

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, INC.

Located at 5 ELM STREET, STROUDSBURG, PA 18360

ADDRESS OF SATELLITE SITE

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: 209540

*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

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

JUN 06 2012

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 April 17, 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', with a long horizontal stroke extending to the right.

Ronald Melusky  
Director

Enclosures  
License  
Violation Report



Violation Report: 20954 - 04/17/2012 - Patton, Leslie

1. REGULATION 55 Pa.Code §2600

2600.20(b)(8) - The home shall give the resident and the resident's designated person, an itemized account of financial transactions made on the resident's behalf on a quarterly basis.

2. DESCRIPTION OF VIOLATION

The home has not been maintaining an itemized account of financial transactions made on resident #1's behalf on a quarterly basis.

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 Administrator completed a quarterly financial review with the resident. The Administrator will do quarterly reviews for all residents that we assist with spending money. See attached quarterly report.

*The administrator will monitor and assure ongoing compliance*  
*Mr*  
*5/22/12*

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*

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

The above plan of correction is approved as of *5/22/12* Verification of Legal Entity Representative Signature *5/22/12*  
(Date) (Date)

The above plan of correction was approved by *[Signature]*  
(Initials)

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

Violation Report: 20954 - 04/17/2012 - Patton, Leslie

**1. REGULATION 55 Pa.Code §2600**

2600.85(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
- (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
- (3) Resident rights.
- (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).
- (5) Falls and accident prevention.
- (6) New population groups that are being served at the home that were not previously served, if applicable.

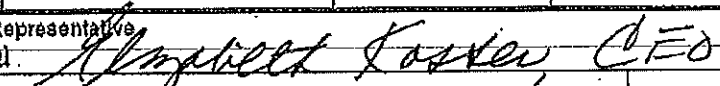

**2. DESCRIPTION OF VIOLATION**

Direct Care staff member A, (hired 7/7/2010) did not receive training regarding the Older Adult Protective Services Act during the 2011 training year.

**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.*

Training with the staff person has been completed; attached please find the training record. The Administrator will utilize the Personal Care Home Annual Training Plan to ensure that trainings are not missed.

Repeat Violation: No	Date(s) of Previous Violation(s):	
Signature of Legal Entity Representative <i>(Required on EVERY Page)</i> 		
Printed Name and Title of Legal Entity Representative <i>(Required on EVERY Page)</i> ELIZABETH KOSTER		Date 5/1/12
<b>DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!</b>		
The above plan of correction is approved as of <u>5/22/12</u> (Date)	Verification of Legal Entity Representative Signature <u>5/22/12</u> (Date)	
The above plan of correction was approved by  (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: 20954 - 04/17/2012 - Patton, Leslie

**1. REGULATION 55 Pa.Code §2600**

2600.91 - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

**2. DESCRIPTION OF VIOLATION**

The Personal Care Home Complaint Hotline phone number was incorrectly posted on and above the telephone located in the home's living room.

**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 correct telephone number was posted during licensing.

The administrator will monitor and assure ongoing compliance -

*m 5/22/12*

Repeat Violation: No	Date(s) of Previous Violation(s):		
----------------------	-----------------------------------	--	--

Signature of Legal Entity Representative  
(Required on EVERY Page) *Elizabeth Kaster, CEO*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <b>ELIZABETH KASTER</b>	Date <b>5/1/12</b>
---	--------------------

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

The above plan of correction is approved as of <u>5/22/12</u> (Date)	Verification of Legal Entity Representative Signature <u>5/22/12</u> (Date)
---	--

The above plan of correction was approved by *m*  
(Initials)

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

Violation Report: 20954 - 04/17/2012 - Patton, Leslie

**1. REGULATION 55 Pa.Code §2600**

2600.132(f) - Alternate exit routes shall be used during fire drills.

**2. DESCRIPTION OF VIOLATION**

The home's monthly fire drill record indicates the home is not alternating exit routes and used the "front door" exit during drills conducted on 12/20/11, 1/18/12, and 2/16/12.

**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 Administrator will review previous fire drills regarding exit doors used. When conducting the fire drill, the Administrator will not use exit doors used in the previous fire drills.

*The administrator will assure that alternate exit routes will be used during monthly fire drills.*

*The administrator will monitor for ongoing compliance.*

*mm  
5/22/12*

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*

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

The above plan of correction is approved as of *5/22/12* (Date)      Verification of Legal Entity Representative Signature *5/22/12* (Date)

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

The above plan of correction was approved by *mm* (Initials)

Violation Report: 20954 - 04/17/2012 - Patton, Leslie

**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 #2 (dated 8/30/11) does not indicate treatment or body positioning 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 Medical Evaluation was completed on April 24, 2012 by the physician. In the future, the Administrator will review the medical evaluation forms prior to the end of the appointment to ensure that they are complete.

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page)			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)			Date
ELIZABETH KOSTER, CEO			5/1/12
<b>DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!</b>			
The above plan of correction is approved as of		Verification of Legal Entity Representative Signature	
5/22/12 (Date)		5/22/12 (Date)	
The above plan of correction was approved by		<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	
[Signature]			
(Initials)			

13 of 13 pages of information were reviewed.