



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  
FAX: (570) 963-3018

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**MAILING DATE: April 26, 2011**

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

RE: Fitzmaurice Community Services, Inc.  
5 Elm Street  
Stroudsburg, Pennsylvania 18360

Dear Ms. Koster:

As a result of the Department of Public Welfare's licensing inspection on December 8, 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,

*Bob Bisignani*  
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 INC, 5 ELM STREET STROUDSBURG, PA 18360		CURRENT LICENSE NUMBER 209540	
INSPECTION DATES (Include all dates of the inspection) 12/08/2010		REGIONAL REPRESENTATIVE Florence Babiarz, Lori Knockstead	
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 <i>Elizabeth Koser, CEO</i>	DATE 1/14/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Jane Calene</i>	DATE 2-3-11

REGULATION 55 Pa. Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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)	DATE COMPLIANCE VERIFIED BY
42b A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.	Resident #1 complained of rib pain on 12/4/2010 and was taken to the emergency room by the administrator of the home. It was determined at the hospital that resident #1 had fractured ribs. Staff person A and resident #1 had a physical altercation on 11/30/2010. Resident #1's roommates both saw the physical altercation and gave both verbal and written statements as witnesses to the abuse.	12/6/10	On 12/6/10, the PCH administrator met individually with each resident and discussed how to inform FCS staff of concerns and/or issues. FCS staff also includes FCS Administrative staff. In addition, residents were reminded and shown the PCH Resident Rights and Hotline Poster. They will be reviewed at the monthly house meeting.	Steps have been taken to correct violation; full compliance is not verifiable Date: 2-3-11 Initials (DPW): <i>PCV</i>

**RECEIVED**

JAN 18 2011

SCRANTON FIELD OFFICE  
Adult Residential Licensing

*See page 1 - A attached*

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

1A25  
Page 1 of 5

NAME AND ADDRESS OF PERSONAL CARE HOME FITZMAURICE COMMUNITY SERVICES INC, 5 ELM STREET STROUDSBURG, PA 18360		CURRENT LICENSE NUMBER 209540	
INSPECTION DATES (Include all dates of the inspection) 12/08/2010		REGIONAL REPRESENTATIVE Florence Babiarz, Lori Knockstead	
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	DATE	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE
		<i>Diane C Salence</i>	2-3-11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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)	DATE COMPLIANCE VERIFIED BY
42b  A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.	Resident #1 complained of rib pain on 12/4/2010 and was taken to the emergency room by the administrator of the home. It was determined at the hospital that resident #1 had fractured ribs. Staff person A and resident #1 had a physical altercation on 11/30/2010. Resident #1's roommates both saw the physical altercation and gave both verbal and written statements as witnesses to the abuse.	2-3-11	<p><i>Continued from page 1 of 5</i></p> <p><i>Per Tele conversation with Vice-Pres and PCH Administrator Supervisor [redacted] PCH provider and Administrator will contact Monroe County Dept to request and set-up on in-service training for all staff on Sensitivity Training by 2-28-11 Administrator or provider to provide in-service training by 2-28-11 and provide DPU JARA with written documentation that in-service did occur. Documentation due to DPU by 3-3-11. PCH administrator to do random checks on all shifts to observe staff/interactions with residents and discuss any concerns what residents may have regarding their care by any staff member. Administrator will take immediate action to</i></p>	See page 1 of 5

*Address any form of resident abuse and report to DPU as required by regulation. D 2-3-11*

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

NAME AND ADDRESS OF PERSONAL CARE HOME FITZMAURICE COMMUNITY SERVICES INC, 5 ELM STREET STROUDSBURG, PA 18360		CURRENT LICENSE NUMBER 209540	
INSPECTION DATES (Include all dates of the inspection) 12/08/2010		REGIONAL REPRESENTATIVE Florence Babiarz, Lori Knockstead	
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 <i>Elizabeth Foster, CEO</i>	DATE <i>1/14/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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)	DATE COMPLIANCE VERIFIED BY
42p A resident shall be free from restraints.	<p>On 11/30/2010, resident #1 was restrained by staff person A from leaving [redacted] room. Witnesses state that resident #1 was physically pushed back into the bed several times.</p> <p>On 11/30/2010 resident #1 was denied the right to leave their bedroom to go outside to have a cigarette. Staff person A was standing in the door way blocking resident #1 from leaving their bedroom. Resident #2 was not allowed to go downstairs by staff person A until 6:30am and was also denied access to use the bathroom, based on resident witness statements.</p>	<p><i>12/15/10</i></p> <p><i>2-3-11</i></p>	<p>The PCH Administrator met with the PCH staff and reviewed:</p> <ol style="list-style-type: none"> <li>1. Resident Rights</li> <li>2. Resident Abuse</li> </ol> <p>This training will occur quarterly at staff meetings.</p> <p><i>Per Tele conversation w/ [redacted] Behavioral Health Admin. Supervisor [redacted] Administrator will provide written documentation to DPW by 2-5-11 that all steps were in record as per the plan of correction noted above. Administrator will provide DPW with signed in-service documentation quarterly to ensure provider's plan of correction is being followed.</i></p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p><i>2-3-11</i></p> <p><i>[redacted]</i></p> <p>Date: <i>2-3-11</i> Initials (DPW): <i>[redacted]</i></p>

*to ensure provider's plan of correction is being followed*  
*[redacted]*  
*2-3-10*

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

NAME AND ADDRESS OF PERSONAL CARE HOME FITZMAURICE COMMUNITY SERVICES INC, 5 ELM STREET STROUDSBURG, PA 18360		CURRENT LICENSE NUMBER 209540	
INSPECTION DATES (Include all dates of the inspection) 12/08/2010		REGIONAL REPRESENTATIVE Florence Babiarz, Lori Knockstead	
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 <i>Elizabeth Koster, CEO</i>	DATE 1/14/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Duane C Valence</i>	DATE 2-3-11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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)	DATE COMPLIANCE VERIFIED BY
57a At all times one or more residents are present in the home a direct care staff person who is 21 years of age or older and who serves as the designee, shall be present in the home. The direct care staff person may be the administrator if the administrator provides direct care services.	On 12/8/2010, Resident #1 returned to the home; however staff was not present to let [redacted] and the home was locked. The outdoor temperature was 24 degrees. Resident #1 waited 45 minutes for Staff to arrive.	12/9/10  2-3-11	The PCH will be staffed unless all residents accompany staff on the outing.  Per tele conversation with [redacted] - V. Res + Supervisor of the PCH Administrator will develop a schedule and daily calendar which will indicate that staff must be present at all times when one (1) or more residents are present in the home or when a resident will be expected to be in the home often they have had a need to be at a scheduled appointment or activity outside the home. DCV 2-3-11	Steps have been taken to correct violation; full compliance is not verifiable Date: [redacted] Initials (DPW): [redacted]

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

NAME AND ADDRESS OF PERSONAL CARE HOME FITZMAURICE COMMUNITY SERVICES INC, 5 ELM STREET STROUDSBURG, PA 18360		CURRENT LICENSE NUMBER 209540	
INSPECTION DATES (Include all dates of the inspection) 12/08/2010		REGIONAL REPRESENTATIVE Florence Babiarz, Lori Knockstead	
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 <i>Elizabeth Koster</i>	DATE <i>1/14/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Diana Delaney</i>	DATE <i>2-3-11</i>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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)	DATE COMPLIANCE VERIFIED BY
141a 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. (4) Special health or dietary needs of the resident. (5) Allergies. (6) Immunization	The medical evaluation for resident #1 dated 9/22/10, the box is checked that the resident is not on medications; attached to the medical evaluation was the resident's medication list it was dated 6/9/10, but not signed by the physician.	<i>1/21/11</i>	<p><i>The resident will have another medical evaluation completed with the medications listed, signed and dated by the physician.</i></p> <p><i>The other resident's medical evaluations will be reviewed to make sure they are correct.</i></p> <p><i>Per File Call - Use Resident [redacted] and for PCH Administration folder look new resident</i></p>	<i>Del 2-3-11</i>

*2-3-11  
Del  
2-3-11*

*Medical Evaluation for accuracy and completion upon receipt from the resident's physician. Incomplete Medication to be returned to resident physician*

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

NAME AND ADDRESS OF PERSONAL CARE HOME FITZMAURICE COMMUNITY SERVICES INC, 5 ELM STREET STROUDSBURG, PA 18360		CURRENT LICENSE NUMBER 209540	
INSPECTION DATES (Include all dates of the inspection) 12/08/2010		REGIONAL REPRESENTATIVE Florence Babiarz, Lori Knockstead	
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 <i>Elizabeth Foster, CEO</i>	DATE <i>1/14/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Duane C Salense</i>	DATE <i>2-3-11</i>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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)	DATE COMPLIANCE VERIFIED BY
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.	<b>RECEIVED</b>  JAN 18 2011  SCRANTON FIELD OFFICE Adult Residential Licensing			<i>See page 4 of 5</i>