

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

June 6, 2024

[REDACTED], ADMINISTRATOR
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 04/09/2024 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]
Human Services Licensing Supervisor

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] Email: [REDACTED]

Legal Entity

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

Certificate(s) of Occupancy

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

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: *04/09/2024*

Inspection Dates and Department Representative

04/09/2024 - 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: *17* Are 60 Years of Age or Older: *11*
 Diagnosed with Mental Illness: *19* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

04/09/2024 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/10/2024*

05/30/2024 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *06/05/2024*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *06/03/2024*

Inspections / Reviews (*continued*)

06/03/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 06/05/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 06/06/2024

06/06/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/05/2024

Reviewer: [REDACTED]

Follow Up Type: Not Required

85a - Sanitary Conditions

1. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

Resident #1 and Resident #2 both receive daily checks to measure blood glucose levels. On [redacted] staff person A used resident #1's glucometer to check resident #2's blood glucose levels.

Plan of Correction

Accept ([redacted] - 06/03/2024)

Brightly colored holders were purchased by the home and labeled with the residents' names. On 5/15/24 each resident's diabetic supplies were placed into the different colored holders and placed in separate drawers in the medication cart in order to keep the items separate and more obvious. The staff will be trained by the program director on ensuring that they are checking the holders and the glucometer to ensure they have the correct machine and supplies before checking blood sugar levels by 6/5/24. The overnight staff will compare documentation and the glucometers nightly, then document that the task was completed on the overnight task list. The supervisors in the home will also spot check the overnight task list and residents blood sugars as well as continue to monitor during observed medication passes to ensure that glucometers are being used correctly.

Licensee's Proposed Overall Completion Date: 06/05/2024

Implemented ([redacted] - 06/06/2024)

185a - Implement Storage Procedures

2. Requirements

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

Resident #2 has an order for blood glucose checks 4 times daily. On [redacted] resident #2 had a blood glucose reading of [redacted] noted in the resident's glucometer. The resident's blood glucose reading was incorrectly documented as [redacted] on the medication administration record.

Plan of Correction

Accept ([redacted] - 06/03/2024)

Staff will be retrained by the program director by 6/5/24 to double check documentation prior to ending each medication administration pass. The overnight staff will compare documentation and the glucometers nightly, then document that the task was completed on the overnight task list. The supervisors in the home will also spot check the overnight task list and residents blood sugars as well as continue to monitor during observed medication passes to ensure that glucometers are being used correctly.

Licensee's Proposed Overall Completion Date: 06/05/2024

Implemented ([redacted] - 06/06/2024)