



**pennsylvania**  
DEPARTMENT OF PUBLIC WELFARE

Sent via email to: [REDACTED]  
MAILING DATE: July 28, 2014

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  
License # 245450

Dear Ms. Koster:

As a result of the Department of Public Welfare's licensing inspection on July 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.

Sincerely,

A handwritten signature in black ink that reads "Michele Moskalczyk".

Michele Moskalczyk  
Regional Licensing Administrator

Enclosure  
Licensing Inspection Summary



**Violation Report:**  
PCH Name: FITZMAURICE COMMUNITY SERVICES

1. REGULATION 55 Pa.Code §2600  
2600.183(b) - Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

2a. DESCRIPTION OF VIOLATION.  
On 7/3/14 at 9:00am Department Representatives observed the medication cabinet door was open and unattended. The medication cabinet contained medications prescribed for the resident's of the facility.

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.*

Staff will always ensure that the med cabinet is locked and secure. The administrator will ensure on going compliance.

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>7/17/14</i>
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of <i>7/25/14</i> (Date)	Plan of correction implementation status as of <i>7/25/14</i> (Date)
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:  
 PCH Name: FITZMAURICE COMMUNITY SERVICES

1. REGULATION 55 Pa.Code §2600  
 2600.227(d) - 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.

2a. DESCRIPTION OF VIOLATION  
 Department Representatives determined through interviewing Administrator A that resident #1 has trouble maintaining boundaries and requires very much redirection from staff in order to remind the resident to maintain personal space. These needs are not specified in the resident's assessment and support plan completed on 8/14/13, or the facility's plan to meet these specific needs of the resident.

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.

Administrator will be more detailed on the RASP plans for every individual. She has corrected this RASP to reflect resident #1 issue of maintaining boundaries. She has reviewed all of the other resident RASP plans and made adjustments as necessary. The administrator will ensure ongoing compliance.

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>7/17/14</i>
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