

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to FITZMAURICE COMMUNITY SERVICES, INC.

To operate FITZMAURICE COMMUNITY SERVICES

Located at 212 CARBON STREET, LEHIGHTON, PA 18235

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

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ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

To provide Personal Care Homes

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.

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

and shall remain in effect from June 24, 2012 until June 24, 2013,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 245450

Robert E. Robinson

ISSUING OFFICER

R. C. King

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

MAY 11 2012

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
212 Carbon Street
Lehighton, Pennsylvania 18235

Dear Ms. Koster:

As a result of the Department of Public Welfare's licensing inspection on April 12, 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.

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".

Ronald Melusky
Director

Enclosures
License
Violation Report

Violation Report: 24545 - 04/12/2012 - Bablarz, Florence

1. REGULATION 55 Pa.Code §2800

2800.25(a)(1) - Prior to admission, or within 24 hours after admission, a written resident-home contract (contract) between the resident and the home shall be in place.

2. DESCRIPTION OF VIOLATION

The contract in the record of resident #1 (admitted 3/15/12) did not contain pages 5- 12.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The missing pages of the room & board contract were faxed to the Personal Care Home on April 12, 2012. Pages 5 - 12 are also attached. The PCH Administrator will ensure that all future room & board contracts are available at the Personal Care Home and the PCH Administrator will use the attached form, initialling the documentation check-list.

Adm will conduct an audit to ensure all other resident contracts are current, complete, and in compliance with the regulation.

5-3-12

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	Elizabeth Koster, CEO
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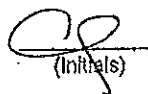
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
ELIZABETH KOSTER, CEO	5/1/12

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 5-3-12
(Date)

Verification of Legal Entity Representative Signature 5-3-12
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by 
(Initials)

Violation Report: 24545 - 04/12/2012 - Bablarz, Florence

1. REGULATION 56 Pa.Code §2600

2600.28(1)(1) - Within 30 days of either the termination of service by the home or the resident's leaving the home, the resident shall receive an itemized written account of the resident's funds, including notification of funds still owed the home by the resident or a refund owed the resident by the home.

2. DESCRIPTION OF VIOLATION

Resident #2 was discharged from the home on 1/9/12. The home did not have information regarding funds still owed to the home by the resident totalling \$713.10.
Resident #3 was discharged from the home on 12/22/11. The home did not have information regarding funds still owed to the home by the resident totalling \$185.28.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Attached are bills for the residents stating how much is owed to Fitzmaurice Community Services. For future discharges, the Administrator will use the attached discharge form which states whether the resident or FCS is owed rent monies.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Elizabeth Koster*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) ELIZABETH KOSTER	Date 5/1/12
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The above plan of correction was approved by <i>[Signature]</i> (Initials)	<input type="checkbox"/> Fully Implemented
	<input checked="" type="checkbox"/> Partially Implemented - Adequate Progress
	<input type="checkbox"/> Partially Implemented - Inadequate Progress
	<input type="checkbox"/> Not Implemented

Violation Report: 24545 - 04/12/2012 - Babiarz, Florence

1. REGULATION 55 Pa.Code §2600

2600.85(a) - Sanitary conditions shall be maintained.

2. DESCRIPTION OF VIOLATION

The bathroom tub/shower located on the second floor had mildew on the seam of the wall where the wall and tub meet.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The tub/shower had a hard water stain; it was not determined to be mildew. The stain was removed and the tub recaulked. The Administrator will check the tub/shower on a weekly basis so that any stains, or mildew can be treated quickly.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Elizabeth Foster, CEO

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

ELIZABETH FOSTER, CEO

Date

5/1/12

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The above plan of correction is approved as of

5-3-12
(Date)

Verification of Legal Entity Representative Signature

5-3-12
(Date)

- Fully Implemented
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The above plan of correction was approved by

[Signature]
(Initials)

Violation Report: 24545 - 04/12/2012 - Babiarz, Florence

1. REGULATION 55 Pa.Code §2600

2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2. DESCRIPTION OF VIOLATION

The medical evaluation in the record of resident #4 (dated 1/10/12) did not specify the resident's diet, treatment or therapy needs, and body positioning needs, if any.
 The medical evaluation in the record of resident #5 (dated 10/3/11) did not specify the resident diet or treatment or therapy needs, if any.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The two medical evaluations have been completed by the physicians and are attached. For future appointments, the Administrator will ensure that the forms are thorough and completed prior to leaving the physician's office.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative <i>Elizabeth Koster, CEO</i>	Date
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Printed Name and Title of Legal Entity Representative <i>ELIZABETH KOSTER, CEO</i>	Date <i>5/1/12</i>
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(Date)

Verification of Legal Entity Representative Signature 5-3-12
(Date)

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(Initials)

- Fully Implemented
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- Not Implemented

Violation Report: 24545 - 04/12/2012 - Bablarz, Florence

1. REGULATION 55 Pa.Code §2600

2600.171(b)(5) - If staff persons or volunteers of the home provide transportation for the residents, the vehicle must have a first aid kit with the contents in § 2600.96 (relating to first aid kit).

2. DESCRIPTION OF VIOLATION

The home's Honda Odyssey used to transport residents, did not contain a first aid kit.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The missing first aid kit was replaced at licensing. The Administrator will check weekly to ensure that a first aid kit is full and in the vehicle.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
(Required on EVERY Page) *Elizabeth Koster, CEO*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>ELIZABETH KOSTER, CEO</i>	Date <i>5/1/12</i>
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(Initials)

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Violation Report: 24546 - 04/12/2012 - Bablarz, Florence

1. REGULATION 55 Pa.Code §2600

2600.181(c) - A resident who desires to self-administer medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.

2. DESCRIPTION OF VIOLATION

Resident #6 self-administers 3-13 units of Humalog insulin before each meal and 10 units of Lantus insulin at 8:00pm daily. The resident's current Documentation of Medical Evaluation (DME) completed 3/15/12 states the resident is not able to self-administer medications and therefore, a staff person must administer the insulin the resident is currently self-administering.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The physician ordered the resident to administer this individual's insulin on April 17, 2012. The Administrator will ensure that at future medical evaluation appointments that it is clearly noted on the medical evaluation form.

Repeat Violation: No -	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
(Required on EVERY Page) *Elizabeth Foster, CEO*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>ELIZABETH FOSTER</i>	Date <i>5/1/12</i>
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The above plan of correction was approved by *EF*
(Initials)

- Fully Implemented
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- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 24545 - 04/12/2012 - Bablarz, Florence

1. REGULATION 55 Pa.Code §2800

2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2. DESCRIPTION OF VIOLATION

Both staff person "A", who is the administrator and staff person "B" stated it is the home's policy that two staff persons count the remaining number of each narcotic medication at the beginning and end of each shift and document the count on the narcotic count sheet. The narcotic count sheet indicates two staff persons did not count the remaining number balance of Chlordiazepoxide 25mg prescribed to resident #6 at the beginning and end of each shift on 4/2/12, 4/5/12, 4/8/12, and 4/9/12.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Both staff reviewed the FCS Controlled Substance Policy (attached). The Personal Care Home is now using the suggested Controlled Substance Count form.

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative
(Required on EVERY Page) *Elizabeth Koster*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) ELIZABETH KOSTER	Date 5/1/12
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The above plan of correction was approved by *EK*
(Initials)

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- Not Implemented

Violation Report: 24545 - 04/12/2012 - Bablarz, Florence

1. REGULATION 55 Pa.Code §2600

2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

2. DESCRIPTION OF VIOLATION

The following "description of service needs" sections on the Resident Assessment and Support Plan (RASP) in the record of resident #5 (dated 10/11/11) were not completed in their entirety as they were left blank: Personal hygiene, managing healthcare, securing healthcare, laundry, shopping, managing finances, obtain seasonal clothing, irritability, judgment, agitation, aggression, hallucinations, and summary and determination.

The following "description of service needs" sections on the RASP in the record of resident #1 (dated 3/30/12) were not completed in their entirety as they were left blank: Supervision, medication administration, social and recreational needs, hobbies and interests, and summary and determination.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Both resident's assessment and support plans have been updated. The Program Director will review all future RASP forms to ensure they are completed.

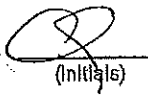
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