

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to FITZMAURICE COMMUNITY SERVICES, INC.

LEGAL ENTITY

To operate FITZMAURICE COMMUNITY SERVICES

NAME OF FACILITY OR AGENCY

Located at 212 CARBON STREET, LEHIGHTON, PA 18235

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

To provide Personal Care Homes

TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 8
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Restrictions: _____

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

55 Pa. Code Chapter 2600: Personal Care Homes

(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from June 22, 2010 until June 22, 2011,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 245450

Robert E. Robinson

ISSUING OFFICER

Kevin T. Casey

DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable
and should be posted in a conspicuous place in the facility.

PW 628 - 4/02



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
PO BOX 2675
HARRISBURG, PENNSYLVANIA 17105-2675

ADULT RESIDENTIAL LICENSING

JUL 02 2010

PHONE: (717) 783-3670
FAX: (717) 783-5662

Ms. Elizabeth Koster, CEO
Fitzmaurice Community Services, Inc.
2115 North Fifth Street
Stroudsburg, Pennsylvania 18360

RE: Fitzmaurice Community Services
212 Carbon Street
Lehighton, Pennsylvania 18235

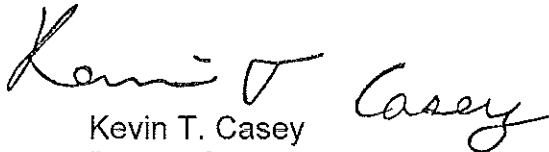
Dear Ms. Koster:

As a result of the Department of Public Welfare's licensing inspection on March 24, 2010 and April 21, 2010 of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.

All violations specified on the enclosed Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Adult Residential Licensing so that compliance can be verified.

A regular license is being issued based on the enclosed Violation Report. Your license is enclosed.

Sincerely,


Kevin T. Casey
Deputy Secretary

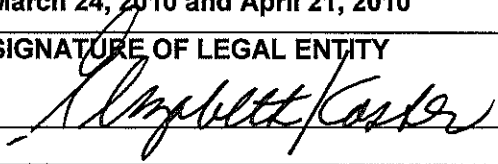
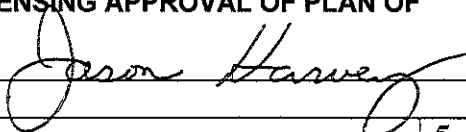
Enclosures
License
Violation Report


**VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

NAME AND ADDRESS OF PERSONAL CARE HOME Fitzmaurice Community Services, 212 Carbon Street, Lehighton, Pennsylvania 18235		CURRENT LICENSE NUMBER 245450	
INSPECTION DATE(S) (Include all dates of the inspection) March 24, 2010 and April 21, 2010		REGIONAL REPRESENTATIVE Michele Moskalczyk, Bob Bisignani	
SIGNATURE OF LEGAL ENTITY <i>Elizabeth Kasper, CEO</i>	DATE 5/5/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Jason Harvey</i>	DATE 6-4-10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
26b The quality management plan shall address the periodic review and evaluation of the following: (1) Reportable incident and condition reporting procedures. (2) Complaint procedures. (3) Staff person training. (4) Licensing violations and plans of correction, if applicable. (5) Resident or family councils, councils, or both, if applicable.	The quality management review for 2009 only addressed Licensing violations, not all the required components of this policy review which include: (1) Reportable incident and condition reporting procedures. (2) Complaint procedures. (3) Staff person training. (5) Resident or family councils, or both, if applicable.	05/05/2010	A Quality Management Plan form has been created. It reviews the (5) required areas. See attached form.	6-4-10 <i>QA</i>

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SIGNATURE OF LEGAL ENTITY 	DATE 5/5/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 6-4-10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
132a An unannounced fire drill shall be held at least once a month.	During a telephone call with the home's Administrator on 4/21/10, it was determined that the home is not conducting unannounced fire drills each month. The Administrator stated that she gets the monthly schedule for fire drills from the corporate office and when a drill is scheduled to be held, she calls the home an hour before and informs the staff person on duty to activate the fire alarm and conduct the fire drill. On most evenings, on the second (3pm-11pm) and third (11 pm-7am) shifts, there is only one staff person who is working in the home. When drills are conducted during these times, the staff person on duty is given advance notice of the drill and actually conducts the drill. Repeated violation - 1/15/09	4/29/2010	For all future fire drills, the Administrator or designee will go to the Personal Care Home and conduct the unannounced fire drill. The individual will use a stop watch to accurately time each drill.	Steps have been taken to correct violation; full compliance is not verifiable <u>6-4-10</u>  Date Initials (DPW)

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SIGNATURE OF LEGAL ENTITY <i>Elizabeth Carter</i>	DATE 5/5/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Jason Hawley</i>	DATE 6-4-10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
124 The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.	The notification letter, dated October 20, 2005, written to the local fire department indicates that all resident's bedrooms are located on the second floor of the home. However, the day of this inspection, there was a resident bedroom located on the first floor, off the kitchen area.	5/3/2010	An updated letter was mailed to the Lehighton Fire Chief.	6-4-10 <i>JH</i>

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SIGNATURE OF LEGAL ENTITY <i>Elizabeth Koster</i>	DATE 5/5/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Jason [Signature]</i>	DATE 6-4-10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
<p>132h Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.</p>	<p>The facility has an exterior designated meeting place located in the rear of the facility behind the facility van. If residents exit the home using the front door, there is no way for these residents to get to the rear designated meeting place because the facility is situated very closely to houses on the right and on the left. It would be unsafe for residents to travel between the buildings to get to the rear designated meeting place during a fire or other emergency in which the structure was compromised. Management decided to have two exterior meeting places, one in the front of the facility across the street and the existing one located in the rear, behind the facility van. However, most evenings on the second shift (3pm to 11 pm) and on the third shift(11 pm to 7am) there is</p>	<p>5/4/2010</p>	<p>A new designated meeting place has been established that is two homes away from the Personal Care Home. Residents from the front of the building will go left to 204 Carbon St. From the rear of the Personal Care Home, residents will go to the back alley, go right and then use the alley between house number 208 & 204 and proceed toward the front of the homes. A minimum of two fire drills will be conducted within the next week, ensuring that different exits are used to reinforce the new meeting locations. To address the issue of only one staff working; an additional staff person will be hired so there will be two staff members on shift.</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable <u>6-4-10</u> Date <i>[Signature]</i> Initials (DPW)</p>

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SIGNATURE OF LEGAL ENTITY	DATE	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Jason Harvey</i>	DATE 6-4-10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
Continued from previous page	only one staff person working. With only one staff person, there is no way to assure that all residents have evacuated the building and are accounted for during fire drills or in the event of an emergency.			Steps have been taken to correct violation; full compliance is not verifiable 6-4-10 <i>JW</i> Date Initials (DPW)

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1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
141 a-2 The medical evaluation shall 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. (7) Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.	Resident #1 admitted 1/1/10, medical evaluation dated 1/22/10 did not include this residents resident's name, date of birth, age, sex and medication section was blank with a separate sheet which included the resident's medications that was not signed or dated by the physician.	5/4/2010	Administrator will check monthly that all Medical Evaluations are completed as per the regulations.	Steps have been taken to correct violation; full compliance is not verifiable <u>6-4-10</u> <i>DPW</i> Date Initials (DPW)