



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via email to: [REDACTED]
MAILING DATE: August 5, 2015

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
License #209540

Dear Ms. Koster:

As a result of the Department of Human Services' licensing inspection on May 19, 2015 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 cursive script that reads "Anne Graziano".

Anne Graziano
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

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

PCH Name: FITZMAURICE COMMUNITY SERVICES , Inc.		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 03/24/2015 L&I		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 8	Waking Staff: 6
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Incident		
On-Site Inspections Dates and Department Representatives On-Site		
05/19/2015: Novak, Ryan		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
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: 7 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 - 05/19/2015 - Novak, Ryan
 PCH Name: FITZMAURICE COMMUNITY SERVICES PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.15(a) - The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adults Protective Services Act (35 P.S. Sections 10225.701 - 10225.707) and 6 Pa. Code Sections 15.21 - 15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

2a. DESCRIPTION OF VIOLATION
 On 5/11/15, Resident #1 alleged that staff person A kicked Resident #1. The home did not report the allegation of abuse to the local Area Agency on Aging.

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. The home will immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P.S. Sections 10225.701 – 10225.707) and 6 Pa. Code Section 15.21 – 15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.
2. All staff will be retrained on the Adult Protective Services Law (Act 70).
3. The home will immediately report the allegation of abuse to the local Area on Agency on Aging. *including a process that includes timely submissions on holidays & weekends.*
4. The Administrator will ensure ongoing compliance.

*CP.
8-4-15*

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) <i>ELIZABETH KOSTER</i>	Date <i>6/29/15</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>8-4-15</u> (Date)	Plan of correction implementation status as of <u>8-4-15</u> (Date)
The above plan of correction was approved by <u><i>OK</i></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

Violation Report: 20954 - 05/19/2015 - Novak, Ryan
 PCH Name: FITZMAURICE COMMUNITY SERVICES PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.15(b) - If there is an allegation of abuse of a resident involving a home's staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

2a. DESCRIPTION OF VIOLATION
 On 5/11/15, Resident #1 alleged that staff person A kicked Resident #1. The home immediately suspended staff person A until the investigation was completed. Staff person A returned to work on 5/14/15 based on the outcome of the home's internal investigation. The supervision plan or suspension must be in place until the Department and the home conclude the investigation.

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. If there is an allegation of abuse of a resident involving a home's staff person, the home will immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.
2. The home will keep the plan of supervision in place until the Department and the home conclude the investigation.
3. 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*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Elizabeth Koster</i>	Date <i>6/29/15</i>
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