

Department of Human Services  
Bureau of Human Service Licensing

February 23, 2022

[REDACTED]

COMMUNITY SERVICES GROUP INC

[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 05/14/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,  
[REDACTED]

Enclosure  
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

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

**Facility Information**

**Name:** *COMMUNITY SERVICES GROUP*      **Licence #:** *20813*      **Licence Expiration:** *07/18/2021*  
**Address:** *532 W. SAYLOR STREET, ATLAS, PA 17851*  
**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:** *0*      **Total Daily Staff:** *19*      **Waking Staff:** *14*

**Inspection Information**

**Type:** *Partial*      **Notice:** *Unannounced*      **BHA Docket #:**  
**Reason:** *Incident*      **Exit Conference Date:** *05/14/2021*

**Inspection Dates and Department Representative**

*05/14/2021 On Site* [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

**License Capacity:** *20*      **Residents Served:** *19*

**Secured Dementia Care Unit**

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

**Hospice**

**Current Residents:** *0*

**Number of Residents Who:**

**Receive Supplemental Security Income:** *19*      **Are 60 Years of Age or Older:** *13*  
**Diagnosed with Mental Illness:** *19*      **Diagnosed with Intellectual Disability:** *0*  
**Have Mobility Need:** *0*      **Have Physical Disability:** *0*

**Inspections / Reviews**

**05/14/2021 Partial**

**Lead Inspector:** [REDACTED]      **Follow-Up Type:** *POC Submission*      **Follow-Up Date:** *06/21/2021*

**06/23/2021 - POC Submission**

**Reviewer:** [REDACTED]      **Follow Up Type:** *Document Submission*      **Follow Up Date:** *06/30/2021*

Inspections / Reviews *(continued)*

02/23/2022 - Document Submission

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

23a - Activities of Daily Living Assistance

1. Requirements

2600.

23.a. A home shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.

Description of Violation

Resident #1's RASP dated [redacted]/20 states that the resident requires full assistance with showering, including prompts to shower every other day. Per staff interviews, it was discovered that the resident has recently only been showered once or twice per month due to the resident's frequent refusals.

Plan of Correction

Accept

Resident #1's RASP will be updated to reflect a clearer picture of the [redacted] ability and willingness to maintain [redacted] personal hygiene. Training will be provided to all staff to document clearly their attempts to assist this resident in showering on a regular basis.

Document Submission

Implemented

Please see the attached Staff meeting agenda and sign in sheet.

141a 1-10 Medical Evaluation Information

1. 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 #2's DME dated [redacted]/21 is incomplete as there is nothing noted for height, weight, pulse, blood pressure, temperature, ability to self-administer medications, health status, cognitive functioning and mobility needs.

Plan of Correction

Accept

Resident #2 no longer resides in this program. Going forward to ensure this does not occur for other residents the Program Nurse will prepare all DME documentation prior to the appointment. The staff member assisting the resident to appointment's will be asked to check paper work prior to leaving the doctor's office and the Program nurse will re check this paper work when the resident and staff return to the program. This new course of action will be explained to all staff at a staff meeting.

Document Submission

Implemented

Please see the attached Agenda for the staff meeting when it was explained to staff the new expectations for reviewing DMEs.

**227g -Support Plan Signatures****1. Requirements**

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

**Description of Violation**

Resident #2's RASP dated [REDACTED]/21 is not signed by the resident.

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

Resident #2 is no longer residing at this program. Moving forward with other resident's the staff completing the RASP with the resident will have the resident sign or will document clearly why the resident could not sign. The RASPs will then be reviewed by another member of leadership in the program to ensure that it is completed fully. This new process will be addressed in a leadership meeting scheduled for 6/30/21.

**Document Submission****Implemented**

Please see the attached sign in sheet from the leadership discussion on ensuring RASPs are signed by residents at the time of review.