

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

July 29, 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 05/08/2025, 05/15/2025 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: *0* Total Daily Staff: *21* Waking Staff: *16*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Complaint* Exit Conference Date: *05/08/2025*

Inspection Dates and Department Representative

05/08/2025 - On-Site: [REDACTED]
 05/15/2025 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *22* Residents Served: *21*

Secured Dementia Care Unit
 In Home: *No* Area: Capacity: Residents Served:

Hospice
 Current Residents: *0*

Number of Residents Who:
 Receive Supplemental Security Income: *19* Are 60 Years of Age or Older: *11*
 Diagnosed with Mental Illness: *21* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

05/08/2025 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *06/12/2025*

06/17/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *06/18/2025*
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *06/19/2025*

Inspections / Reviews *(continued)*

07/29/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/18/2025

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

16c - Written Incident Report

1. 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

On [redacted] Resident [redacted] reported allegations to staff that Resident [redacted] had made sexually explicit comments to the resident and was repeatedly singing to the resident about [redacted] them. The home did not complete an incident report regarding the allegations.

Plan of Correction

Accept ([redacted] 06/17/2025)

On May 8, 2025, the Program Director reviewed regulation 2600.16.c concerning incident reporting and discussed the critical importance of accurate and timely (within 24 hours) incident reporting with the inspector. On May 13, 2025 the Program Director reviewed regulation 2600.16.c with all Assistant Program Directors, emphasizing the significance of thorough and prompt incident reporting. On May 27, 2025 the Program Director completed a training session focused on observation and reporting protocols for personal care homes through Northampton Community College. During the scheduled staff meeting on June 11, 2025, the Assistant Program Director will conduct a comprehensive review of incident reporting procedures with all staff members to ensure complete understanding of reportable incidents and proper reporting protocols.

Licensee's Proposed Overall Completion Date: 06/11/2025

Implemented ([redacted] - 07/29/2025)

42b - Abuse

2. 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

The Resident Assessment and Support Plan for resident [redacted] dated [redacted] notes that the resident is known to make inappropriate [redacted] comments towards women. In [redacted] Resident [redacted] was observed by staff walking up to Resident [redacted], swinging a fist at the resident and walking away. Resident [redacted] reported Resident [redacted] apologized a few days later and stated it was a "crime of passion" and told the resident [redacted] made [redacted] Resident [redacted] reported to staff on [redacted] and to Liberty Healthcare on [redacted], that on the evening of [redacted], resident [redacted] was walking through the home repeatedly singing about [redacted] which made the resident fearful to leave the home alone and fearful to be in the home during the evening hours as the resident's bedrooms were located in close proximity to one another. Staff of the home reported Resident [redacted] can have a temper and reported being fearful of the resident. On [redacted] Resident [redacted] was interviewed and reported still being fearful of Resident [redacted] The home reported they offered to move Resident [redacted] room and stated staff were periodically checking on the resident, however the home failed to implement any additional measures to enable Resident [redacted] to feel safe in the home.

Plan of Correction

Accept ([redacted] 06/17/2025)

Upon receiving the initial report on April 22, 2025, staff promptly addressed the concerns with Resident [redacted]

42b Abuse (continued)

Resident [REDACTED] apologized for the inappropriate behavior.

On April 29, 2025 to enhance Resident [REDACTED] sense of safety and provide a greater physical distance between the residents, the process of relocating Resident [REDACTED]'s room to the opposite side of the building began on, coinciding with a visit from Adult Protective Services. Resident number [REDACTED] developed a temporary illness and did not immediately want to relocate. This relocation was successfully completed on May 14, 2025. On May 16, 2025, staff followed up with Resident [REDACTED], who confirmed feeling more secure with the increased distance from Resident [REDACTED]. After the initial incident, staff completed regular checks for both Resident [REDACTED] and Resident [REDACTED] every two hours. Following discussions with the state inspector on May 8, 2025, these checks were increased to hourly for both residents. Staff consistently checked in with Resident [REDACTED] to ensure [REDACTED] continued sense of safety and well being within the home.

On April 29, 2025, Resident [REDACTED] caseworker was informed of the incident. A team meeting was held to discuss the incident, review the importance of not saying inappropriate things to housemates, and ensure proper support for the resident.

To ensure complete and timely interventions happen going forward, the program director and assistant program directors met on May 13, 2025, and agreed to more thoroughly investigate situations for informed decision making and plan of actions.

Licensee's Proposed Overall Completion Date: 06/04/2025

Implemented [REDACTED] - 07/29/2025)

141b1 - Annual Medical Evaluation**3. Requirements**

2600.

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

Description of Violation

Resident [REDACTED]'s most recent medical evaluation was completed on [REDACTED]. The resident's previous medical evaluation was completed on [REDACTED].

Plan of Correction

Accept [REDACTED] - 06/17/2025)

On May 13, 2025, the Program Director, Assistant Program Director, and Lead Medical Behavioral Health Advisor meet to thoroughly review our current process for scheduling and tracking DME appointments. During this meeting, specific responsibilities were clarified, and a more streamlined workflow was established to improve tracking and scheduling.

On May 13, 2025 to ensure consistent tracking of DME appointments, the Lead Medical Behavioral Health Advisor added bi weekly reminders into [REDACTED] and the health services coordinators task list. These reminders will serve as prompts to actively monitor the status of all scheduled DME appointments, identify any potential issues, and initiate follow up as needed.

On June 2, 2025, our new Health Services Coordinator received comprehensive training on the revised DME scheduling and tracking procedures. This training included a detailed overview of the importance of timely appointments, the allotted time for frame for annual DME's, the steps for proactive scheduling, and the protocol for rescheduling if necessary.

For future DME's all staff responsible for scheduling annual DME appointments will now prioritize scheduling these appointments well in advance of their due dates. This proactive approach will create a buffer, allowing ample time for rescheduling if unforeseen circumstances

141b1 - Annual Medical Evaluation (continued)

Licensee's Proposed Overall Completion Date: 06/04/2025

Implemented (█ - 07/29/2025)

227c - Support Plan Revision

4. Requirements

2600.

227.c. The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

Description of Violation

Resident █ assessment dated █ states that the resident is known to make sexually inappropriate comments towards women. Allegations were made that resident █ previously made sexual comments to Resident █ and was singing to the resident about raping them. Staff of the home were made aware of the allegations on █. The assessment for Resident # █ dated █ was not updated to note the allegations made against the resident, or any plans by the home to monitor the resident's behaviors.

Plan of Correction

Accept █ - 06/17/2025)

On May 8, 2025 the program director reviewed the regulation 2600 227.c. from the regulation manual and with the inspector.

On May 8, 2025 the program director completed a RASP update for resident number █ and instructed all staff to read it by 5/16/25.

On May 13, 2025 the program director and assistant program directors reviewed the importance of completing RASP updates for incidents that happen with residents as well as what qualifies as an update.

On June 4, 2025 all staff completing incident reports added reminders to the task list to monitor completion of RASP updates.

Licensee's Proposed Overall Completion Date: 06/04/2025

Implemented █ 07/29/2025)