



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

JUN 0 1 2017

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 22, 2017 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.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to [https://www.surveymonkey.com/r/BHSL\\_Inspection](https://www.surveymonkey.com/r/BHSL_Inspection).

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in black ink, appearing to read 'J. Rowe'.

Jacqueline L. Rowe  
Director

Enclosure  
License Inspection Summary



Violation Report: 20954 - 03/22/2017 - Yellenic, Cindy  
 PCH Name: FITZMAURICE COMMUNITY SERVICES INC

1. REGULATION 55 Pa.Code §2800  
 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  
 Resident #1's Lantus solostar pen 100 units was not dated when the pen was first opened.

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 labeled and dated upon first administration of the medication.
2. The administrator will be responsible for checking that medications are being labeled and dated 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) *Elizabeth Koster*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Elizabeth Koster President (EO)*      Date *4/20/17*

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

The above plan of correction is approved as of <u>4/24/17</u> (Date)	Plan of correction implementation status as of <u>4/21/17</u> (Date)
The above plan of correction was approved by <u><i>m</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