

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

February 23, 2024

[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 01/03/2024 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]  
Acting Human Services Licensing Supervisor

cc: Pennsylvania Bureau of Human Service Licensing

**Facility Information**

**Name:** COMMUNITY SERVICES GROUP PERSONAL CARE HOME      **License #:** 22669      **License Expiration:** 12/13/2024

**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]

**Certificate(s) of Occupancy**

**Type:** R-4      **Date:** 10/05/2006      **Issued By:** Coal Township

**Staffing Hours**

**Resident Support Staff:** 0      **Total Daily Staff:** 13      **Waking Staff:** 10

**Inspection Information**

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

**Reason:** Renewal      **Exit Conference Date:** 01/03/2024

**Inspection Dates and Department Representative**

01/03/2024 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

**License Capacity:** 16      **Residents Served:** 13

**Secured Dementia Care Unit**

**In Home:** No      **Area:**      **Capacity:**      **Residents Served:**

**Hospice**

**Current Residents:** 0

**Number of Residents Who:**

**Receive Supplemental Security Income:** 13      **Are 60 Years of Age or Older:** 6

**Diagnosed with Mental Illness:** 13      **Diagnosed with Intellectual Disability:** 0

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

**Inspections / Reviews**

01/03/2024 Full

**Lead Inspector:** [REDACTED]      **Follow-Up Type:** POC Submission      **Follow-Up Date:** 01/08/2024

01/25/2024 - POC Submission

**Submitted By:** [REDACTED]      **Date Submitted:** 02/23/2024

**Reviewer:** [REDACTED]      **Follow-Up Type:** Document Submission      **Follow-Up Date:** 02/01/2024

Inspections / Reviews *(continued)*

02/23/2024 Document Submission

Submitted By: [REDACTED]

[REDACTED] [REDACTED] [REDACTED]

[REDACTED] *Corey Pica*

**Follow Up Type:** *Not Required*

3c Post Current License

1. Requirements

2600.

3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

The most recent LIS renewal from 11/22/22 as well as partial inspections from 3/1/23; 7/10/23; 9/15/23 were not posted in a public place.

Plan of Correction

Accept ( ) - 01/25/2024)

The Most recent LIS were posted on 1/15/2024. This was added to the Quality assurance task schedule for our Coaltownship EPCH. The program Supervisors will ensure that they are checking this monthly. The Program Director will Spot check Quality Assurance schedule to ensure that tasks are completed correctly.

Licensee's Proposed Overall Completion Date: 01/23/2024

Implemented ( ) - 02/23/2024)

65f Training Topics

2. Requirements

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

3. Care for residents with dementia and cognitive impairments.

Description of Violation

Staff member A did not have verification of being trained in the required topic of caring for residents with dementia and cognitive impairments.

Plan of Correction

Accept ( ) - 01/25/2024)

The staff training is completed in Relias. We have assigned a training to all Personal Care Staff called "An Overview of Quality Dementia Care" We have asked that all staff complete this training by 2/15/2024. A request was submitted for this training to be added to the annual training bundle that is assigned to all the PCH staff. The Program Supervisors will monitor that these trainings are completed during monthly supervision meetings with staff.

Licensee's Proposed Overall Completion Date: 02/15/2024

Implemented ( ) - 02/23/2024)

96a First Aid Kit

3. Requirements

2600.

96.a. The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

Description of Violation

The home's first aid kit did not include eye coverings.

Plan of Correction

Accept ( ) - 01/25/2024)

The home has multiple first aid kits. The eye covering was added to this first aid kit and other first aid kits were checked on 1/22/2024. At the all Coaltownship Staff meeting on 2/15/2024 Program Supervisors will educate the all staff on the items that are required in the first aid kits and to ensure that items are replaced as they are used. The

**96a - First Aid Kit (continued)**

*first aid kits will be checked every 6 months to ensure that all required items are available.*

**Licensee's Proposed Overall Completion Date: 02/25/2024**

**Implemented (█) - 02/23/2024)**

**101j7 - Lighting/Operable Lamp****4. Requirements**

2600.

101.j. Each resident shall have the following in the bedroom:

7. An operable lamp or other source of lighting that can be turned on at bedside.

**Description of Violation**

*Resident 1 had an inoperable bedside lamp in their room, with no additional lighting source available bedside.*

**Plan of Correction**

**Accept (█) - 01/25/2024)**

*The lamp had been unplugged by the individual in order to plug his own items in. The lamp was plugged back in this same day 1/3/2024. The resident was educated on why the lamp should be plugged in. Staff will be educated at the 2/15/2024 staff meeting to check bed side lamps when they clean bedrooms a minimum of every other week.*

**Licensee's Proposed Overall Completion Date: 02/25/2024**

**Implemented (█) - 02/23/2024)**

**103e - Left Overs****5. Requirements**

2600.

103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

**Description of Violation**

*There was a clear plastic package of what appeared to be ground beef in the kitchen freezer. The food was dated but not labeled to identify the type of food.*

**Plan of Correction**

**Accept (█) - 01/25/2024)**

*The program staff will be educated on 2/15/2024 on the regulation regarding labeling food in the freezer. The Food Service Specialist will spot check items are labeled correctly while completing weekly inventory/ordering.*

**Licensee's Proposed Overall Completion Date: 02/25/2024**

**Implemented (█) - 02/23/2024)**

**123c - Evacuation Diagrams****6. Requirements**

2600.

123.c. For a home serving nine or more residents, an emergency evacuation diagram of each floor showing corridors, line of travel to exit doors and location of the fire extinguishers and pull signals shall be posted in a conspicuous and public place on each floor.

**Description of Violation**

*The home's emergency evacuation diagrams were not posted in a conspicuous and public location.*

123c - Evacuation Diagrams (*continued*)**Plan of Correction**

Accept (█ - 01/25/2024)

A new evacuation diagram was posted on the bulletin board in the open hall way on 1/18/2024. Program supervisors will check monthly that evacuation diagram is still posted and was not removed from the bulletin board. This was added to the Quality assurance tasks.

Licensee's Proposed Overall Completion Date: 01/23/2024

Implemented (█ - 02/23/2024)

## 185a - Implement Storage Procedures

**7. Requirements**

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

**Description of Violation**

Resident 2's PRN of █ was not available on the med cart for distribution and use at time of inspection on 1/3/2024.

**Plan of Correction**

Accept (█ - 01/25/2024)

Program staff complete weekly cart checks to ensure medications are not expired and are reordered when necessary. Program staff will be educated at the staff meeting on 2/15/24 about ensuring all ordered medications are on site and available for resident use.

Licensee's Proposed Overall Completion Date: 02/25/2024

Implemented (█ - 02/23/2024)

## 187a - Medication Record

**8. 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**

On █, the MAR for Resident 3 was not initialed by Staff Member B to indicate that their insulin was administered as ordered. Staff Member B did indicate that the medication was administered but that they failed to complete the MAR.

**Plan of Correction**

Accept (█ - 01/25/2024)

Staff member b was educated on ensuring proper documentation on 1/3/2024. All staff will be educated on MAR documentation and how to report missing documentation at the 2/15/2024 staff meeting. The Program Supervisors will spot check MARs for proper documentation.

Licensee's Proposed Overall Completion Date: 02/25/2024

Implemented (█ - 02/23/2024)