

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

January 22, 2025

[REDACTED]
COMMUNITY SERVICES GROUP INC
[REDACTED]

RE: COMMUNITY SERVICES GROUP
PERSONAL CARE HOME
176 SR 901
COAL TOWNSHIP, PA, 17866
LICENSE/COC#: 22669

[REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 12/18/2024 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 PERSONAL CARE HOME **License #:** 22669 **License Expiration:** 12/13/2025

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

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

Staffing Hours

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

Inspection Information

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

Reason: Renewal **Exit Conference Date:** 12/18/2024

Inspection Dates and Department Representative

12/18/2024 - 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: 15 **Are 60 Years of Age or Older:** 5

Diagnosed with Mental Illness: 15 **Diagnosed with Intellectual Disability:** 0

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

Inspections / Reviews

12/18/2024 Full

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 01/17/2025

01/16/2025 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 01/22/2025

Reviewer: [REDACTED] **Follow-Up Type:** Document Submission **Follow-Up Date:** 01/23/2025

Inspections / Reviews *(continued)*

01/22/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/22/2025

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

16c - Written Incident Report

1. 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

An incident of missed medications for Resident [redacted] that occurred on [redacted] was reported to the department on [redacted], according to the incident reporting. Home did not have proof of when the report was sent to the department indicating the dates may have been transposed. Additionally, the report did not indicate when the home discovered the medication error making measuring whether the report was reported within 24 hours impossible.

Plan of Correction

Accept [redacted] - 01/16/2025)

1. On December 18, 2024, the program director conducted a thorough review of Regulation 2600.15, identifying areas for improvement.

On January 14, 2025, the program director met with all staff who completed incident reports to discuss incident reporting procedures. All staff were instructed to complete incident reports in full, including the date the incident occurred, the date it was reported to the Department of Human Services, and the importance of reporting incidents within 24 hours of discovery.

All staff completing reports will have another staff review it before they are faxed to the Department of Human Services to ensure accuracy and completeness.

Licensee's Proposed Overall Completion Date: 01/16/2025

Implemented [redacted] - 01/22/2025)

65f - Training Topics

2. Requirements

2600.

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

- 1. Medication self-administration training.
- 5. Personal care service needs of the resident.

Description of Violation

Direct care staff A did not receive training in medication self-administration and personal care service needs of the resident during training year 2023.

Plan of Correction

Accept [redacted] - 01/16/2025)

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 covered in staff meetings or 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 on 1/15/25.

We have reviewed the annual training for staff and have added "Medication self-administration and assigned

65f - Training Topics (continued)

"personal care service needs" to our annual staff training in staff meeting agendas. Once completed staff will sign a training sheet and we will record training in Relias. Both trainings will be completed with staff in the 1/16/25 staff meeting and then annual thereafter.

Licensee's Proposed Overall Completion Date: 01/16/2025

Implemented [redacted] - 01/22/2025)

103i - Outdated Food

3. Requirements

2600. 103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

On [redacted], during physical on-site inspection, a dented can of yams was found in the dry pantry area.

Plan of Correction

Accept [redacted] - 01/16/2025)

On 12/18/24, a dented can of yams was identified and immediately discarded. The kitchen section of the task list has been updated to include a specific step for monitoring and disposing of dented cans on 1/13/25. All kitchen staff and direct support staff will receive training on the proper handling and disposal of dented cans, ensuring compliance with relevant regulations by 1/16/25.

Licensee's Proposed Overall Completion Date: 01/16/2025

Implemented [redacted] 01/22/2025)

123c - Evacuation Diagrams

4. 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.

Repeat Violation: [redacted]

Plan of Correction

Accept [redacted] 01/16/2025)

On 12/19/24, 2024 the Assistant Program Director added 8 sets of emergency evacuation diagrams in conspicuous and public places throughout the home. It has been added to the supervisor task list to check for the diagrams monthly to ensure that they are not taken down. All staff will be trained on the importance of having diagrams hung in conspicuous public places throughout the home so they can also monitor by 1/16/25.

123c Evacuation Diagrams (continued)

Licensee's Proposed Overall Completion Date: 01/16/2025

Implemented [redacted] - 01/22/2025)

185a - Implement Storage Procedures

5. 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

While reviewing records on [redacted], Resident [redacted] had a reading of 149 in their glucometer, but it was not documented in the Medication Administration Record.

Plan of Correction

Accept ([redacted] 01/16/2025)

The staff with the documentation error was trained on proper MAR documentation on 12/23/24 .

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 1/16/25.

All staff will be re trained on medication management/administration processes to distribution and documentation of glucometer readings by 1/16/25.

Licensee's Proposed Overall Completion Date: 01/16/2025

Implemented [redacted] - 01/22/2025)