

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, INC.
NAME OF FACILITY OR AGENCY

Located at 5 ELM STREET, STROUDSBURG, PA 18360
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

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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 23, 2011 until June 23, 2012,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 209540

Robert E. Robinson

ISSUING OFFICER

[Signature]

DIRECTOR

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 - 01/11



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

ADULT RESIDENTIAL LICENSING

JUN 29 2011

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, Inc.
5 Elm Street
Stroudsburg, Pennsylvania 18360

Dear Ms. Koster:

As a result of the Department of Public Welfare's licensing inspection on May 17, 2011 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,

A handwritten signature in black ink, appearing to read 'Ronald Melusky', with a long horizontal line extending to the right.

Ronald Melusky
Acting Director

Enclosures
License
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) 05/17/2011		REGIONAL REPRESENTATIVE Betty Bloch, Anne Graziano, Ann O'Haire	
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 Kester, CEO</i>	DATE <i>6/15/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Duane Valencia</i>	DATE <i>6-21-11</i>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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
18 A home shall comply with applicable Federal, State and local laws, ordinances and regulations.	The home did not have a current PA L&I "Certificate of Boiler or Pressure Vessel Operation" certificate for the W. McLain cast iron hot water heating boiler located in the basement. The certificate provided at inspection expired 3/16/11.	8/1/11	L & I has checked the furnace. We are waiting for the certificate.	
		6-21-11	Per Tele call w/ V-P of BTH - this date. The V-P has set up a computer outlet program to schedule and track when their Cert of Boiler or Pressure Vessel Operation is due for re-inspection. V-P has set 12-10-2012 to follow up for new certificate from Labor & Industry. DCU 6-21-11	DCU 6-21-11

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

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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 Kostew, CEO</i>	DATE <i>6/15/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Dune Valencia</i>	DATE <i>6-21-11</i>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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
25b 25b - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.	The contract dated 4/20/11 for resident #1 was not signed by the payer, who is the resident's representative payee.	<i>6/4/11</i>	<i>Contract was signed by the resident's Representative payee. The FCS VP will review all future contracts and ensure all are signed. See signed Room & Board contract, attached.</i>	<i>DCV 6-21-11</i>
		<i>6-21-11</i>	<i>Per tele call w/VP J.B.H. [redacted] this date. The administrator will review all resident contracts upon admission. V.P. J.B.H. will also review all new contracts for compliance with this regulation.</i>	<i>DCV 6-21-11</i>

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

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SIGNATURE OF LEGAL ENTITY <i>Elizabeth Kosker CEO</i>	DATE <i>6/16/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Doreen Valencia</i>	DATE <i>6-21-11</i>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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
82c Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.	One -70 ounce bottle of Shop Rite brand automatic dish washing detergent was found under the kitchen sink in an unlocked cupboard. This dishwashing detergent was marked "Caution, harmful if swallowed, keep out reach of Children." Emergency directions' stated to rinse mouth out and drink milk. Call poison control or seek a doctor immediately. The administrator stated that residents are not able to avoid poisons safely.	<i>5/18/11</i>	<i>The dishwashing detergent is now stored in a locked cabinet. Consumers are assessed regularly on their ability to safely use chemicals</i>	<i>6-21-11</i>
		<i>6-21-11</i>	<i>All staff will be trained on the importance of locking all poisonous materials in the cabinet maintained in the staff office. An interview scheduled for 6-23-11. The administrator and designee will monitor locked poisonous materials daily V-PJ B.H. will do random checks to ensure compliance. An tele call w/ V-PJ B.H. on 6-21-11 DCV 6-21-11</i>	<i>DCV</i>

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

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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</i>	DATE 6/15/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Diane Colavice</i>	DATE 6-21-11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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
103f Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers shall be required in refrigerators and freezers.	The Frigidaire brand chest freezer in the home's basement registered 10 degrees Fahrenheit at 10:25 am and again at 12:45 pm.	5/19/11	Administrator turned down the thermostat to make the freezer colder. Administrator will check the thermostat weekly and document on attached form. Temperature is now at zero degrees.	DcV 6-21-11

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

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SIGNATURE OF LEGAL ENTITY <i>Elizabeth Koster</i>	DATE 6/16/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Diane C Valance</i>	DATE 6-21-11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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
132a An unannounced fire drill shall be held at least once a month.	Staff person A, who is the administrator, stated staff persons are informed of a fire drill prior to the alarm being sounded. Also, the administrator stated that when a staff person is working alone, this staff person is responsible for pulling the fire alarm, assisting residents in evacuating the building, and timing and recording of the evacuation process.	6-16-11	Administrator and/or designee will conduct future fire drills to ensure they are unannounced and that one staff assists residents and one staff observes and documents the drills.	
		6-21-11	Per tele w/V-P of B.H. - [redacted] The V-P will monitor all Fire Drills to ensure they are all conducted unannounced to staff and only staff scheduled to work a specific shift when the drill is held will be the only staff person who will assist residents to evacuate during the fire drill. DCV 6-21-11	

Steps have been taken to correct violation; full compliance is not verifiable
Date: 6-21-11
Initials (DPW): DCV

the drill is held will be the only staff person who will assist residents to evacuate during the fire drill. DCV 6-21-11

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	
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SIGNATURE OF LEGAL ENTITY <i>Elizabeth Kostur</i>	DATE <i>6/15/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Dune C. Valence</i>	DATE <i>6-21-11</i>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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																																																																	
	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="border-bottom: 1px solid black;">Mont</td> <td style="border-bottom: 1px solid black;">Date</td> <td style="border-bottom: 1px solid black;">Time</td> <td style="border-bottom: 1px solid black;">Evac. Time</td> <td style="border-bottom: 1px solid black;">FSE</td> </tr> <tr> <td>Jan</td><td></td><td></td><td></td><td>No</td> </tr> <tr> <td>Feb</td><td></td><td></td><td></td><td>No</td> </tr> <tr> <td>Mar</td><td></td><td></td><td></td><td>No</td> </tr> <tr> <td>Apr</td><td></td><td></td><td></td><td>No</td> </tr> <tr> <td>May</td><td></td><td></td><td></td><td>No</td> </tr> <tr> <td>Jun</td><td></td><td></td><td></td><td>No</td> </tr> <tr> <td>Jul</td><td></td><td></td><td></td><td>No</td> </tr> <tr> <td>Aug</td><td></td><td></td><td></td><td>No</td> </tr> <tr> <td>Sep</td><td></td><td></td><td></td><td>No</td> </tr> <tr> <td>Oct</td><td></td><td></td><td></td><td>No</td> </tr> <tr> <td>Nov</td><td></td><td></td><td></td><td>No</td> </tr> <tr> <td>Dec</td><td></td><td></td><td></td><td>No</td> </tr> </table>	Mont	Date	Time	Evac. Time	FSE	Jan				No	Feb				No	Mar				No	Apr				No	May				No	Jun				No	Jul				No	Aug				No	Sep				No	Oct				No	Nov				No	Dec				No			<i>See previous page 5 of 19</i>
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No. 2677 P. 2

Jun. 21. 2011 3:35PM Fitzmaurice Community Services

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) 05/17/2011		REGIONAL REPRESENTATIVE Betty Bloch, Anne Graziano, Ann O'Haire	
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>Robert Katter, CEO</i>	DATE <i>6/14/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Doreen Valencia</i>	DATE <i>6-21-11</i>

REGULATION 55 Pa. Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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
144d Smoking outside of the smoking room is prohibited.	Evidence of smoking was found to have been taking place on the rear exterior ramp and common walkway that was located to the right of the door. 13 smoked cigarettes butts were observed to be extinguished on the side walk near this rear entrance.	<i>6/16/11</i>	<i>On 5/18/11, Administrator met and reviewed smoking policy with resident who does not always smoke in designated area nor utilize smoking urn. Smoking policy will be reviewed at house meeting on 6/16/11 with all residents</i>	<i>DCU 6-21-11</i>
		<i>6-21-11</i>	<i>Per tele call w/ VP - [redacted] all staff will be in-service on 6-23-11 regarding the Home's smoking policies and designated smoking areas. Staff Administrator to monitor smoking areas daily to ensure resident and staff compliance with the Home's smoking policies</i>	<i>DCU 6-21-11</i>

*compliance with the Home's smoking policies
DCU 6-21-11*

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	
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SIGNATURE OF LEGAL ENTITY <i>Elizabeth Foster</i>	DATE 6/16/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Deanne C. Valence</i>	DATE 6-21-11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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
171b5 If staff persons or volunteers of the home provide transportation for the residents, the vehicle shall have a first aid kit with the contents in 96.	The home's first aid kit located in the white van did not contain any protective gloves in the first aid kit at time of inspection. This van is used to transport residents.	5/18/11	Protective gloves were put in the first aid kit. kits have tape over them to easily see if tape is broken the kits have been opened. kits will be checked monthly. See attached form.	DCV 6-21-11

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

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PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Elizabeth Koster, CEO</i>			
SIGNATURE OF LEGAL ENTITY <i>Elizabeth Koster</i>	DATE <i>6/15/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Doreen Valencia</i>	DATE <i>6-21-11</i>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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
186a Each prescription medication shall be prescribed in writing by an authorized prescriber. Prescription orders shall be kept current.	Resident #2 has an order for Lopermide HCL 2 mg capsules, take 1 capsule as needed by mouth for diarrhea symptoms was not available. No written physician's order was found discontinuing this medication.	<i>6-24-11</i>	Administrator will do an inservice on 6/20/11 and retrain staff on med. policy & procedure and proper documentation. Agency nurse will review MAR's twice a month - See attached form.	<p align="center">Steps have been taken to correct violation; full compliance is not verifiable</p> <p align="center">Date: <i>6-21-11</i> Initials: <i>OPW</i></p>
		<i>6-21-11</i>	<i>Per Tele call w/ V.P. [redacted] on 6-21-11. The administrator will check all resident medications weekly to ensure all required resident medications are current and are physically present in the home at all times.</i>	

DCV 6-21-11

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

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SIGNATURE OF LEGAL ENTITY <i>Elizabeth Jordan, CEO</i>	DATE 6/16/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Diane Valencia</i>	DATE 6-21-11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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
188b A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.	Review of the Department's Reportable Incident and Condition form completed for resident #3 on 9/12/10 indicated the resident received the 8am, 12pm, and 8pm doses of medication at 8am on this day. The home did not report this medication error to the prescriber.	6/30/11	Administrator will do an inservice with all staff. Medication policy and procedure will be reviewed. Staff will be retrained on MAR documentation procedures. FCS Agency nurse will review MAR's twice a month. See attached form.	DCV 6-21-11
		5-17-11	Re Tele call w/ V.P. [redacted] on 6-21-11. V.P. notified resident #1's death on 5-17-11 of medication error. The Administrator will ensure that all medication errors are reported correctly and timely as required by this regulation Dec 6, 2011	

re reported correctly and timely as required by this regulation Dec 6, 2011

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

No. 2677 P. 3

NAME AND ADDRESS OF PERSONAL CARE HOME FITZMAURICE COMMUNITY SERVICES INC, 5 ELM STREET STROUDSBURG, PA 18360		CURRENT LICENSE NUMBER 209540	
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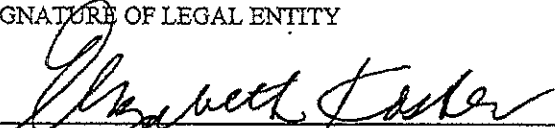

Fitzmaurice Community Services

Jun. 21. 2011 3:35PM

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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
187a A medication record shall be kept to include the following for each resident for whom medications are administered: (1) Resident's name. (2) Drug allergies. (3) Name of medication. (4) Strength. (5) Dosage form. (6) Dose. (7) Route of administration. (8) Frequency of administration. (9) Administration times. (10) Duration of therapy, if applicable. (11) Special	Resident #3 has an order for Colace (Docusate Sodium) 100mg capsules, take 1 capsule by mouth 2 times a day for constipation was not documented as being given or refused on 5/16/2011 for the 8:00pm dose. Resident #4 has an order for Benztropine Mesylate 1 mg. tablet (Cogentin) to be taken two times a day was not documented as being given at the 8:00pm dose on 5/5/11- 5/6/11- 5/7/11- 5/16/11	<i>5/17/11</i>	<i>Administrator confirmed with 2nd shift staff for 5/16/11 and medications were given to both residents. Resident #4 was on a home visit from 5/5/11-5/7/11 so the MAR was marked accordingly by the staff. The Administrator will be doing an inservice on 6/23/11 for all staff on medication procedures.</i>	<i>Dev 6-21-11</i>
		<i>6-21-11</i>	<i>Per file call w/ UP ABH- [redacted] the date 6-21-11. The administrator will review all resident medication Administration Records weekly</i>	

To make sure medications are given as prescribed or medication refusals are noted and reported timely. Dev 6-21-11

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

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REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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
precautions, if applicable. (12) Diagnosis or purpose for the medication, including pro re nata (PRN). (13) Date and time of medication administration. (14) Name and initials of the staff person administering the medication.				<i>See previous page 11 of 19</i>

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

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SIGNATURE OF LEGAL ENTITY <i>Elizabeth Foster, CEO</i>	DATE <i>6/15/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Durane Colance</i>	DATE <i>6-21-11</i>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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
221a The administrator shall develop a program of activities designed to promote each resident's active involvement with other residents, the resident's family and the community.	The May 2011 activities calendar for the residents did not include at least two activities per day for the residents to participate in, if desired.	<i>6/1/11</i>	<i>The Activity calendar will have two daily activities. See attached June Activity Calendar.</i>	<i>DCU</i>
		<i>6-21-11</i>	<i>Per Tele call w/V-P [redacted] this date. The administrator will be responsible to ensure that Two (2) activities a day are scheduled and that the activities scheduled do occur daily. The activity calendar will be posted in the Home's foyer so that all residents can be made aware of all activities offered. VPR/BK will monitor monthly to</i>	<i>6-21-11</i>

ensure administrator conducts daily activities as scheduled 06/21/11

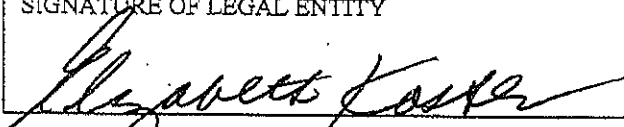
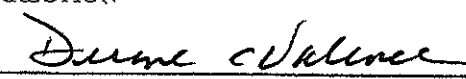
VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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) 05/17/2011		REGIONAL REPRESENTATIVE Betty Bloch, Anne Graziano, Ann O'Haire	
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</i>	DATE 6/15/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Diane Valencia</i>	DATE 6-21-11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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
252 Each resident's record shall include the following information: (1) Name, gender, admission date, birth date and Social Security number. (2) Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks. (3) A photograph of the resident that is no more than 2 years old. (4) Language or means of communication spoken or used by the resident. (5) The name,	The record of resident #1 did not include a picture of the resident. This resident was admitted to the home on 4/20/11.	6/1/11	Picture of resident was taken and put in [redacted] file. Administrator will utilize PCH Initial Documentation checklist to ensure all required paperwork is completed.	DCV 6-21-11
		6-21-11	Per file call w/ V-P. [redacted] this date. All resident records were reviewed as well and each record does contain a current picture of each resident. [redacted] being followed. The administrator will be responsible to ensure	

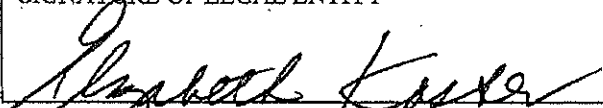

all required information is contained in each resident record as required by this regulation. DCV 6/21/11

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) 05/17/2011		REGIONAL REPRESENTATIVE Betty Bloch, Anne Graziano, Ann O'Haire	
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 6/16/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 6-21-11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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
address, telephone number and relationship of a designated person to be contacted in case of an emergency. (6) The name, address and telephone number of the resident's physician or source of health care. (7) The current and previous 2 years' physician's examination reports, including copies of the medical evaluation forms. (8) A list of prescribed medications, OTC medications and CAM. (9) Dietary				See previous page 14 of 19

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) 05/17/2011		REGIONAL REPRESENTATIVE Betty Bloch, Anne Graziano, Ann O'Haire	
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SIGNATURE OF LEGAL ENTITY 	DATE 6/16/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 6-21-11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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
restrictions, if any. (10) A record of incident reports for the individual resident. (11) A list of allergies, if any. (12) The documentation of health care services and orders, including orders for the services of visiting nurse or home health agencies. (13) The preadmission screening, initial intake assessment and the most current version of the annual assessment. (14) A support plan. (15) Applicable court order, if any.				<i>See previous page 14 of 19</i>

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) 05/17/2011		REGIONAL REPRESENTATIVE Betty Bloch, Anne Graziano, Ann O'Haire	
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</i>	DATE <i>6/16/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Diane Valencia</i>	DATE <i>6-21-11</i>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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
(16) The resident's medical insurance information. (17) The date of entrance into the home, relocations and discharges, including the transfer of the resident to other homes owned by the same legal entity. (18) An inventory of the resident's personal property as voluntarily declared by the resident upon admission and voluntarily updated. (19) An inventory of the resident's property entrusted to the administrator for safekeeping. (20) The financial records of residents				<i>See previous page 14 of 19</i>

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) 05/17/2011		REGIONAL REPRESENTATIVE Betty Bloch, Anne Graziano, Ann O'Haire	
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</i>	DATE <i>6/16/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>June C. Dale</i>	DATE <i>6-21-11</i>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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
receiving assistance with financial management. (21) The reason for termination of services or transfer of the resident, the date of transfer and the destination. (22) Copies of transfer and discharge summaries from hospitals, if available. (23) If the resident dies in the home, a copy of the official death certificate. (24) Signed notification of rights, grievance procedures and applicable consent to treatment protections specified				<i>See previous page 14 of 19</i>

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	
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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</i>	DATE <i>6/16/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Doreen C. Salovee</i>	DATE <i>6-21-11</i>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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
In 41. (25) A copy of the resident-home contract. (26) A termination notice, if any				<i>See previous page 14 of 19</i>