



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
100 LACKAWANNA AVENUE
ROOM 330, SCRANTON STATE OFFICE BUILDING
SCRANTON, PENNSYLVANIA 18503-1923

ADULT RESIDENTIAL LICENSING

PHONE: (570) 963-3209
1-800-833-5095
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CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: October 2, 2010

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 May 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.

Sincerely,

A handwritten signature in black ink, appearing to read "B. Bragman".

Regional Licensing Administrator

Enclosure
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) May 21, 2010		REGIONAL REPRESENTATIVE Betty Bloch	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Elizabeth Foster CEO</i>	DATE 6/30/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Bob Brannaman</i>	DATE 7/12/10

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
15a The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P.S. §§ 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with its requirements regarding restrictions on staff persons.	The home did not immediately notify the Carbon County Area Agency on Aging or the PA State Department of Aging of the suspected sexual abuse of resident #1 by staff person A, as required by the OAPSA. The suspected abuse was reported to the home on 5/19/10 and it was not reported to the agencies until 5/20/10.	6/23/10	ALL PCH staff are aware that All Suspected abuse allegations need to be reported immediately to the local area of Aging office The Administrator will immediately implement a plan of supervision for any staff person who is alleged to have abused a resident of the home. The	Steps have been taken to correct violation; full compliance is not verifiable <u>7/12/10</u> <i>S.B.</i> Date Initials (DPW)

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SCRANTON FIELD OFFICE
Adult Residential Licensing

Administrator will also immediately report any allegations of resident abuse in compliance w/ the Older Adult Protective Services Act. Bob B. 7/12/10

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

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SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Elizabeth Koster</i>	DATE 6/30/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Bd Br...</i>	DATE 7/12/10

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
42b A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.	An allegation of sexual abuse of resident #1 by staff person A was reported to the home on 5/19/10. Based on resident and staff interviews as well as a review of records, it was determined that the resident and staff person had a consensual sexual relationship, which is considered abuse under these regulations.	6/25/10	All PCH staff were retrained in abuse and all staff attended a DPW approved training on "Reporting Abuse - process and responsible parties"	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>7/12/10</p> <p><i>g b</i></p> <p>Date Initials (DPW)</p>

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 Adult Residential Licensing