



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: March 15, 2012**

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 January 11, 2012 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,

*Anne Graziano*

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, PA 18235		CURRENT LICENSE NUMBER 245450	
INSPECTION DATES (Include all dates of the inspection) 01/11/2012		REGIONAL REPRESENTATIVE Gerald Dumas	
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>2/22/12</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Dune Dumas</i>	DATE <i>3-15-12</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
227d Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.	Resident # 1 (date of admission 4-14-11) has a history of mental health services and behaviors which require ongoing monitoring for this individual. However, the "Service Needs" section of the support plan does not address a history of services or ongoing behaviors other than noting the resident is affiliated with "NWHS". The home needs to provide as much detail in the service needs section regarding the resident's mental health history, behaviors and instructions of any specific needs to better serve the resident.  <b>RECEIVED</b> FEB 24 2012 SCRANTON FIELD OFFICE Adult Residential Licensing	<i>2/21/12</i>	RESIDENT HAD STOPPED TAKING PSYCHOTROPIC MEDICATIONS AND HAD DELUSIONAL THOUGHTS. THE RESIDENT WAS INVOLUNTARILY HOSPITALIZED AND NO LONGER RESIDES IN OUR PERSONAL CARE HOME. FUTURE SUPPORT PLANS WILL BE MORE SPECIFIC ON HOW TO ADDRESS MENTAL HEALTH ISSUES. THE VP OF BEHAVIORAL HEALTH WILL MONITOR THESE.	<i>AG</i> <i>3-15-12</i>