

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

October 13, 2026

[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 08/26/2026 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]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: COMMUNITY SERVICES GROUP

License #: 20813

License Expiration: 07/18/2027

Address: 532 W SAYLOR STREET, ATLAS, PA 17851

County: NORTHUMBERLAND

Region: NORTHEAST

Administrator

Name:

Phone:

Email:

Legal Entity

Name: COMMUNITY SERVICES GROUP INC

Address:

Phone:

Email:

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: Full

Notice: Unannounced

BHA Docket #:

Reason: Renewal

Exit Conference Date: 08/26/2026

Inspection Dates and Department Representative

08/26/2026 - On-Site:

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

08/26/2026 Full

Lead Inspector:

Follow-Up Type: POC Submission

Follow-Up Date: 09/26/2026

10/07/2026 - POC Submission

Submitted By:

Date Submitted: 10/09/2026

Reviewer:

Follow-Up Type: Document Submission Follow-Up Date: 10/09/2026

Inspections / Reviews (*continued*)

10/13/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/09/2026

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

18 - Compliance With Laws**1. Requirements**

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

The home did not have an influenza awareness poster posted as required by the Influenza Awareness Act.

Plan of Correction**Accept ([REDACTED] - 10/07/2026)**

On 8/26/26 one of the inspectors reviewed the regulation and influenza poster with the program director. Before the inspectors left they emailed the program director the poster.

On 8/26/26 the program director printed 2 copies of the poster and hung it on 2 separate bulletin boards in the common areas for staff and residents to see.

On 8/27/26 the program director made the other supervisors aware in the home of the citation and added the influenza poster to their checklist to ensure it is hanging in the home at all times.

Licensee's Proposed Overall Completion Date: 09/25/2026

Implemented ([REDACTED] - 10/13/2026)**20b3 - Written Receipts****2. Requirements**

2600.

- 20.b. If the home provides assistance with financial management or holds resident funds, the following requirements apply:

3. The home shall obtain a written receipt from the resident for cash disbursements at the time of disbursement.

Description of Violation

On 1/9/26, a cash disbursement of \$150.28 was made to resident #5 to order clothing from Wal Mart. However, the home did not obtain the resident signature for the receipt of the disbursement.

Plan of Correction**Accept ([REDACTED] - 10/07/2026)**

On 8/26/26 the assistant program director reviewed resident number 5's financial record with the resident and obtained the missing signature.

On 9/1/26 the program director reviewed with all of the supervisors that handle financial records the proper process when assisting residents with their finances.

As an extra safety precaution, on 9/8/26 a reminder to check for resident signatures was added to the monthly audit log.

Licensee's Proposed Overall Completion Date: 09/25/2026

Implemented ([REDACTED] - 10/13/2026)**125a - Combustible Storage****3. Requirements**

125a - Combustible Storage (continued)

2600.

125.a. Combustible and flammable materials may not be located near heat sources or hot water heaters.

Description of Violation

At approximately 9:30 a.m. in the side A laundry room had a combustible and flammable cloth bath towel lying on the floor against the hot water heater.

At approximately 9:50 a.m. in the furnace room had the following combustible and flammable materials propped against the furnace: 2 sheets of drywall and 3 drop ceiling tiles. In addition, a small cardboard box and a shop vac were placed against the furnace.

At approximately 9:50 a.m. in the furnace room the hot water heater had a combustible and flammable piece of ceiling tile within approximately 1 foot and a paper manual was lying against the back, right side of the hot water heater.

Plan of Correction**Accept () - 10/07/2026)**

On 8/26/26 the program director removed all flammable materials away from the hot water heaters including, bath towel laying on the floor in the laundry room and all drywall, ceiling tiles, cardboard box's, and equipment including shop vac out of the furnace room.

On 8/28/26 the program director reviewed this regulation and not putting flammable materials in these areas with the maintenance staff that has the most access to the furnace room.

The program director will review the importance of regulation 2600.125.a with all staff by 10/7/26.

The home's maintenance worker will monitor for safety throughout the week when onsite regarding combustible and flammable materials in these and other areas that have heat sources or hot water heaters.

Licensee's Proposed Overall Completion Date: 10/07/2026**Implemented () - 10/13/2026)****132g - Fire Drills Days/Times****4. Requirements**

2600.

132.g. Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

Description of Violation

The home routinely conducts fire drills at the end of the month evidenced by the following fire drills: 7/28/25 at 2:15 p.m., 8/27/25 at 7:03 a.m., 9/29/25 at 12:05 a.m., 10/27/25 at 5:53 p.m., 11/28/25 at 10:30 a.m., 12/30/25 at 2:25 p.m., 1/29/26 at 12:18 p.m., 2/21/26 at 12:35 p.m., 3/30/26 at 11:23 p.m., 4/22/26 at 3:35 p.m., and 5/28/26 at 9:55 a.m.

Plan of Correction**Accept () - 10/07/2026)**

On 9/22/26, the Program Director conducted targeted training with all supervisory staff responsible for executing fire drills. The session reviewed the specific citation and provided education on properly staggering fire drill dates throughout each month to maintain compliance.

On 9/24/26, the Program Director established a comprehensive annual fire drill schedule for the upcoming year. This schedule designates specific date ranges for each month to ensure drills are evenly distributed.

The Program Director will conduct monthly audits of all completed fire drill logs prior to submission. This ongoing

132g - Fire Drills Days/Times (continued)

review will ensure continuous compliance with regulation 2600.132 and confirm that drills continue to be varied and appropriately spaced throughout each monthly cycle.

Licensee's Proposed Overall Completion Date: 09/25/2026

Implemented (█ - 10/13/2026)

181c - Self-administration Assessment**5. Requirements**

2600.

181.c. The resident's assessment shall identify if the resident is able to self-administer medications as specified in § 2600.227(e) (relating to development of the support plan). A resident who desires to self-administer medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.

Description of Violation

Resident #1 self-administers medications to include Tucks medicated pads; however, resident #1 has not been assessed by a physician, physician's assistant or certified, registered nurse practitioner regarding ability to self-administer and the need for reminders to take medications.

Plan of Correction

Accept (█ - 10/07/2026)

On 8/26/26, the inspector and staff identified Over the counter Tucks pads in Resident #1's room. Because Resident #1 is assessed on █ DME (Support Plan/Assessment) as unable to self-administer medications, staff spoke with the resident, secured and removed the Tucks pads from the resident's room.

On 8/26/26 the Program Director spoke with the resident regarding the tucks pads and said we can reach out to █ doctor on usage and self administration. Resident #1 explained █ feels █ does not need them anymore and would like to talk to █ doctor when █ sees them on █

The Program Director will re-train all personal care staff on regulation 2600.181 (Self-Administration) and 2600.183 (Storage of Medications) by 10/7/26.

Licensee's Proposed Overall Completion Date: 09/25/2026

Implemented (█ - 10/13/2026)