



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
212 Carbon Street
Lehighton, Pennsylvania 18235
License #: 245450

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.

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: 24545 - 03/22/2017 - Yellenic, Cindy
 PCH Name: FITZMAURICE COMMUNITY SERVICES

1. REGULATION 55 Pa.Code §2600
 2600.82(a) - Poisonous materials shall be stored in their original, labeled containers.

2a. DESCRIPTION OF VIOLATION

Cups of extra laundry detergent with oxy-clean were located in the cabinet near the washing machine. The detergent did not have its original manufacturers label on the cups.

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) Administrator has disposed of all pre-poured cups of laundry soap on 3/22/17
- 2) Administrator will educate all residents at the next house meeting about adequate detergent amounts per load of laundry and proper measuring devices to utilize.
- 3) The administrator will also purchase "pod" laundry pacs when available.
- 4) 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) Elizabeth Koster, President/CEO Date 4/20/17

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

The above plan of correction is approved as of <u>4/27/17</u> (Date)	Plan of correction implementation status as of <u>4/27/17</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

Violation Report: 24545 - 03/22/2017 - Yellenic, Cindy
 PCH Name: FITZMAURICE COMMUNITY SERVICES

1. REGULATION 55 Pa.Code §2600

2600.109(b) - Cats and dogs present at the home shall have a current rabies vaccination. A current certificate of rabies vaccination from a licensed veterinarian shall be kept.

2a. DESCRIPTION OF VIOLATION

"Sally" the cat's rabies vaccination expired on 3/16/17.

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) Administrator has taken the cat to the vet for vaccinations and has already scheduled next year's appointment early to avoid bad weather delays.
- 2) Administrator will put a cat vaccination reminder in the calendar prior to the expiration as a reminder for the appointment.
- 3) 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, President/CEO</i>	Date <i>4/20/17</i>
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 (Initials)

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

Violation Report: 24545 - 03/22/2017 - Yellenic, Cindy
 PCH Name: FITZMAURICE COMMUNITY SERVICES

1. REGULATION 55 Pa.Code §2600
 2600.132(e) - A fire drill shall be held during sleeping hours once every 6 months.

2a. DESCRIPTION OF VIOLATION
 The homes most recent sleeping hours' fire drill was conducted on 11/7/16 at 5:30am, the previous sleeping hours fire drill was conducted on 4/10/16 at 6:00am.

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) Administrator will schedule bi-annual sleeping hour fire drills every 6 months.
- 2) Administrator will ensure ongoing compliance

• Administrator shall ensure monthly fire drills are unannounced as per 2600-132a.

m
 4/27/17

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 / CEO* Date *4/20/17*

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Violation Report: 24545 - 03/22/2017 - Yellenic, Cindy	
PCH Name: FITZMAURICE COMMUNITY SERVICES	
1. REGULATION 65 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 Resident #1 has a physician's order for Acetaminophen 325mg. to be administered as a PRN. The medication expired 1/24/17. Resident #2 has a physician's order for Acetaminophen 325mg. to be administered as a PRN. The medication expired 1/10/17. Resident #3 has a physician's order for Acetaminophen 325mg. to be administered as a PRN. The medication expired 2/23/17.	
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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.</i>	
<ol style="list-style-type: none"> 1) Administrator has disposed of these expired medications on 3/22/17. 2) Administrator will review all medications on a weekly basis and check expiration dates. 3) Administrator will immediately dispose of any expired medications. 4) Administrator will ensure ongoing compliance. 	
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Signature of Legal Entity Representative (Required on EVERY Page) <i>Elizabeth Koster</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Elizabeth Koster, President/CEO</i>	Date <i>4/20/17</i>
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Violation Report: 24545 - 03/22/2017 - Yellenic, Cindy
 PCH Name: FITZMAURICE COMMUNITY SERVICES

1. REGULATION 55 Pa.Code §2600

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

2a. DESCRIPTION OF VIOLATION

Resident #4 has a physician's order for Quetiapine Fumarate 300mg. The resident's Medication Administration record does not state a diagnosis for this medication.

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) Administrator has corrected the Medication Administration record (MAR) to reflect the diagnosis.
- 2) Administrator will review the (MAR) upon receipt and check for all of the required information.
- 3) Administrator will correct the MAR immediately if necessary.
- 4) Administrator will ensure ongoing compliance.

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

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Violation Report: 24545 - 03/22/2017 - Yellenic, Cindy
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1. REGULATION 55 Pa.Code §2600

2600.224(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

The pre-admission screening for Resident #5 dated [redacted] 16 is incomplete. There is nothing noted for primary language spoken, mobility needs, reason for leaving the current residence and whether the home can meet the resident's needs

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) Administrator has corrected the pre-admission screening.
- 2) Administrator will review all preadmission screening forms for accuracy.
- 3) 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 Foster*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Elizabeth Foster, Resident/CEO</i>	Date <i>4/20/17</i>
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Violation Report: 24545 - 03/22/2017 - Yellenic, Cindy
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1. REGULATION 55 Pa.Code §2600

2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

2a. DESCRIPTION OF VIOLATION

Resident #5 was admitted to the home on [REDACTED] 6. The assessment portion of the RASP was completed on 11/19/16.

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) Administrator will ensure that a RASP is completed within 15 days of admission.
- 2) Administrator will ensure 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/CEO

Date *4/20/17*

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