

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

May 29, 2024

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

RE: COMMUNITY SERVICES GROUP  
PERSONAL CARE HOME  
176 SR 901  
COAL TOWNSHIP, PA, 17866  
LICENSE/COC#: 22669

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/28/2024, 04/05/2024 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 PERSONAL CARE HOME* License #: *22669* License Expiration: *12/13/2024*

Address: *176 SR 901, COAL TOWNSHIP, PA 17866*

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: *14* Waking Staff: *11*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:

Reason: *Complaint* Exit Conference Date: *04/05/2024*

**Inspection Dates and Department Representative**

03/28/2024 - On-Site: [REDACTED]

04/05/2024 - Off-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *16* Residents Served: *14*

**Secured Dementia Care Unit**

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

**Hospice**

Current Residents: *0*

**Number of Residents Who:**

Receive Supplemental Security Income: *14* Are 60 Years of Age or Older: *3*

Diagnosed with Mental Illness: *14* Diagnosed with Intellectual Disability: *0*

Have Mobility Need: *0* Have Physical Disability: *0*

**Inspections / Reviews**

**03/28/2024 - Partial**

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/03/2024*

**05/07/2024 - POC Submission**

Submitted By: [REDACTED] Date Submitted: *05/24/2024*

Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/14/2024*

Inspections / Reviews (*continued*)

## 05/20/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/24/2024

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 05/24/2024

## 05/29/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/24/2024

Reviewer: [REDACTED]

Follow-Up Type: Not Required

15a - Resident Abuse Report

1. Requirements

2600.

15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

Per staff interviews, Staff person A locked residents out of facility bathrooms after cleaning them on several occasions, beginning in approximately mid-February 2024. This resulted in both Resident [redacted] and Resident [redacted] experiencing episodes of incontinence due to not having access to the restrooms. Staff person B reported this to [redacted] direct supervisor multiple times. This was not reported in accordance with the Older Adult Protective Services Act until 3/8/24.

Repeat Violation: 5/3/23

Plan of Correction

Accept [redacted] 05/07/2024)

It is the protocol that if abuse or neglect is suspected, it be reported immediately to the on call supervisor, who is trained to immediately report to all necessary parties, including the Department of Human Services. The individual who did not follow this protocol is no longer a supervisor. The Assistant Program Director, [redacted] will retrain staff on reporting abuse and neglect at the next staff meeting on 5/16/2024. Moving forward staff will be trained at minimum annually about recognizing abuse and neglect and how to report it. Program Supervisors will monitor that this training is completed.

Licensee's Proposed Overall Completion Date: 05/16/2024

Implemented [redacted] - 05/29/2024)

16c - Written Incident Report

2. Requirements

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

Per staff interviews, Staff person A locked residents out of facility bathrooms after cleaning them on several occasions, beginning in approximately mid-February 2024. This resulted in both Resident [redacted] and Resident [redacted] experiencing episodes of incontinence due to not having access to the restrooms. Staff person B reported this to [redacted] direct supervisor multiple times. This was not reported to the Department.

Repeat Violation: 5/3/23

Plan of Correction

Accept [redacted] 05/20/2024)

The report was faxed to the Department of Human Services on 3/8/2024 at 3:45pm, by the Assistant Program Director. This was completed within 24 hours of the the APD being made aware of the incident. Previous incidents were reported to the over night supervisor who is no longer employed as a supervisor. The staff and management will be re trained on reportable incidents and the internal Policy's and practices of reporting incidents. This will be completed on 5/23/2024 and will be provided to all new hire staff as well. This will be monitored by the program APD moving forward.

Licensee's Proposed Overall Completion Date: 05/23/2024

16c - Written Incident Report (*continued*)*Implemented* [REDACTED] - 05/29/2024)

## 42b - Abuse

**3. Requirements**

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

**Description of Violation**

*Per staff interviews, Staff person A locked residents out of facility bathrooms after cleaning them on several occasions, beginning in approximately mid-February 2024. This resulted in both Resident [REDACTED] and Resident [REDACTED] experiencing episodes of incontinence due to not having access to the restrooms.*

**Plan of Correction***Accept* [REDACTED] - 05/20/2024)

*The staff person A was suspending during the investigation and then terminated following the investigation. Staff persons will be retrained by the Assistance Program Director at the next staff meeting on 5/23/2024 about abuse and neglect, recognizing it and when and how to report. Moving forward staff persons will be trained annually on abuse and neglect. Program supervisors will monitor that this training is completed by all staff members.*

**Licensee's Proposed Overall Completion Date:** 05/23/2024

*Implemented* [REDACTED] - 05/29/2024)