

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

September 26, 2023

[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 08/10/2023 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: *07/18/2024*
 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

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

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *19* Waking Staff: *14*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal* Exit Conference Date: *08/10/2023*

Inspection Dates and Department Representative

08/10/2023 - 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: *13* Are 60 Years of Age or Older: *9*
 Diagnosed with Mental Illness: *19* Diagnosed with Intellectual Disability: *1*
 Have Mobility Need: *0* Have Physical Disability: *1*

Inspections / Reviews

08/10/2023 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/08/2023*

09/12/2023 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *09/26/2023*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/18/2023*

Inspections / Reviews *(continued)*

09/22/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/26/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 09/28/2023

09/26/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/26/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

85a - Sanitary Conditions

1. Requirements

2600.
85.a. Sanitary conditions shall be maintained.

Description of Violation

During the initial walk through, the outdoor dumpster lid was open allowing access to insects and rodents.

Plan of Correction **Accept ([REDACTED] - 09/22/2023)**

Staff will be retrained on 9/13/2023 by the Program Supervisors, [REDACTED] the importance of having the dumpster lid closed. This will be added to the staff's daily task list to check when taking out the trash and will be monitored by program Supervisors during monthly walk throughs of the property.

Licensee's Proposed Overall Completion Date: 09/15/2023

Implemented [REDACTED] - 09/26/2023)

88a - Surfaces

2. Requirements

2600.
88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

Dept. Rep. noted an exit door on the right side of the home does not close completely on its own. The door remains slightly ajar.

Plan of Correction **Accept ([REDACTED] - 09/12/2023)**

This door was repaired on August 24, 2023 and now closes and latches independently. Staff will be retrained by Program Supervisors, [REDACTED] on the process of reporting maintenance needs within the program. Supervisors will also ensure doorways are in good repair during their monthly walk throughs of the property.

Licensee's Proposed Overall Completion Date: 09/15/2023

Implemented [REDACTED] - 09/26/2023)

91 - Telephone Numbers

3. Requirements

2600.
91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

Description of Violation

The resident phones located in the common area and the side room did not have a complete list of emergency numbers. There was a number for county crisis services displayed.

Plan of Correction **Accept ([REDACTED] - 09/12/2023)**

The complete list was posted to this phone on August 10, 2023. Staff will be retrained by Program Supervisors, [REDACTED] on the regulation requiring which telephone numbers must be posted by the telephones. Checking all program telephones for proper phone numbers being posted was added to the task list to be monitored monthly by the over night staff. Leadership in the program will spot check telephones, to ensure numbers are posted correctly.

91 - Telephone Numbers (continued)

Licensee's Proposed Overall Completion Date: 09/15/2023

Implemented [REDACTED] - 09/26/2023)

103g - Storing Food

4. Requirements

2600.
103.g. Food shall be stored in closed or sealed containers.

Description of Violation

A package of sausage patties in a clear plastic bag was found in the kitchen freezer. The bag was not sealed and did not include a label or date to indicate when it was opened.

Plan of Correction

Accept [REDACTED] - 09/12/2023)

Staff will be retrained by Program Supervisors, [REDACTED] on the importance of proper storage of food, including sealing and labeling all food in the refrigerator and freezer. Program Supervisors will monitor compliance at minimum of a bi weekly basis.

Licensee's Proposed Overall Completion Date: 09/15/2023

Implemented [REDACTED] - 09/26/2023)

124 - Notice to Fire Department

5. Requirements

2600.
124. The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.

Description of Violation

The home's most recent letter to the local fire department dated 9/20/2022 indicates there are 17 residents living in the home. The home's current census is 19 residents.

Plan of Correction

Accept [REDACTED] 09/22/2023)

The home will send an updated letter to the fire department that states the home serves up to 20 residents at any time rather than listing the exact number of residents, which can change frequently. The updated letter will be sent by 9/15/2023. The Program Director, [REDACTED] will monitor compliance on an annual basis or if significant changes occur.

Licensee's Proposed Overall Completion Date: 09/15/2023

Implemented [REDACTED] - 09/26/2023)

183c - Refrigerated Meds Locked

6. Requirements

2600.
183.c. Prescription medications, OTC medications and CAM stored in a refrigerator shall be kept in an area or container that is locked.

Description of Violation

On 8/10/23 at 9:00am, Dept. Rep. noted the door to the Medication Room opened and the room unattended. The

183c - Refrigerated Meds Locked (continued)

refrigerator in the med room was also unlocked and contained insulin.

Plan of Correction

Accept [redacted] - 09/22/2023)

Staff will be retrained on 9/13/2023 by Program Supervisors, [redacted] on the importance of ensuring that the medication room door is locked while the room is unattended. Staff will close the door each time they leave the room. Program Supervisors will spot check throughout their work day.

Licensee's Proposed Overall Completion Date: 09/15/2023

Implemented [redacted] - 09/26/2023)

187a - Medication Record

7. Requirements

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

Description of Violation

Review of Resident #1's glucometer showed a blood glucose level of 182 on [redacted]/23 at [redacted] am. A blood glucose level of 183 was entered on the resident's medication administration record.

Plan of Correction

Accept [redacted] - 09/22/2023)

Staff will be retrained on 9/13/2023 by Program Supervisors, [redacted] on the importance of ensuring that blood glucose levels are documented accurately. The over night staff members will double check the glucose level documentation versus the readings in the glucometer on a nightly basis and report any discrepancies to the Program Supervisors. Program Leadership will spot check that this task is being completed by reviewing glucose level documentation.

Licensee's Proposed Overall Completion Date: 09/15/2023

Implemented [redacted] - 09/26/2023)