



pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAY 23 2016

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' annual licensing inspection on March 23, 2016 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 "Jay Bausch".

Jay Bausch
Deputy Secretary

Enclosure
License 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 06/14/2003 Dept. of Labor & Industry		
Staffing Hours Resident Support: NM Total Daily Staff: 8 Waking Staff: 6		
Type of Inspection: Full BHA Docket Number: Notice: Unannounced		
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 03/23/2016: Rushin, Jullienne		
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: 6 Are 60 Years of Age or Older: 8 Have Mental Illness: 8 Have an Intellectual Disability: 0 Have a Mobility Need: 0 Have a Physical Disability: 0

Violation Report: 20954 - 03/23/2016 - Rushin, Julienne
 PCH Name: FITZMAURICE COMMUNITY SERVICES INC

1. REGULATION 55 Pa.Code §2600
 2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION

The annual medical evaluation for resident # 1(dated 10/22/15) is not marked to indicate the need for body positioning 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.

Plan of Correction:

1. The medical evaluation will be checked closely to ensure that all items, (1) through (10), are completed by the resident's physician, physician's assistant or nurse practitioner.
2. The administrator will be responsible for checking that the medical evaluations are filled out completely and accurately.
3. The administrator will assure ongoing compliance.

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

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Elizabeth Koster, President* Date *4/7/16*

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

The above plan of correction is approved as of 4/11/16
 (Date)

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

Plan of correction implementation status as of 4/11/16
 (Date)

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

Violation Report: 20954 - 03/23/2016 - Rushin, Julienne
 PCH Name: FITZMAURICE COMMUNITY SERVICES INC

1. REGULATION 55 Pa.Code §2600
 2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION
 The Advair Diskus prescribed to resident #2 on 2/24/16 is not dated to indicate when the Diskus was removed from the cellophane pouch.

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.

Plan of Correction:

1. All medications will be stored properly according to manufacturer's instructions.
2. The administrator will be responsible for checking medications on a regular basis to ensure that they are being labeled and stored properly.
3. The administrator will assure ongoing compliance.

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) Elizabeth Koster, President Date 4/7/16

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The above plan of correction is approved as of 4/11/16
 (Date)

Plan of correction implementation status as of 4/11/16
 (Date)

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

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