

Department of Human Services  
Bureau of Human Service Licensing

March 24, 2022

MAUREEN SCHOCH, ADMINISTRATOR  
COMMUNITY SERVICES GROUP INC  
P.O. BOX 597  
320 HIGHLAND DRIVE  
MOUNTVILLE, PA, 17554

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

Dear Ms. Maureen Schoch,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/09/2021, 06/10/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,  
Anne Graziano

Enclosure  
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

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

**Facility Information**

Name: *COMMUNITY SERVICES GROUP* License #: *20813* License Expiration: *07/18/2022*  
 Address: *532 W. SAYLOR STREET, ATLAS, PA 17851*  
 County: *NORTHUMBERLAND* Region: *NORTHEAST*

**Administrator**

Name: *Weaver, Julie* Phone: *570-339-2360* Email:  
*weaverj@csgonline.org; schochmcsgonline.org;*  
*lindscott@pa.gov; agraziano@pa.gov*

**Legal Entity**

Name: *COMMUNITY SERVICES GROUP INC*  
 Address: *P.O. BOX 597, 320 HIGHLAND DRIVE, MOUNTVILLE, PA, 17554*  
 Phone: *570-339-2360* Email: *schochmcsgonline.org*

**Certificate(s) of Occupancy**

Type: *C-2 LP* Date: *08/21/2001* Issued By: *Labor & Industry*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *18* Waking Staff: *14*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
 Reason: *Renewal* Exit Conference Date: *06/10/2021*

**Inspection Dates and Department Representative**

*06/09/2021 - On-Site: Gerald Dumas*  
*06/10/2021 - On-Site: Gerald Dumas*

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *20* Residents Served: *18*

**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: *12*  
 Diagnosed with Mental Illness: *18* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *0* Have Physical Disability: *0*

## Inspections / Reviews

## 06/09/2021 - Full

Lead Inspector: *Gerald Dumas*Follow-Up Type: *POC Submission*Follow-Up Date: *10/24/2021*

## 10/27/2021 - POC Submission

Reviewer: *Anne Graziano*Follow-Up Type: *POC Submission*Follow-Up Date: *11/03/2021*

## 10/28/2021 - POC Submission

Reviewer: *Anne Graziano*Follow-Up Type: *Document Submission*Follow-Up Date: *11/04/2021*

## 03/24/2022 - Document Submission

Reviewer: *Anne Graziano*Follow-Up Type: *Not Required*

103b - Clean/Sanitized Kitchen Surfaces

1. Requirements

2600.

103.b. Kitchen surfaces must be of a nonporous material and cleaned and sanitized after each meal.

Description of Violation

A built in wood cutting board is located in the kitchen and close to the kitchen sink. The cutting board is a porous material and has the potential of causing a food -borne illnesses. Kitchen surfaces must be a non porous material.

Plan of Correction

Do Not Accept

This wood cutting cutting board area was covered with a metal surface to correct this issue. Moving forward only non porous materials will be utilized on countertops.

Directed Plan of Correction:

To complete the 2 Step Plan of Correction Process, (POC), upon Resubmission of the POC, please submit any evidence of training if appropriate and a digital photo to demonstrate compliance.

How will the home prevent future violations? Please address in the POC resubmission.

Documentation should be sent in the Portal.

AG, 10-27-21

Completion Date: 07/31/2021

Plan of Correction

Accept

This wood cutting cutting board area was covered with a metal surface to correct this issue. Moving forward only non porous materials will be utilized on countertops.

All Staff will complete the training "Handling Food Safely" by 11/15/21 in order to educate the staff on safe food handling. New Hires will be counseled in safe food handling as part of their kitchen training.

Directed Plan of Correction:

To complete the 2 Step Plan of Correction Process, (POC), upon Resubmission of the POC, please submit any evidence of training if appropriate and a digital photo to demonstrate compliance.

How will the home prevent future violations? Please address in the POC resubmission.

Documentation should be sent in the Portal.

AG, 10-27-21

Completion Date: 11/15/2021

103b - Clean/Sanitized Kitchen Surfaces (*continued*)**Document Submission****Implemented**

*Please see the attached training certificates and picture of the corrected counter space.*

## 187d - Follow Prescriber's Orders

**1. Requirements**

2600.

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

**Description of Violation**

*Resident # 1 is prescribed to have 48 hours of Metformin held. On 4/2/21, Staff Person "A" administered the 9 p.m. dose of Metformin in error. This was discovered on the morning of 4/3/21 and the facility sent resident # 1 to the Emergency Room.*

**Plan of Correction****Accept**

*Our Medication protocols address and protect against incidents like this occurring when followed. This particular staff member did not follow those protocols. Incident specific training was completed with this staff member. This staff member no longer works in the program.*

**Directed Plan of Correction:**

*To complete the 2 Step Plan of Correction Process, (POC), upon Resubmission of the POC, the Adm will submit evidence of training/retraining and a copy of the training materials used.*

*Documentation should be sent in the Portal.*

*AG, 10-27-21*

**Completion Date:** 06/01/2021

**Document Submission****Implemented**

*Please see the attached information utilized to retrain the staff. I do not have documentation of this training occurring and both staff members no longer work at the home*

## 227h - Support Plan Refuse Sign

**1. Requirements**

2600.

227.h. If a resident or designated person is unable or chooses not to sign the support plan, a notation of inability or refusal to sign shall be documented.

**Description of Violation**

*The annual support plan dated 6/1/21 for Resident # 2 was not signed by the resident. There is no indication why the support plan was not signed.*

**Plan of Correction****Accept**

*The support plan was not signed to Community Service Group Company wide policy of not obtaining signatures during the COVID 19 Pandemic. The Personal Care Homes are currently obtaining signatures at the time of Support Plans being completed. We will continue to review CSG and Department of Health directives in making decisions regarding COVID 19 protocols. This was discussed with the leadership team on 6/30/2021.*

227h - Support Plan Refuse Sign (continued)

**Directed Plan of Correction:**

To complete the 2 Step Plan of Correction Process, (POC), upon Resubmission of the POC, the Adm will submit a copy of the signed SP.

The home will submit a copy of any training provided and a copy of the notes from the 6/30/21 Leadership Team meeting.

Please submit at least one sample of a Support Plan that has been completed and signed since the Renewal Inspection to show evidence of compliance.

Documentation should be sent in the Portal.

AG, 10-27-21

**Completion Date:** 06/30/2021

**Document Submission**

**Implemented**

Please see the attache sign in sheet for leadership discussion about RASP signatures.

**Update:** 03/24/2022

The Home will maintain the Leadership Meetings on file.

AG, 3-24-22

# PRIVACY CODING DOCUMENT

## Facility Information

Name: *COMMUNITY SERVICES GROUP*

License #: *20813*

License Expiration Date: *07/18/2022*

Address: *532 W. SAYLOR STREET, ATLAS, PA 17851*

## Inspection

Date: *06/09/2021*

Type: *Full*

## Staff Privacy Coding

Designation

Staff Members Name

Job Title

Date Hired

*Staff Member A*

*Amy Schagel*

## Resident Privacy Coding

Designation

Resident's Name

*Resident 1*

*Kay Klinger*

*Resident 2*

*Tressa Short*

