

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

April 24, 2026

[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 03/26/2026 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: *07/18/2026*
 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: *08/21/2021* 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: *Incident* Exit Conference Date: *03/26/2026*

Inspection Dates and Department Representative

03/26/2026 - On-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: *18* Are 60 Years of Age or Older: *15*
 Diagnosed with Mental Illness: *21* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

03/26/2026 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *04/25/2026*

04/17/2026 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *04/22/2026*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *04/24/2026*

Inspections / Reviews (*continued*)

04/20/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/22/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 04/27/2026

04/24/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/22/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

23a - Activities of Daily Living Assistance

1. Requirements

2600.

23.a. A home shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.

Description of Violation

The assessment and support plan, dated [REDACTED], for Resident [REDACTED] indicates the resident requires minimal assistance with supervision and that the home will provide 2-hour checks while the resident is in the home. On [REDACTED] Resident [REDACTED] was discovered missing from the facility at 4:30a.m. The last documented check on the resident was completed at 10:32p.m.

Plan of Correction

Accept [REDACTED] - 04/17/2026)

On 3/17/26 when it was discovered that the resident was missing and the last time he was seen did not line up with the 2 hour check time, staff person A was immediately counseled on the importance of completing these checks. On 3/18/26 a formal verbal corrective action was completed with staff person A, as this was the staff responsible for the residents checks, by their immediate supervisor. Staff person A was required to reread all residents RASPs. Due to various other concerns staff person A was terminated on 3/25/26. The assistant program director reviewed the importance and proper way to complete 2 hour checks at an all staff meeting on 3/31/26. Supervisors will do monthly spot checks moving forward to ensure documentation is being completed and residents are receiving the proper care.

Licensee's Proposed Overall Completion Date: 04/16/2026

Implemented [REDACTED] - 04/24/2026)

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

On [REDACTED] it was discovered at 4:30a.m. that Resident [REDACTED] was not in the home. According to the Resident's Assessment and Support Plan dated [REDACTED], the home is required to complete 2-hour checks on the resident when in the home. Resident [REDACTED] was last seen by staff at 10:32p.m but not discovered missing until 4:30a.m. Staff Person A and B did not complete the required 2-hour checks on Resident [REDACTED]. The resident was located by police on [REDACTED] @4:45p.m. with no injuries but admitted into a behavioral health unit. This is the resident's third elopement from the facility with previous incidents on [REDACTED] and [REDACTED]

Plan of Correction

Accept [REDACTED] - 04/17/2026)

On 3/17/26 when it was discovered that the resident was missing and the last time he was seen did not line up with the 2 hour check time, staff person A was immediately counseled on the importance of completing these checks. On 3/18/26 a formal verbal corrective action was completed with staff person A by their immediate supervisor and was required to reread all residents RASPs. Due to various other concerns staff person A was terminated on 3/25/26.

42b Abuse (continued)

The assistant program director reviewed the importance and proper way to complete 2 hour checks at an all staff meeting on 3/31/26.

The program director reviewed the abuse and neglect policy with staff on 4/8/26 during a staff meeting.

The resident was discharged from the home on 3/31/26 due to his choice.

Moving forward supervisors will continue to review and discuss abuse and neglect with the staff annually.

Licensee's Proposed Overall Completion Date: 04/16/2026

Implemented [redacted] - 04/24/2026)

141a 1-10 Medical Evaluation Information

3. Requirements

2600.

141.a. A resident shall have a medical evaluation by a physician, physician’s assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:

1. A general physical examination by a physician, physician’s assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department’s request.

Description of Violation

Resident [redacted]’s medical evaluation, dated [redacted], does not indicate if the residents needs can safely be met in the personal care home.

Plan of Correction

Accept [redacted] - 04/20/2026)

On March 26, 2026, the inspector reviewed the documentation error with the Program Director.

On March 26, 2026 the Program Director marked the verification box on the DME that the home can safely meet the residents needs.

To ensure ongoing compliance, the Program Director reviewed and will conduct a retraining session with all staff responsible for DME documentation, emphasizing the requirement that all fields specifically the final verification boxes are completed on 4/21/26.

On April 20, 2026 the program director reviewed all current DME's for required information.

Moving forward the Program Director will continue to review completed DME's before scanning them into our system and filing them.

Licensee's Proposed Overall Completion Date: 04/20/2026

Implemented [redacted] - 04/24/2026)