

Department of Human Services  
Bureau of Human Service Licensing

August 29, 2022

[REDACTED], ADMINISTRATOR  
[REDACTED]  
[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 06/01/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

[REDACTED]  
Human Services Licensing Supervisor

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: [REDACTED] [REDACTED] [REDACTED] Email: [REDACTED]

**Legal Entity**

Name: *COMMUNITY SERVICES GROUP INC*  
Address: [REDACTED]  
Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *C-2 LP* Date: *08/21/2001* Issued By: *PALI*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *17* Waking Staff: *13*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
Reason: *Renewal* Exit Conference Date: *06/01/2022*

**Inspection Dates and Department Representative**

06/01/2022 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: [REDACTED] Residents Served: [REDACTED]

**Secured Dementia Care Unit**

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

**Hospice**

Current Residents: *0*

**Number of Residents Who:**

Receive Supplemental Security Income: *17* Are 60 Years of Age or Older: *10*  
Diagnosed with Mental Illness: *17* Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *0* Have Physical Disability: *1*

**Inspections / Reviews**

**06/01/2022 - Full**

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *07/04/2022*

Inspections / Reviews (*continued*)

07/19/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *07/26/2022*

07/29/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *08/03/2022*

08/29/2022 - Document Submission

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

The home's current license and most recent license inspection summary were not displayed in a conspicuous location.

Plan of Correction

Do Not Accept

This had been removed due to the home being professionally painted. In the future this information will moved to areas that are not being such as office doors or placed on a desk. Supervisory staff will be educated on the importance of having these items displayed at all times and the proper ways to display them, when it is necessary to remove them from the walls.

Completion Date: 06/27/2022

Update: 07/19/2022

Who will be responsible for ongoing compliance with this regulation?

Plan of Correction

Accept

This had been removed due to the home being professionally painted. In the future this information will moved to areas that are not being such as office doors or placed on a desk. Supervisory staff will be educated on the importance of having these items displayed at all times and the proper ways to display them, when it is necessary to remove them from the walls. The supervisory staff will monitor and be responsible to ensure that the home remains in compliance in the future.

Completion Date: 06/27/2022

Update: 07/29/2022

Please send proof of compliance (picture).

Document Submission

Implemented

This had been removed due to the home being professionally painted. In the future this information will moved to areas that are not being such as office doors or placed on a desk. Supervisory staff will be educated on the importance of having these items displayed at all times and the proper ways to display them, when it is necessary to remove them from the walls. The supervisory staff will monitor and be responsible to ensure that the home remains in compliance in the future.

20b3 - Written Receipts

1. Requirements

2600.

20.b. If the home provides assistance with financial management or holds resident funds, the following requirements apply:

3. The home shall obtain a written receipt from the resident for cash disbursements at the time of disbursement.

Description of Violation

On 5/19/2022, Resident 1 withdrew [redacted] from their account but did not sign a receipt for the withdrawal.

Plan of Correction

Do Not Accept

This is managed by the program supervisors. The program supervisor was educated in the proper process in managing resident's money in their account. This process includes resident's signing for any withdrawals of money made from their account. If the resident refuses to sign for the money, they will need to give verbal permission

**20b3 - Written Receipts (continued)**

with more than one staff member witness. In that case both staff members would sign the record.

**Completion Date:** 06/27/2022

**Update:** 07/19/2022

Who will be responsible for ongoing compliance with this regulation?

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

This is managed by the program supervisors. The program supervisor was educated in the proper process in managing resident's money in their account. This process includes resident's signing for any withdrawals of money made from their account. If the resident refuses to sign for the money, they will need to give verbal permission with more than one staff member witness. In that case both staff members would sign the record. The supervisory staff will monitor and be responsible to ensure that the home remains in compliance in the future.

**Completion Date:** 06/27/2022

**Update:** 07/29/2022

Please send proof of Resident 1's current financial statement.

**Document Submission****Implemented**

This is managed by the program supervisors. The program supervisor was educated in the proper process in managing resident's money in their account. This process includes resident's signing for any withdrawals of money made from their account. If the resident refuses to sign for the money, they will need to give verbal permission with more than one staff member witness. In that case both staff members would sign the record. The supervisory staff will monitor and be responsible to ensure that the home remains in compliance in the future.

**20b6 - Interest Bearing Account****1. Requirements**

2600.

20.b. If the home provides assistance with financial management or holds resident funds, the following requirements apply:

6. If a home is holding more than \$200 for a resident for more than 2 consecutive months, the administrator shall notify the resident and offer assistance in establishing an interest-bearing account in the resident's name at a local Federally-insured financial institution. This does not include security deposits.

**Description of Violation**

Resident 1 has had more than [REDACTED] in their account managed by the home for the last 5 months. There is no documentation that the resident was educated regarding benefit of getting an interest-bearing account.

**Plan of Correction****Do Not Accept**

The home has a form that was created to educate residents on the availability of interest bearing accounts. This form should be reviewed with any resident who has more than [REDACTED] in their account at the end of each quarter. This documentation should then be loaded and stored in the electronic health record. This process was reviewed with the program supervisor. Moving forward all documentation will be scanned into the resident's record at the end of each record.

**Completion Date:** 06/27/2022

**Update:** 07/19/2022

Who will be responsible for ongoing compliance with this regulation?

Also--If a home is holding more than \$200 for a resident for more than 2 consecutive months (not quarterly), the administrator shall notify the resident and offer assistance in establishing an interest-bearing account in the resident's name at a local Federally-insured financial institution.

20b6 - Interest Bearing Account (continued)

**Plan of Correction**

**Accept**

The home has a form that was created to educate residents on the availability of interest bearing accounts. This form should be reviewed with any resident who has more than [REDACTED] in their account at the end of every 2 months. This documentation should then be loaded and stored in the electronic health record. This process was reviewed with the program supervisor. Moving forward all documentation will be scanned into the resident's record at the end of each record. The supervisory staff will monitor and be responsible to ensure that the home remains in compliance in the future.

**Completion Date:** 06/27/2022

**Update:** 07/29/2022

Please send proof of compliance for Resident 1.

**Document Submission**

**Implemented**

The home has a form that was created to educate residents on the availability of interest bearing accounts. This form should be reviewed with any resident who has more than 200\$ in their account at the end of every 2 months. This documentation should then be loaded and stored in the electronic health record. This process was reviewed with the program supervisor. Moving forward all documentation will be scanned into the resident's record at the end of each record. The supervisory staff will monitor and be responsible to ensure that the home remains in compliance in the future.

65d - Initial Direct Care Training

**1. Requirements**

2600.

- 65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:
  - 2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.

**Description of Violation**

The home did not have verification that Direct Care Staff Member A passed the Department's Direct Care Training Course and Competency Test.

**Plan of Correction**

**Do Not Accept**

Staff Person A's employee file was not maintained properly per the company policy. This protocol will be reviewed with the program supervisors and the program staff. Attached is the original certificate that the staff member was able to access via the training website.

**Completion Date:** 07/12/2022

**Update:** 07/19/2022

Please include in plan of correction:

Who is responsible for fixing the problem?

What action that person will take, and when that action will happen - (date).

Who will monitoring compliance?

**Plan of Correction**

**Accept**

Staff Person A's employee file was not maintained properly per the company policy. This protocol will be reviewed with the program supervisors and the program staff. Attached is the original certificate that the staff member was able to access via the training website. Staff person A scanned this to her employee record. In the future program staff are

**65d - Initial Direct Care Training (continued)**

responsible to scan any documentation of training to their record and this will be overseen by program supervisors.

**Completion Date:** 07/12/2022

**Document Submission****Implemented**

Staff Person A's employee file was not maintained properly per the company policy. This protocol will be reviewed with the program supervisors and the program staff. Attached is the original certificate that the staff member was able to access via the training website. Staff person A scanned this to her employee record. In the future program staff are responsible to scan any documentation of training to their record and this will be overseen by program supervisors.

**96b - First Aid Location****1. Requirements**

2600.

96.b. Staff persons shall know the location of the first aid kit.

**Description of Violation**

Staff member B did not know the location of the Home's first aid kit.

**Plan of Correction****Do Not Accept**

Staff members will be educated on the location of the first aid kit. They are informed at the beginning of employment during the fire safety/emergency preparedness training as well. A red first aid symbol was placed on the outside of the cabinet in a conspicuous location to help draw attention to it's location with in the home.

**Completion Date:** 07/12/2022

**Update:** 07/19/2022

Who will be responsible for ongoing compliance with this regulation?

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

Staff members will be educated on the location of the first aid kit. They are informed at the beginning of employment during the fire safety/emergency preparedness training as well. A red first aid symbol was placed on the outside of the cabinet in a conspicuous location to help draw attention to it's location with in the home. The supervisory staff will monitor and be responsible to ensure that the home remains in compliance in the future.

**Completion Date:** 07/12/2022

**Document Submission****Implemented**

Staff members will be educated on the location of the first aid kit. They are informed at the beginning of employment during the fire safety/emergency preparedness training as well. A red first aid symbol was placed on the outside of the cabinet in a conspicuous location to help draw attention to it's location with in the home. The supervisory staff will monitor and be responsible to ensure that the home remains in compliance in the future.

**123c - Evacuation Diagrams****1. 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**

There were no emergency evacuation diagrams posted in the home.

123c - Evacuation Diagrams (*continued*)**Plan of Correction****Do Not Accept**

*The diagrams had been removed due to the home being professionally painted. The painters had completed their work the day prior to the inspection. The diagrams reposted on 6/3/22. In the future the diagrams will moved to locations that are not being painted such as doors. Staff will be educated on the need to have evacuation diagrams posted in the home at all times.*

**Completion Date:** 07/12/2022

**Update:** 07/19/2022

*Who will be responsible for ongoing compliance with this regulation?*

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

*The diagrams had been removed due to the home being professionally painted. The painters had completed their work the day prior to the inspection. The diagrams reposted on 6/3/22. In the future the diagrams will moved to locations that are not being painted such as doors. Staff will be educated on the need to have evacuation diagrams posted in the home at all times. The supervisory staff will monitor and be responsible to ensure that the home remains in compliance in the future.*

**Completion Date:** 07/12/2022

**Document Submission****Implemented**

*The diagrams had been removed due to the home being professionally painted. The painters had completed their work the day prior to the inspection. The diagrams reposted on 6/3/22. In the future the diagrams will moved to locations that are not being painted such as doors. Staff will be educated on the need to have evacuation diagrams posted in the home at all times. The supervisory staff will monitor and be responsible to ensure that the home remains in compliance in the future.*

## 125a - Combustible Storage

**1. Requirements**

2600.

125.a. Combustible and flammable materials may not be located near heat sources or hot water heaters.

**Description of Violation**

*There were multiple paint cans stored directly next to the home's hot water heater.*

**Plan of Correction****Do Not Accept**

*The paint cans were placed by the water heater by the outside company that had been hired to paint the home. The paint cans were removed on 6/1/22 and a sign was hung on the furnace indicating flammable materials may not be stored near water heaters or furnaces. The staff will be educated on the importance of keeping flammable materials away from heat sources.*

**Completion Date:** 07/12/2022

**Update:** 07/19/2022

*Who will be responsible for ongoing compliance with this regulation?*

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

*The paint cans were placed by the water heater by the outside company that had been hired to paint the home. The paint cans were removed on 6/1/22 and a sign was hung on the furnace indicating flammable materials may not be stored near water heaters or furnaces. The staff will be educated on the importance of keeping flammable materials away from heat sources. All program staff will monitor and ensure that flammable materials are not placed near heat sources.*

**Completion Date:** 07/12/2022

125a - Combustible Storage (continued)

Document Submission

Implemented

The paint cans were placed by the water heater by the outside company that had been hired to paint the home. The paint cans were removed on 6/1/22 and a sign was hung on the furnace indicating flammable materials may not be stored near water heaters or furnaces. The staff will be educated on the importance of keeping flammable materials away from heat sources. All program staff will monitor and ensure that flammable materials are not placed near heat sources.

131f - Fire Extinguisher Inspection

1. Requirements

2600.

131.f. Fire extinguishers shall be inspected and approved annually by a fire safety expert. The date of the inspection shall be on the extinguisher.

Description of Violation

The fire extinguisher in the home's transportation car was last inspected 8/2020.

Plan of Correction

Do Not Accept

Fire extinguishers are inspected Annually. In order to ensure all extinguishers are inspected at this time a checklist of all the extinguishers for the home will be developed and shared with all staff members who will be present at the time of the inspections. The home has requested Susquehanna fire equipment company inspect this fire extinguisher as soon as possible.

Completion Date: 08/01/2022

Update: 07/19/2022

Please include in plan of correction:

Who is responsible for fixing the problem?

What action that person will take, and when that action will happen - (date).

Who will monitoring compliance?

Plan of Correction

Accept

Fire extinguishers are inspected Annually. In order to ensure all extinguishers are inspected at this time a checklist of all the extinguishers for the home will be developed and shared with all staff members who will be present at the time of the inspections. The home has requested Susquehanna fire equipment company inspect this fire extinguisher as soon as possible. The program supervisors schedule this annual inspection and will ensure that the staff scheduled in the home at the time of the inspection of a copy of the checklist prior to the inspection.

Completion Date: 07/25/2022

Update: 07/29/2022

Please send proof of compliance.

Document Submission

Implemented

Fire extinguishers are inspected Annually. In order to ensure all extinguishers are inspected at this time a checklist of all the extinguishers for the home will be developed and shared with all staff members who will be present at the time of the inspections. The home has requested Susquehanna fire equipment company inspect this fire extinguisher as soon as possible. The program supervisors schedule this annual inspection and will ensure that the staff scheduled in the home at the time of the inspection of a copy of the checklist prior to the inspection.

132b - Safety Inspection/Fire Drill

1. Requirements

132b - Safety Inspection/Fire Drill (continued)

2600.

132.b. A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

**Description of Violation**

*The most current fire safety inspection and supervised fire drill was from 7/9/2019.*

**Plan of Correction**

**Do Not Accept**

*The home's administrator attempted to contact the fire chief on 6/14/2022 and again on 6/27/2022. An inspection and timed fire drill was scheduled for 6/30/2022 at 8:30am with Brian, the fire chief for the Atlas Fire Department. Moving forward this will placed in the administrator and other supervisors in the home's calanders as due in June every year.*

**Completion Date:** 06/29/2022

**Update:** 07/19/2022

*Who will be responsible for ongoing compliance with this regulation?*

**Plan of Correction**

**Accept**

*The home's administrator attempted to contact the fire chief on 6/14/2022 and again on 6/27/2022. An inspection and timed fire drill was scheduled for 6/30/2022 at 8:30am with [REDACTED], the fire chief for the [REDACTED] Fire Department. Moving forward this will placed in the administrator and other supervisors in the home's calanders as due in June every year. The supervisory staff responsible for fire drills will ensure that this is done on an annual basis with prompts from the annual calander reminder.*

**Completion Date:** 07/19/2022

**Update:** 07/29/2022

*Please send proof of compliance - A fire safety inspection and fire drill conducted by a fire safety expert.*

**Document Submission**

**Implemented**

*The home's administrator attempted to contact the fire chief on 6/14/2022 and again on 6/27/2022. An inspection and timed fire drill was scheduled for 6/30/2022 at 8:30am with [REDACTED] the fire chief for the [REDACTED] Fire Department. Moving forward this will placed in the administrator and other supervisors in the home's calanders as due in June every year. The supervisory staff responsible for fire drills will ensure that this is done on an annual basis with prompts from the annual calander reminder.*

132f - Alternate Exit Routes

**1. Requirements**

2600.

132.f. Alternate exit routes shall be used during fire drills.

**Description of Violation**

*The home used the same exit routes for fire drills for four consecutive months from 12/2021 until 3/2022.*

**Plan of Correction**

**Do Not Accept**

*The home will rotate exits used each month. The person conducting the drill will stand indicating where the fire is located and not allow residents to use closest exit. This was done for the June fire drill. All supervisors who are trained to conduct drills will be trained in this process moving forward.*

**Completion Date:** 06/27/2022

**Update:** 07/19/2022

*Who will be responsible for ongoing compliance with this regulation?*

132f - Alternate Exit Routes (continued)

**Plan of Correction**

**Accept**

*The home will rotate exits used each month. The person conducting the drill will stand indicating where the fire is located and not allow residents to use closest exit. This was done for the June fire drill. All supervisors who are trained to conduct drills will be trained in this process moving forward and will be responsible for reviewing previous months prior to conducting a fire drill.*

**Completion Date:** 06/27/2022

**Update:** 07/29/2022

*Please send current fire drill log.*

**Document Submission**

**Implemented**

*The home will rotate exits used each month. The person conducting the drill will stand indicating where the fire is located and not allow residents to use closest exit. This was done for the June fire drill. All supervisors who are trained to conduct drills will be trained in this process moving forward and will be responsible for reviewing previous months prior to conducting a fire drill.*

144c1 - Smoking Area Guidelines

**1. Requirements**

2600.

144.c. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following:

**Description of Violation**

*There were approximately 20 cigarette butts found on the ground in and around the home's designated smoking section.*

**Plan of Correction**

**Accept**

*The staff and residents will be educated on the importance of properly disposing of cigarette butts. Staff members will go out to the smoking area a minimum of once daily to sweep the area. Supervisors will do random inspection of this area to ensure that residents continue to dispose of butts correctly and staff members are sweeping daily.*

**Completion Date:** 07/12/2022

**Update:** 07/19/2022

*Please send proof of staff training.*

**Document Submission**

**Implemented**

*The staff and residents will be educated on the importance of properly disposing of cigarette butts. Staff members will go out to the smoking area a minimum of once daily to sweep the area. Supervisors will do random inspection of this area to ensure that residents continue to dispose of butts correctly and staff members are sweeping daily.*

162c - Menus Posted

**1. Requirements**

2600.

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

**Description of Violation**

*There was no current menu posted for the home's current week of meals.*

**Plan of Correction**

**Accept**

*The Home has developed menus that will be rotated and the staff member in charge of ordering the food will ensure that the current menu and the following weeks menu is posted. This will be then be double checked by the*

**162c - Menus Posted (continued)**

overnight staff. All staff will be trained on this protocol.

**Completion Date:** 07/12/2022

**Document Submission****Implemented**

The Home has developed menus that will be rotated and the staff member in charge of ordering the food will ensure that the current menu and the following weeks menu is posted. This will be then be double checked by the overnight staff. All staff will be trained on this protocol.

**227d - Support Plan Medical/Dental****1. Requirements**

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

**Description of Violation**

The RASP dated [REDACTED] for Resident 1 does not indicate that the home manages an account with money for the resident's spending needs.

**Plan of Correction****Do Not Accept**

An update for the resident's support plan was completed on [REDACTED]. The need to document the resident support needs thoroughly will be reviewed with the program supervisors.

**Completion Date:** 07/01/2022

**Update:** 07/19/2022

Who will be responsible for ongoing compliance with this regulation?

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

An update for the resident's support plan was completed on [REDACTED]. The need to document the resident support needs thoroughly will be reviewed with the program supervisors and they will be responsible for monitoring compliance with this regulation.

**Completion Date:** 07/01/2022

**Document Submission****Implemented**

An update for the resident's support plan was completed on [REDACTED]. The need to document the resident support needs thoroughly will be reviewed with the program supervisors and they will be responsible for monitoring compliance with this regulation.

**141b1 - Annual Medical Evaluation****1. Requirements**

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

**Description of Violation**

The most current Documentation of Medical Evaluation for Resident 1 was from [REDACTED]. The previous DME was dated [REDACTED]. Repeat Violation from 7/2/2021.

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

The Program Nurse has reviewed all resident's charts to find last DME completed. Any past due DMEs have been

141b1 - Annual Medical Evaluation (continued)

completed at this time. Moving forward the program nurse will track and manage DME due dates. This will be reviewed and monitored by the Program Director or designee through at minimum of monthly supervisions.

**Completion Date:** 12/01/2021

**Document Submission**

**Implemented**

The Program Nurse has reviewed all resident's charts to find last DME completed. Any past due DMEs have been completed at this time. Moving forward the program nurse will track and manage DME due dates. This will be reviewed and monitored by the Program Director or designee through at minimum of monthly supervisions.