 11/02/2023)

Employee B Notified both Resident 4 and Resident 2's physicians of the mistake and removed the glucometer from use on 9/11/2023. A new glucometer was ordered by the home for Resident 4 on 9/11/2023. In order to prevent this from occurring again Program Supervisors will ensure that resident's initials or name is on the glucometer case, as well as the actual glucometers. Staff members will be reminded to ensure that they are utilizing the correct glucometer when taking blood sugar readings. Over night staff will preform cart checks on at a minimum weekly basis and program supervisors will spot check the medication carts to ensure that Glucometers are labels on a random basis.

Licensee's Proposed Overall Completion Date: 11/01/2023

Implemented ([REDACTED] 11/14/2023)

95 - Furniture and Equipment

**3. Requirements**

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

**Description of Violation**

*The bathroom off of the main living area across from the table with the Sign IN/OUT books is out of commission because it has an inoperable light bulb. The bathroom around the corner from the Medication Room is also out of commission because that light bulb is burned out as well.*

*The Home is responsible for ensuring that equipment is serviceable and in good working order.*

**Plan of Correction**

**Accept (█ - 11/02/2023)**

*The maintenance department changed the light bulbs 10/9/2023. Staff will be trained to report maintenance needs through the internal CSG google chat room designated for this program. The program supervisors or on call supervisor will contact maintenance at the latest the start of the next business day. If the maintenance department does not respond within 24 hours the program supervisors will reach out to next level supervisor, as well as maintenance again. The Program Supervisors will complete walk throughs randomly to monitor for any maintenance needs.*

**Licensee's Proposed Overall Completion Date: 11/01/2023**

**Implemented (█ - 11/14/2023)**

**125a - Combustible Storage**

**4. Requirements**

2600.

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

**Description of Violation**

*The day of the inspection, there were multiple cigarette butts in the mulch between the building and the parking lot along the entrance to the building. There were also a few cigarette butts under the Home's gas grill in the area of the carport.*

*These areas are either combustible materials or have combustible materials stored in the very near vicinity. Both are prohibitions under this regulation.*

*Repeat violation: 11/22/22*

**Plan of Correction**

**Accept (█ - 11/02/2023)**

*The Assistant Director, █ attended a house meeting on 10/23/2023 to address smoking in the smoking area and placing butts in the cigarette towers with residents. Staff are not permitted to smoke on property. Staff will be retrained by program supervisors to walk the property atleast once a shift to ensure cigarette butts are not tossed on the ground and that Residents are smoking in designated area. Program Supervisor will ensure this is being completed through random walk throughs.*

**Licensee's Proposed Overall Completion Date: 11/01/2023**

**Implemented (█ - 11/14/2023)**

**144c1 - Smoking Area Guidelines**

**5. Requirements**

144c1 - Smoking Area Guidelines (continued)

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.

**Description of Violation**

*The day of the inspection, there were multiple cigarette butts in the mulch between the building and the parking lot along the entrance to the building. There were also a few cigarette butts under the Home's gas grill in the area of the carport. These areas are not designated smoking areas for the Home.*

Repeat violation: 5/3/23

**Plan of Correction**

Accept (█) - 11/02/2023)

*The Assistant Director, █ attended a house meeting on 10/23/2023 to address smoking in the smoking area and placing butts in the cigarette towers with residents. Staff are not permitted to smoke on property. Staff will be retrained by program supervisors to walk the property atleast once a shift to ensure cigarette butts are not tossed on the ground and that Residents are smoking in designated area. Program Supervisor will ensure this is being completed through random walk throughs.*

Licensee's Proposed Overall Completion Date: 11/01/2023

Implemented (█) 11/14/2023)

224a - Preadmission Screen Form

**6. Requirements**

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

**Description of Violation**

*Resident # 1's preadmission screening form, dated █22, does not include a determination that the needs of the resident can be met by the services provided by the home.*

**Plan of Correction**

Accept (█) - 11/02/2023)

*Program Director trained program leadership on 10/28/2023 to complete the preadmission form completely prior to admission and have a second member of leadership review the form to ensure it is completed.*

Licensee's Proposed Overall Completion Date: 11/01/2023

Implemented (█) - 11/14/2023)

225c - Additional Assessment

**7. Requirements**

2600.

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

**Description of Violation**

*Resident # 2's annual assessment, was undated. It does not include the date it was finalized.*

**225c - Additional Assessment (continued)****Plan of Correction****Accept** [REDACTED] - 11/02/2023)

Staff member that completed Resident #2 RASP is no longer working in the program. Leadership was trained on 10/28/2023 to ensure that a secondary member of leadership will review the RASP prior to completion to ensure that the RASP is completed appropriately.

**Licensee's Proposed Overall Completion Date: 11/01/2023****Implemented** [REDACTED] - 11/14/2023)