

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 23, 2011 until June 23, 2012,

unless sooner revoked for non-compliance with applicable laws and regulations.

No: 245450

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

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

JUN 23 2011

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 18, 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 'R. Melusky'.

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, 212 CARBON STREET LEHIGHTON, PA 18235		CURRENT LICENSE NUMBER 245450	
INSPECTION DATES (Include all dates of the inspection) 05/18/2011		REGIONAL REPRESENTATIVE Ann O'Haire, 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) <i>Elizabeth Koster, CEO</i>			
SIGNATURE OF LEGAL ENTITY <i>Elizabeth Koster, CEO</i>	DATE <i>6/16/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Diane Valencia</i>	DATE <i>6-17-11</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
96a The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors; breathing shield, eye coverings and tweezers.	The first aid kit located in the home's Honda Odyssey van did not contain a breathing shield or eye coverings. This van is used to transport residents.	<i>5/18/11</i>	<i>Breathing shield and eye coverings were put in the vehicle on 5/18/11. Tape has been put on kits to see if they have been opened and check if items need to be replaced. kits will be checked monthly. See attached form.</i>	<i>DCV 6-17-11</i>
		<i>6-17-11</i>	<i>Per tele call w/ V-P/D/B/H - [redacted] The administrator will do monthly checks of all 1st aid kits to make sure all kits contain items required by regulation 2600-96</i>	<i>DCV 6-17-11</i>

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

NAME AND ADDRESS OF PERSONAL CARE HOME FITZMAURICE COMMUNITY SERVICES, 212 CARBON STREET LEHIGHTON, PA 18235		CURRENT LICENSE NUMBER 245450	
INSPECTION DATES (Include all dates of the inspection) 05/18/2011		REGIONAL REPRESENTATIVE Ann O'Haire, 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 <i>Elizabeth K... [Signature]</i>	DATE 6/16/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>D... [Signature]</i>	DATE 6-17-11

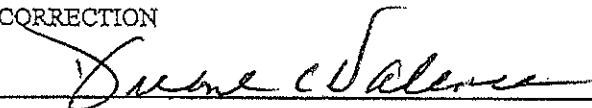
REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
132a An unannounced fire drill shall be held at least once a month.	The home did not have unannounced fire drills on 8/30/10 & 10/22/10. One staff person was in the facility and was informed by the administrator to run a fire drill. One staff person cannot observe the fire drill, time the fire drill and assist residents with exiting the facility at the time of a fire drill.	6/1/11	The Administrator will arrange or be the observing staff person at all fire drills.	
	Repeated Violations: 04/21/2010	6-17-11	Per Tele call w/ VPPQBH- [redacted] this date. The administrator will be responsible to make sure all fire drills are unannounced and no staff or residents are made aware of when a fire drill will be conducted. The administrator will ensure that only staff scheduled to work regular shift when unannounced drills are held will be the only staff to participate in the fire drill.	

Steps have been taken to correct violation; full compliance is not verifiable
 Date: 6-17-11
 Initials (DPW): DCV

and assist residents with exiting the facility at the time of the drill. DCV 6-17-11

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

Page 3 of 8

NAME AND ADDRESS OF PERSONAL CARE HOME FITZMAURICE COMMUNITY SERVICES, 212 CARBON STREET LEHIGHTON, PA 18235		CURRENT LICENSE NUMBER 245450	
INSPECTION DATES (Include all dates of the inspection) 05/18/2011		REGIONAL REPRESENTATIVE Ann O'Haire, 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	DATE	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE
			6-17-11

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																																																																	
	<table border="1" style="width: 100%; border-collapse: collapse; font-size: small;"> <thead> <tr> <th>Month</th> <th>Date</th> <th>Time</th> <th>Evac. Time</th> <th>FSE</th> </tr> </thead> <tbody> <tr><td>Jan</td><td>01/15/2011</td><td>11:17 AM</td><td>60 secs</td><td>No</td></tr> <tr><td>Feb</td><td>02/07/2011</td><td>08:00 PM</td><td>60 secs</td><td>No</td></tr> <tr><td>Mar</td><td>03/04/2011</td><td>07:30 AM</td><td>2 mins 5 secs</td><td>No</td></tr> <tr><td>Apr</td><td>04/20/2011</td><td>02:00 PM</td><td>2 mins 5 secs</td><td>No</td></tr> <tr><td>May</td><td>05/28/2010</td><td>02:00 AM</td><td>1 min 33 secs</td><td>No</td></tr> <tr><td>Jun</td><td>06/24/2010</td><td>09:55 AM</td><td>1 min 50 secs</td><td>Yes</td></tr> <tr><td>Jul</td><td>07/21/2010</td><td>07:00 AM</td><td>2 min 22 secs</td><td>No</td></tr> <tr><td>Aug</td><td>08/30/2010</td><td>08:00 PM</td><td>1 min 30 secs</td><td>No</td></tr> <tr><td>Sep</td><td>09/20/2010</td><td>08:30 AM</td><td>1 min 50 secs</td><td>No</td></tr> <tr><td>Oct</td><td>10/22/2010</td><td>07:00 PM</td><td>1 min 0 secs</td><td>No</td></tr> <tr><td>Nov</td><td>11/04/2010</td><td>04:30 AM</td><td>1 min 32 secs</td><td>No</td></tr> <tr><td>Dec</td><td>12/07/2010</td><td>09:30 PM</td><td>1 min 30 secs</td><td>No</td></tr> </tbody> </table>	Month	Date	Time	Evac. Time	FSE	Jan	01/15/2011	11:17 AM	60 secs	No	Feb	02/07/2011	08:00 PM	60 secs	No	Mar	03/04/2011	07:30 AM	2 mins 5 secs	No	Apr	04/20/2011	02:00 PM	2 mins 5 secs	No	May	05/28/2010	02:00 AM	1 min 33 secs	No	Jun	06/24/2010	09:55 AM	1 min 50 secs	Yes	Jul	07/21/2010	07:00 AM	2 min 22 secs	No	Aug	08/30/2010	08:00 PM	1 min 30 secs	No	Sep	09/20/2010	08:30 AM	1 min 50 secs	No	Oct	10/22/2010	07:00 PM	1 min 0 secs	No	Nov	11/04/2010	04:30 AM	1 min 32 secs	No	Dec	12/07/2010	09:30 PM	1 min 30 secs	No			See page 2 of 8
Month	Date	Time	Evac. Time	FSE																																																																	
Jan	01/15/2011	11:17 AM	60 secs	No																																																																	
Feb	02/07/2011	08:00 PM	60 secs	No																																																																	
Mar	03/04/2011	07:30 AM	2 mins 5 secs	No																																																																	
Apr	04/20/2011	02:00 PM	2 mins 5 secs	No																																																																	
May	05/28/2010	02:00 AM	1 min 33 secs	No																																																																	
Jun	06/24/2010	09:55 AM	1 min 50 secs	Yes																																																																	
Jul	07/21/2010	07:00 AM	2 min 22 secs	No																																																																	
Aug	08/30/2010	08:00 PM	1 min 30 secs	No																																																																	
Sep	09/20/2010	08:30 AM	1 min 50 secs	No																																																																	
Oct	10/22/2010	07:00 PM	1 min 0 secs	No																																																																	
Nov	11/04/2010	04:30 AM	1 min 32 secs	No																																																																	
Dec	12/07/2010	09:30 PM	1 min 30 secs	No																																																																	

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

NAME AND ADDRESS OF PERSONAL CARE HOME FITZMAURICE COMMUNITY SERVICES, 212 CARBON STREET LEHIGHTON, PA 18235		CURRENT LICENSE NUMBER 245450	
INSPECTION DATES (Include all dates of the inspection) 05/18/2011		REGIONAL REPRESENTATIVE Ann O'Haire, 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 <i>Elizabeth Kasper</i>	DATE 6/16/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Suma Caldera</i>	DATE 6-17-11

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
183d Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.	The first aid kit located in the home's Ford E-350 van contained a 1-ounce tube of Equate Triple Antibiotic Ointment which had an expiration date of March 2011 on it. This van is used to transport residents.	5/18/11	Expired ointment was removed and replaced. First aid kit will be checked monthly - see attached form.	DCV 6-17-11
		6-17-11	<i>Per tele call this date w/ V.P. of BH - [redacted] The administrator will do monthly checks of all 1st aid kits & make sure that no kit contains any expired ointments or medications.</i> DCV 6-17-11	

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

NAME AND ADDRESS OF PERSONAL CARE HOME FITZMAURICE COMMUNITY SERVICES, 212 CARBON STREET LEHIGHTON, PA 18235		CURRENT LICENSE NUMBER 245450	
INSPECTION DATES (Include all dates of the inspection) 05/18/2011		REGIONAL REPRESENTATIVE Ann O'Haire, 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 <i>Elizabeth Kover</i>	DATE <i>6/16/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>June C Valence</i>	DATE <i>6-17-11</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
186c Changes in a medication may only be made in writing by the prescriber, or in the case of an emergency, an alternate prescriber, except for circumstances in which oral orders may be accepted by nurses in accordance with regulations of the Department of State. The resident's medication record shall be updated as soon as the home receives written notice of the change.	The May 2011 medication administration record for resident # 1 indicated the prescribed medication Acetaminophen ext str (MAPAP) 500mg tablet Lk. Genebs take 2 tabs by mouth every 6 hours (fever) was "Discontinued" and had not been administered from 5/1/11 - 5/18/11. The home was unable to provide a discontinue order from the prescriber on the day of this inspection.	<i>6/8/11</i>	<i>The medication was not discontinued. The FCS nurse will compare the MAR's to medication scripts twice a month. See the attached form for the nurse review of MARs</i>	Steps have been taken to correct violation; full compliance is not verifiable <i>6-17-11</i> Date Initials (DPW) <i>DKV</i>
		<i>6-17-11</i>	<i>Re: Tele call w/ V-P - JBIH. This date, the medication was not discontinued. An employee noted discontinued in error. Medication is a PRN for resident #1. Employees who made error on the MAR will be re-trained on Medication Administration records by 7-20-11, upon return from leave. The Home's administrator</i>	

will conduct an in service by 6-22-11 for all medication tech staff regarding medication administration and documentation and provide proof of training to ALL by 6-23-11

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

NAME AND ADDRESS OF PERSONAL CARE HOME FITZMAURICE COMMUNITY SERVICES, 212 CARBON STREET LEHIGHTON, PA 18235		CURRENT LICENSE NUMBER 245450	
INSPECTION DATES (Include all dates of the inspection) 05/18/2011		REGIONAL REPRESENTATIVE Ann O'Haire, 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 <i>Elizabeth Korde</i>	DATE <i>6/16/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Duane C Valance</i>	DATE <i>6-17-11</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
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	The May 2011 medication administration record for resident # 2 did not include a diagnosis or purpose for the prescribed medication "Zolipden 10mg take 1 table by mouth at bedtime". The May 2011 medication administration record for resident # 3 did not include a diagnosis or purpose for the prescribed medication "Clozapine 200mg tabs take 2 tabs by mouth(400mg) at bedtime" and for "Lorazepam 1mg tablet lk: Ativan take 1 tab by mouth every 4 hours as needed".	<i>5/18/11</i>	The diagnosis/purpose was added for both residents. The Agency nurse will review all MAR's twice a month to ensure that all medications have diagnosis/purpose listed. See attached PCH NURSE VISIT LOG.	<i>DCV 6-17-11</i>
		<i>6-17-11</i>	<i>Ret. do call w/ V-P N.B.H. [redacted] on his date. The administration will review resident medication administration records weekly to make sure all medication records for residents contains a diagnosis</i>	

*on purpose for each resident medication
Corrected resident #2 and #3 MAR's for May DCV 6-17-11
and June 2011 enclosed to support correction.*

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

NAME AND ADDRESS OF PERSONAL CARE HOME FITZMAURICE COMMUNITY SERVICES, 212 CARBON STREET LEHIGHTON, PA 18235		CURRENT LICENSE NUMBER 245450	
INSPECTION DATES (include all dates of the inspection) 05/18/2011		REGIONAL REPRESENTATIVE Ann O'Haire, 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	DATE	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Doreen Valencia</i>	DATE 6-17-11

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
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 6 of 8</i>

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

NAME AND ADDRESS OF PERSONAL CARE HOME FITZMAURICE COMMUNITY SERVICES, 212 CARBON STREET LEHIGHTON, PA 18235		CURRENT LICENSE NUMBER 245450	
INSPECTION DATES (Include all dates of the inspection) 05/18/2011		REGIONAL REPRESENTATIVE Ann O'Haire, 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 <i>Elizabeth Foster</i>	DATE 6/16/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Doreen C. Valence</i>	DATE 6-17-11

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
187d The home shall follow the directions of the prescriber.	The May 2011 medication administration record indicated resident # 4 was prescribed Amoxicillin 500mg capsule and Skelaxin 800mg tablet at 8am, 12pm, and 3pm; there was no documentation on this record that the 12pm doses of these medications were offered or administered to or refused by the resident from 5/2/11 through 5/16/11.	6/30/11	Administrator will do an inservice with all staff. Policy and practice will be reviewed. Staff will be retrained on proper documentation of MAR's. Agency nurse will review all MAR's twice a month. See attached form.	<div style="writing-mode: vertical-rl; transform: rotate(180deg);"> Steps have been taken to correct violation; full compliance is not verifiable Date: 6-17-11 Initials (DPW): <i>DPW</i> </div>
		6-17-11	Re: Tele call w/ V.P. Q.B.H. [redacted] re: date. Staff failed to document that resident #4 refused his 12pm medication. Refused noted in his violation. All medication administration staff will have an in-service on medication administration and record documentation to be held by 6/22/11 by the Home. Medication Team - The Home Records to submit to APRC - documentation & training	

Re: Tele call w/ V.P. Q.B.H. [redacted] re: date. Staff failed to document that resident #4 refused his 12pm medication. Refused noted in his violation. All medication administration staff will have an in-service on medication administration and record documentation to be held by 6/22/11 by the Home. Medication Team - The Home Records to submit to APRC - documentation & training