

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

February 7, 2025

[REDACTED]  
COMMUNITY SERVICES GROUP INC  
[REDACTED]  
[REDACTED]

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

[REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/23/2025 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: *07/18/2025*  
 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: *L & I*

**Staffing Hours**

Resident Support Staff: Total Daily Staff: *22* Waking Staff: *17*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
 Reason: *Incident* Exit Conference Date: *01/23/2025*

**Inspection Dates and Department Representative**

01/23/2025 - On-Site: [Redacted]

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: *22* Residents Served: *22*  
 Secured Dementia Care Unit  
 In Home: *No* Area: Capacity: Residents Served:  
 Hospice  
 Current Residents: *0*  
 Number of Residents Who:  
 Receive Supplemental Security Income: *22* Are 60 Years of Age or Older: *12*  
 Diagnosed with Mental Illness: *22* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *0* Have Physical Disability: *0*

**Inspections / Reviews**

01/23/2025 Partial  
 Lead Inspector: [Redacted] Follow-Up Type: *POC Submission* Follow-Up Date: *02/16/2025*

02/07/2025 - POC Submission  
 Submitted By: [Redacted] Date Submitted: *02/07/2025*  
 Reviewer: [Redacted] Follow-Up Type: *Bypass Document Submission*

Inspections / Reviews *(continued)*

02/07/2025 Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/07/2025

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

42c - Treatment of Residents

1. Requirements

2600.

42.c. A resident shall be treated with dignity and respect.

Description of Violation

On [redacted] Resident [redacted] slapped Resident [redacted] in the face because Resident [redacted] thought Resident [redacted] said something disrespectful to them.

Plan of Correction

Accept ([redacted] - 02/07/2025)

Following the incident on [redacted], staff immediately separated the two residents involved. Due to Resident [redacted]'s distress, staff contacted crisis services and initiated a 302 petition, resulting in the resident's hospitalization.

Upon Resident [redacted] return on [redacted], a crisis plan was developed to identify potential triggers and warning signs. The following day, on [redacted], Resident [redacted] met with their case worker, the assistant program director, and the program director to discuss the [redacted] incident. This meeting focused on the importance of refraining from physical aggression and treating housemates with dignity and respect.

Going forward, Resident [redacted] well-being will be discussed during monthly team meetings, with ongoing reminders to seek staff support when experiencing distress rather than resorting to aggressive behavior towards housemates.

Licensee's Proposed Overall Completion Date: 02/07/2025

Implemented ([redacted] 02/07/2025)