

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

March 2, 2026

[REDACTED], ADMINISTRATOR  
COMMUNITY SERVICES GROUP INC  
[REDACTED]  
[REDACTED]

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

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 12/11/2025 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]  
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

**Facility Information**

Name: *COMMUNITY SERVICES GROUP PERSONAL CARE HOME* License #: *22669* License Expiration: *12/13/2026*

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**

Type: *R-4* Date: *10/05/2006* Issued By: *Coal Township*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *15* Waking Staff: *11*

**Inspection Information**

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

Reason: *Renewal* Exit Conference Date: *12/11/2025*

**Inspection Dates and Department Representative**

12/11/2025 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information

License Capacity: *16* Residents Served: *15*

Secured Dementia Care Unit

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

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *15* Are 60 Years of Age or Older: *5*

Diagnosed with Mental Illness: *15* Diagnosed with Intellectual Disability: *0*

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

**Inspections / Reviews**

12/11/2025 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *01/15/2026*

01/22/2026 - POC Submission

Submitted By: [REDACTED] Date Submitted: *02/03/2026*

Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *01/29/2026*

Inspections / Reviews (*continued*)

## 02/02/2026 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 02/03/2026

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 02/04/2026

## 03/02/2026 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/03/2026

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

85a - Sanitary Conditions

1. Requirements

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

Description of Violation

*At approximately 9:41 a.m. in bathroom 2 near B hallway, there was a red and black substance on the lower right corner of the shower.*

Plan of Correction

Accept ( ) - 01/22/2026

*On 12/11/25 bathroom number 2 was fully cleaned.  
On 12/15/25 staff removed the foam piece that was on the lower right corner and attracted dirt so it would be easier to keep clean.  
The Program director will review sanitary condition expectations with all staff in the 1/15/26 staff meeting. Supervisors will check sanitary conditions of the home during monthly safety walkthroughs to ensure sanitary conditions are being met.*

Licensee's Proposed Overall Completion Date: 01/15/2026

Implemented ( ) - 03/01/2026

100b - Removal Snow/Obstructions

2. Requirements

2600.  
100.b. The home shall ensure that ice, snow and obstructions are removed from outside walkways, ramps, steps, recreational areas and exterior fire escapes.

Description of Violation

*At 9:35 a.m. the common room exit, and at 9:40 a.m. A Hallway exit ramps there were scattered patches of ice on them from the door to the bottom of the ramp.*

*At approximately 9:40 a.m. outside of the emergency exit in B hallway, there were scattered patches of ice from the landing to the bottom of the ramp and approximately 1/16-inch accumulation of ice and snow at the bottom of the ramp.*

Plan of Correction

Accept ( ) - 01/22/2026

*Throughout the day on 12/11/25 staff treated the ramps to ensure they were no longer icy.  
On 12/11/25 the program director reminded staff of the importance of keeping the ramps free of ice to prevent further safety issues.  
The program director will review the importance of keeping walkways, ramps, steps, and exterior fire escapes free of hazards in case of emergencies in the 1/15/26 staff meeting. In addition a visual reminder was added to staff's task list so they are routinely checking to ensure all walkways are safe from hazards daily .*

Licensee's Proposed Overall Completion Date: 01/15/2026

Implemented ( ) - 03/01/2026

103e - Left Overs

**3. Requirements**

2600.

103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

**Description of Violation**

*At approximately 9:30 a.m. there were 3 cookies on a paper plate that was partially covered, unlabeled and undated on the kitchen counter.*

**Plan of Correction**

**Accept ( ) - 01/22/2026**

*On 12/11/25 the uncovered cookies in the kitchen were disposed of.*

*The cookies were leftover from an all staff staff meeting on 12/10/25.*

*The Program Director will review with all staff in the 1/15/26 staff meeting that all leftover food shall be labeled, sealed, and dated if it is in areas accessible to residents.*

**Licensee's Proposed Overall Completion Date: 01/15/2026**

**Implemented ( ) - 03/01/2026**

**144c1 - Smoking Area Guidelines**

**4. Requirements**

2600.

144.c. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following:

1. Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

**Description of Violation**

*At approximately 9:44 a.m. there were 3 cigarette butts on the ground in the smoking pavilion.*

*At approximately 9:44 a.m., Resident #1 was smoking outside by the front side section of the building, which is not the home's designated smoking area. The home's designated smoking area is at the back rear of the building.*

**Plan of Correction**

**Accept ( ) - 01/22/2026**

*On 12/11/25 staff went out to the smoking area and cleaned up all cigarette butts on the ground.*

*On 12/12/25 the assistant program director reviewed, in a house meeting with residents, the smoking expectations of smoking in designated smoking areas only as well as proper cigarette butt disposal.*

*The program director will review smoking policy and guidelines as well as how to properly ensure the guidelines are being met with staff in the 1/15/26 staff meeting. There is a visual reminder in the staff task list to ensure they are checking smoking safety and cigarette butt trash daily.*

**Licensee's Proposed Overall Completion Date: 01/15/2026**

**Implemented ( ) - 03/01/2026**

**185a - Implement Storage Procedures**

**5. Requirements**

2600.

185a - Implement Storage Procedures (continued)

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's glucometer was not calibrated to the correct time.

Resident #3's glucometer was not calibrated to the correct time.

Repeat Violation: 12/18/24

Plan of Correction

Accept (█) - 01/22/2026

On 12/12/25 residents number 2 and resident number 3's glucometers were calibrated to the correct times. To ensure ongoing compliance with glucometer calibration protocols, the Assistant Program Director has integrated recurring calibration alerts directly into the resident appointment calendars. On 1/15/26 the Program Director will conduct a formal staff training session. This meeting will cover the specific policy requirements, the details of the recent citation, and the operational expectations regarding these calendar reminders to ensure staff adherence.

Licensee's Proposed Overall Completion Date: 01/15/2026

Implemented (█) - 03/01/2026

187a - Medication Record

6. Requirements

2600.

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

6. Dose.

Description of Violation

Resident #3 is prescribed insulin based on a sliding scale. The resident's medication administration record does not indicate the unit(s) of insulin the resident was administered in the month of December 2025.

Resident #2 is prescribed insulin based on a sliding scale. The resident's medication administration record does not indicate the unit(s) of insulin the resident was administered in the months of November and December 2025.

Plan of Correction

Accept (█) - 02/02/2026

On 12/11/25, the Health Services Coordinator explained a review of proper documentation regarding sliding scale through written communication to all staff.

On 12/11/25 the Health Services Coordinator reviewed blood sugars to ensure resident safety.

Missing documentation was not back filled to avoid the risk of inaccurate reporting. However, the Program director and assistant program director reviewed with the staff that had missing documentation, on how to properly add sliding scale units on 12/11/25 and 12/15/25 before their next shift to ensure proper documentation moving forward.

The program director has reviewed proper documentation per insulin sliding scale in the staff meeting on 1/15/26.

On 1/15/26 it was added to the staff task list as a reminder to check any blood sugar entry that day to ensure sliding scale coverage was added.

**187a - Medication Record (continued)**

*The Health services coordinator and lead medical behavioral health advisor will monitor blood sugar numbers and sliding scale entries bi-weekly moving forward to ensure staff are completing entries correctly.*

**Licensee's Proposed Overall Completion Date:** 01/23/2026

**Implemented (█ - 03/01/2026)**