



MAY 16 2014

Ms. Elizabeth Koster, CEO
Fitzmaurice Community Services, Inc.
2115 North 5th Street
Stroudsburg, Pennsylvania 18360

RE: Fitzmaurice Community Services, Inc.
5 Elm Street
Stroudsburg, Pennsylvania 18360
License #: 209540

Dear Ms. Koster:

As a result of the Department of Public Welfare's licensing inspection on April 3, 2014, of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Your regular license for the period June 24, 2014 to June 24, 2015 was issued on April 16, 2014. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink, appearing to read "Matthew J. Jones", with a long horizontal flourish extending to the right.

Matthew J. Jones
Director

Enclosure
License Inspection Summary

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

PCH Name: FITZMAURICE COMMUNITY SERVICES		License Number: 20954
Address: 5 ELM STREET, STROUDSBURG, PA 18360		County: Monroe
Administrator: SHANNON PAIGE		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 06/14/2014 LABOR AND INDUSTRY		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 8	Waking Staff: 8
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		
04/03/2014: Dumas, Gerald; O'Haire, Anne		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators: 5a3, 20b7, 25f, 42w, 94a
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 8 Number of Residents Served: 8 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 0	Number of Residents who: Receive Supplemental Security Income: 8 Are 60 Years of Age or Older: 0 Have Mental Illness: 8 Have an Intellectual Disability: 0 Have a Mobility Need: 0 Have a Physical Disability: 0	

Violation Report: 20954 - 04/03/2014 - Dumas, Gerald
 PCH Name: FITZMAURICE COMMUNITY SERVICES

1. REGULATION 55 Pa.Code §2600
 2800.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

2a. DESCRIPTION OF VIOLATION
 Resident #1's preadmission screening form was dated 01-31-14. Resident #1's, date of admission in to the facility, was 03-18-14. The preadmission screening form was not completed within 30 days of admission.

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. A determination will be made within 30 days prior to admission and will be documented on the Department's preadmission screening form by the Administrator for all new incoming residents.
2. If a resident does not move in within 30 days of the first completed prescreening, a second prescreening form will be completed to ensure the needs of the resident can be met by the services provided by the home.
3. The Program Director and Administrator will ensure ongoing compliance with this regulation.

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) **ELIZABETH KOSTER** Date **4/22/14**

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

The above plan of correction is approved as of <u>5/5/14</u> (Date)	Plan of correction implementation status as of <u>5/5/14</u> (Date)
The above plan of correction was approved by <u>M</u> (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