

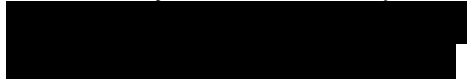


pennsylvania
DEPARTMENT OF HUMAN SERVICES

Emailing Date: November 13, 2024



Community Services Group, Inc.



RE: Community Services Group Inc.
532 West Saylor Street
Atlas, Pennsylvania 17851
License #: 208130

Dear 

As the result of your home's recent request to adjust the use of the physical space, the Department has granted an approval for a revised license issued under the authority of 55 Pa. Code Ch. 2600 (relating to Personal Care Homes). The approved capacity revision request is an increase from 20 to 22. The expiration date of the license remains unchanged.

Any future requests for changes in capacity should be forwarded to the Department for review and consideration in accordance with the applicable regulations. The revised license is enclosed.

Sincerely,

A handwritten signature in cursive script that reads "Juliet Marsala".

Juliet Marsala
Deputy Secretary
Office of Long-term Living

Enclosure
License

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

November 5, 2024

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

RE: COMMUNITY SERVICES GROUP
532 W. SAYLOR STREET
ATLAS, PA, 17851
LICENSE/COC#: 20813

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/02/2024 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]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *COMMUNITY SERVICES GROUP* License #: *20813* License Expiration: *07/18/2025*
 Address: *532 W. SAYLOR STREET, ATLAS, PA 17851*
 County: *NORTHUMBERLAND* Region: *NORTHEAST*

Administrator

Name: [REDACTED]

Legal Entity

Name: *COMMUNITY SERVICES GROUP INC*
 [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *08/21/2001* Issued By: *L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *24* Waking Staff: *18*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal* Exit Conference Date: *10/02/2024*

Inspection Dates and Department Representative

10/02/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *20* Residents Served: *20*

Secured Dementia Care Unit

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

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *18* Are 60 Years of Age or Older: *11*
 Diagnosed with Mental Illness: *20* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *4* Have Physical Disability: *1*

Inspections / Reviews

10/02/2024 - Full

Lead [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *10/26/2024*

10/25/2024 - POC Submission

Submitted By: [REDACTED] Date Submitted: *11/03/2024*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *10/31/2024*

Inspections / Reviews *(continued)*

10/29/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/03/2024

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 11/05/2024

11/04/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/03/2024

Reviewer: [REDACTED]

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

On 10/2/2024 the home's current licensing inspection summary, dated 8/29/23 and 4/9/24, were not posted in a conspicuous and public place in the home.

Plan of Correction

Accept ([redacted] 10/25/2024)

The Program Director will immediately post inspection summaries after they are issued and leave posted for a period of one year. This task will be added to the quality assurance task list to be monitored monthly by the active administrators in the home.

On 10/2/24 the Program Director posted all copies of the current license inspection summaries issued by the Department on the bulletin board which is in a public space in the personal care home.

Licensee's Proposed Overall Completion Date: 10/24/2024

Update: 10/25/2024

Please provide verification that task was added to the quality assurance task list.

Evidence of Completion

Implemented [redacted] - 11/04/2024)

See attached.

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.
- 5. Personal care service needs of the resident.

Description of Violation

Direct care staff person A did not receive training in care for residents with dementia and cognitive impairment and personal care service needs of the resident during training year 2023.

Plan of Correction

Accept [redacted] - 10/25/2024)

Training is assigned and completed in Relias upon hire and annually thereafter. If a staff person transfers positions, supervisors will ensure the training plan is entered into Relias for the staff person. Supervisors will monitor their direct reports training transcripts in Relias. This task has also been added to the supervisor task list.

We have reviewed the annual training for staff and assigned ""An Overview of Quality Dementia Care" and "Care for Individuals with Mental and Physical Disabilities" for all personal care home staff. We have asked that all staff complete this training by 11/1/24.

Licensee's Proposed Overall Completion Date: 11/01/2024

Update: 10/25/2024

Please provide verification that staff person A has completed the missing trainings.

Evidence of Completion

Implemented [redacted] - 11/04/2024)

See attached.

103f - Refrigerator/Freezer Temps

3. Requirements

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

On 10/2/2024 at 2:15pm, the chest freezer located in the kitchen had a temperature of 30 degrees.

Plan of Correction

Accept [redacted] - 10/25/2024)

Staff will continue to check refrigerator and freezer temps daily and scan them to supervisors monthly.

On 10/22/24 the program director added the phrase "if temperatures are outside of regulatory requirements (freezer below 0, fridge below 40) , please adjust the appliance and let a supervisor know" Program Director will review this with all staff by 11/1/24.

Licensee's Proposed Overall Completion Date: 11/01/2024

Update: 10/25/2024

Please provide verification of daily temperature checks.

Evidence of Completion

Implemented [redacted] - 11/04/2024)

See attached.

141a 1-10 Medical Evaluation Information

4. Requirements

2600.

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:

1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.

Description of Violation

Resident # 1's initial Documentation of Medical Evaluation (DME) was completed on 8/12/2024. However, height, weight, pulse, blood pressure, and temperature were not completed on the DME.

Plan of Correction

Do Not Accept [redacted] - 10/25/2024)

Staff will send all DME documentation to the PD for final approval before it is scanned into the resident's EHR. Supervisors will review information on the DME when doing chart audits.

DME documentation training will be added to new staff training sheets. Completed 10/10/24

The PD reviewed medical evaluation documentation training with all supervisors who would be completing medical documentation on 10/10/24.

Licensee's Proposed Overall Completion Date: 10/24/2024

141a 1-10 Medical Evaluation Information (continued)

Update: 10/25/2024

Please explain how and when Resident 1's DME was fixed.

Plan of Correction

Accept [redacted] - 10/29/2024)

Staff will send all DME documentation to the PD for final approval before it is scanned into the resident's EHR. On 10/4/24 the program director added the missing vitals to the DME from the after summary report that was given from the appointment. Supervisors will review information on the DME when doing chart audits. DME documentation training will be added to new staff training sheets. Completed 10/10/24 The PD reviewed medical evaluation documentation training with all supervisors who would be completing medical documentation on 10/10/24.

Licensee's Proposed Overall Completion Date: 10/29/2024

Update: 10/29/2024

Please provide verification of training completed 10/10/2024.

Evidence of Completion

Implemented [redacted] - 11/04/2024)

See attached.

183d - Prescription Current

5. Requirements

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

During a medication cart review on 10/2/2024 at 2:30pm, acetaminophen 500mg for resident #2 was in the medication cart. This medication was discontinued on 7/2/2024.

Plan of Correction

Do Not Accept [redacted] - 10/25/2024)

All staff will be re-trained on medication management/administration processes including proper disposal procedures. The overnight staff will do medication cart checks 2 times a week to ensure everything in the medication cart is current and mark that it was completed on the task list. Supervisors will monitor the task list and do spot checks to confirm this task is being completed monthly. Supervisors will monitor that only current medications are on the cart during chart checks. All tasks to be completed by 11/1/24.

Licensee's Proposed Overall Completion Date: 11/01/2024

Update: 10/25/2024

Please document when and what was done with the expired medication found on the cart.

Plan of Correction

Accept [redacted] - 10/29/2024)

On 10/2/24 the residents acetaminophen was removed from the medication cart and disposed in coffee grounds by staff. All staff will be re-trained on medication management/administration processes including proper disposal procedures. The overnight staff will do medication cart checks 2 times a week to ensure everything in the medication cart is

183d - Prescription Current (continued)

current and mark that it was completed on the task list. .

Supervisors will monitor the task list and do spot checks to confirm this task is being completed monthly.

Supervisors will monitor that only current medications are on the cart during chart checks. All tasks to be completed by 11/1/24.

Licensee's Proposed Overall Completion Date: 10/29/2024

Update: 10/29/2024

Please provide verification of 2x weekly checks for expired medications.

Evidence of Completion

Implemented [REDACTED] - 11/04/2024)

See attached.

183e - Storing Medications**6. Requirements**

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

On 10/2/2024 at 2:30pm, during a medication cart audit, Lantus pens for Resident #3 and Fiasp pen for Resident #4 was in the medication cart. The pens were not dated when they were opened.

Plan of Correction

Do Not Accept [REDACTED] - 10/25/2024)

All staff will be re-trained on medication management/administration processes to include dating pens when opened.

Second shift will check the medication carts once a week to confirm that each insulin pen has an opened sticker/date on them.

Supervisors will monitor the task list and do spot checks to confirm this task is being completed monthly.

Supervisors verify dates during chart checks.

All staff will be retrained by 11/1/24.

Licensee's Proposed Overall Completion Date: 11/01/2024

Update: 10/25/2024

Please document what was done with the undated medications found on the cart.

Plan of Correction

Accepted [REDACTED] - 10/29/2024)

All staff will be re-trained on medication management/administration processes to include dating pens when opened.

On 10/2/24 the unlabeled insulin pens for resident number 3 were disposed of, per recommendation from the licenser. Staff had added a date for the fiasp pen for resident number 4 since it was known they opened it that morning.

Second shift will check the medication carts once a week to confirm that each insulin pen has an opened sticker/date on them.

Supervisors will monitor the task list and do spot checks to confirm this task is being completed monthly.

Supervisors verify dates during chart checks.

All staff will be retrained by 11/1/24.

183e - Storing Medications (continued)

Licensee's Proposed Overall Completion Date: 10/29/2024

Update: 10/29/2024

Please provide verification of staff training on medication management/administration and of weekly checks.

Evidence of Completion

Implemented [REDACTED] - 11/04/2024)

See attached.

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

The home did not properly maintain the Medication Administration Record (MAR) of the indicated resident due to staff incorrectly transcribing of the blood glucose test results in the individual glucometer. Resident #4 – At 5am on 10/2/2024, the glucometer reading was 272. However, there was not any documentation on the Medical Administration Record.

Repeat Violation 4/9/2024

Plan of Correction

Accept [REDACTED] - 10/25/2024)

All staff will be re-trained on medication management/administration processes to distribution and documentation of glucometer readings by 11/1/24

The staff with the documentation error was trained on proper MAR documentation on 10/3/24.

A reminder to check all shift documentation was added to the employee task list and all supervisors will go in and check spot check this throughout the month. To be implemented by 11/1/24.

Licensee's Proposed Overall Completion Date: 11/01/2024

Update: 10/25/2024

Please provide verification of trainings provided to staff regarding medication management/administration processes.

Evidence of Completion

Implemented [REDACTED] 11/04/2024)

See attached.

187d - Follow Prescriber's Orders

8. Requirements

2600.

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

Description of Violation

On 2/5/2024, Resident # 2 was administered Levothyroxine at 9:00pm. The dose was not due until 2/6/2024 at 4:30am. On 6/7/2024, Residents #5, #6, and #7 did not receive their 5:00pm medications due to a staff communication error. Once the error was noticed, it was too late to administer the medication.

187d - Follow Prescriber's Orders (continued)

Plan of Correction

Accept [REDACTED] - 10/25/2024)

The staff in incident 1 from 2/5/24 was terminated.

The staff from incident 2 was retrained on 06/12/24 on how communication should happen with coworkers so all medication is administered appropriately. His direct supervisor also completed an observed medication pass with him 06/20/24.

All staff complete annual medication administration training as well as pop up observations from medication trainers and observers.

Licensee's Proposed Overall Completion Date: 11/01/2024

Update: 10/25/2024

Please provide verification of training completed 6/12/2024.

Evidence of Completion

Implemented [REDACTED] - 11/04/2024)

See attached.

225a - Assessment 15 Days

9. Requirements

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

Resident #1 was admitted to the home on [REDACTED] 203. The initial assessment was completed on 9/8/2024.

Plan of Correction

Accept [REDACTED] /25/2024)

The program director reviewed the regulation on 10/2/24

All staff were trained on completing RASP assessments on 10/15/24.

Supervisors will ensure RASP tracking dates are accurate when doing chart checks. To begin by 11/1/24

PD will review all RASP assessments and support plans before they are finalized. To begin by 11/1/24

Licensee's Proposed Overall Completion Date: 11/01/2024

Update: 10/25/2024

Please provide verification of training completed 10/15/2024.

Evidence of Completion

Implemented [REDACTED] - 11/04/2024)

See attached.