



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

JUL 05 2013

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 16, 2013, of the above personal care home the violations with 55 Pa.Code Ch. 2600 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 2600 must be maintained.

Your regular license for the period June 24, 2013 to June 24, 2014 was issued on March 13, 2013. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink, appearing to read "Ronald Melusky".

Ronald Melusky
Director

Enclosure
Violation Report

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

PCH Name: FITZMAURICE COMMUNITY SERVICES		License Number: 24545
Address: 212 CARBON STREET, LEHIGHTON, PA 18235		County: Carbon
Administrator: Kay George		Region: NORTHEAST
Legal Entity Name: FITZMAURICE COMMUNITY SERVICES INC		
Legal Entity Address: 2115 NORTH FIFTH STREET, STROUDSBURG, PA 18360		
Certificate(s) of Occupancy C-3 SP 05/30/1991 PA Dept of L&I		
Staffing Hours Resident Support: 7 Total Daily Staff: 14 Working Staff: 11		
Type of Inspection: Ind - 49 Indicators BHA Docket Number: Notice: Unannounced		
Reason(s) for Inspection(s) Indicator		
On-Site Inspections Dates and Department Representatives On-Site 04/16/2013: Yellenic, Cindy; Hummel, Jesse		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details Partial or Full Triggers: Random Indicators:		
Resident Demographic Data as of Inspection Date		
Licensed Capacity: 8	Number of Residents who:	Receive Supplemental Security Income: 5
Number of Residents Served: 7		Are 60 Years of Age or Older: 2
Secured Dementia Care Unit In Home: No		Have Mental Illness: 7
Area:		Have an Intellectual Disability: 2
Secured Dementia Unit Capacity, if Applicable:		Have a Mobility Need: 0
Number of Residents Served in Secured Dementia Care Unit, if applicable:		Have a Physical Disability: 0
Number of Current Hospice Residents: 0		
Number of Hospice Residents in past year: 0		

Violation Report: 24546 - 04/16/2013 - Yellenic, Cindy
 PCH Name: FITZMAURICE COMMUNITY SERVICES

1. REGULATION 56 Pa.Code §2600
 2600.132(d) - Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.

2a. DESCRIPTION OF VIOLATION
 The home does not have an extended evacuation time identified by a fire safety expert, within the last year, based on the construction and fire safety features of the building. The home's fire drill evacuation time on 10-10-2012 at 7:00am was 2 minutes and 39 seconds.

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.

1. At monthly house meetings and after every fire drill, PCH Administrator will discuss the importance of evacuating the home quickly and within 2 ½ minutes.
2. If a fire drill is longer than 2 ½ minutes, another drill will be held within a day or two and this process will be repeated until the evacuation is within regulations. And, more frequent fire drill will continue until the evacuation times are consistently within 2 ½ minutes

The administrator shall be responsible for ongoing compliance.

*M
5/30/13*

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Elizabeth Foster*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *ELIZABETH FOSTER* Date *5/23/13*

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

The above plan of correction is approved as of *5/30/13* (Date) Plan of correction implementation status as of *5/30/13* (Date)

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

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