



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail to: [REDACTED]

MAILING DATE: August 3, 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' licensing inspection on June 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.

Sincerely,

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

Michele Moskalczyk
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

Violation Report: 20954 - 06/22/2017 - Deluca, Amy
 PCH Name: FITZMAURICE COMMUNITY SERVICES INC

1. REGULATION 55 Pa.Code §2600

2600.15(c) - The home shall immediately submit to the Department's personal care home regional office a plan of supervision or notice of suspension of the affected staff person.

2a. DESCRIPTION OF VIOLATION

On 6/3/2017 the home reported an incident involving staff member A and resident #1 in which staff member A had pushed resident #1 in self-defense after resident #1 lunged at staff member A. The home immediately suspended staff member A and conducted a thorough investigation which they concluded on 6/8/2017. On 6/8/2017 staff member A was reinstated as a direct support worker and returned to work on 6/9/2017. The home failed to provide the Department with the final report of the findings of the investigation and failed to notify the Department that the investigation was concluded prior to reinstating staff person A's employment and allowing them to return to work.

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.

Violation: Reg.2600.15(c)

- 1) Regarding this incident, FCS provided the Department with final report on 6/26/2017.
- 2) For future incidents, the home will provide the Department with a final report with the findings of any investigation ***as soon as the investigation is concluded.***
- 3) The home will notify the Department when any investigation is concluded, ***prior to*** the reinstatement of any suspended staff member.
- 4) The Administrator and/or Program Director will ensure ongoing compliance with this regulation.


Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Elizabeth Koster, CEO	Date 7/28/17
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 8/11/17
 (Date)

The above plan of correction was approved by 
 (Initials)

Plan of correction implementation status as of 8/11/17
 (Date)

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

Violation Report: 20954 - 06/22/2017 - Deluca, Amy
 PCH Name: FITZMAURICE COMMUNITY SERVICES INC

1. REGULATION 55 Pa.Code §2600
 2600.42(c) - A resident shall be treated with dignity and respect.

2a. DESCRIPTION OF VIOLATION

Staff member A failed to treat resident #1 with dignity and respect. On 6/3/2017 staff member A twice grabbed an insulin pen from resident #1's hands, causing the resident to become agitated. When staff member A thought resident #1 was lunging at him/her with the intention of choking him/her staff member A pushed resident #1 with both hands on the shoulders causing the resident to lose balance and fall to the floor.

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.

Violation: Reg.2600.42(c)

- 1) The Program Director met with Staff member A on 6/9/17, prior to returning to the home, at which time Resident Rights and Abuse were reviewed. (see attached Note to File).
- 2) All staff will be trained on Resident Rights/Resident Abuse quarterly during staff meetings.
- 3) Staff member A attended Non-Violent Crisis Intervention Training on 7/26 & 7/27/17 (see attached).
- 4) Staff member A will be trained in Behavioral De-Escalation by 7/31/17 (can be provided upon completion).
- 5) Staff member A will be trained in Caregiver Sensitivity by 7/31/17 (can be provided upon completion).
- 6) Staff member A will be trained in Effective Communication by 7/31/17 (can be provided upon completion).
- 7) The Administrator and/or Program Director will ensure that Staff Member A receives all of the aforementioned trainings.
- 8) The Administrator and/or Program Director will ensure that all staff comply with this regulation in the future.

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, CEO	Date 7/28/17
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>8/1/17</u> (Date)	Plan of correction implementation status as of <u>8/1/17</u> (Date)
The above plan of correction was approved by <u>M</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 - 06/22/2017 - Deluca, Amy
 PCH Name: FITZMAURICE COMMUNITY SERVICES INC

1. REGULATION 55 Pa.Code §2600
 2600.51 - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (OAPSA) (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (relating to protective services for older adults).


2a. DESCRIPTION OF VIOLATION
 Direct care staff person B was hired on [redacted] 2014. The staff person did not live in Pennsylvania for two years prior to the date of hire. The facility failed to complete the required FBI criminal history background check.

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.

Violation: 2600.51

- 1) Upon notice of this violation, Staff member B was sent to HR to complete paperwork for the FBI clearance check and went to be fingerprinted (see attached).
- 2) In 2016, the FCS hiring process was changed and the FBI check and Criminal Record check are part of a provisional hire packet all new hires receive when offered provisional employment with FCS. (see attached).
- 3) The HR department will ensure that all forms in the packet are completed and returned so all checks can be completed on the PCH employee checklist. (see attached).
- 4) The Administrator/Program Director will ensure that all staff complete all PCH employment requirements within the 30- (PSP) or 90- (FBI) day periods.
- 5) Should there be a delay in obtaining the records, the Administrator/Program Director will notify the Department via the Support Line.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date	
Elizabeth Koster, CEO		7/28/17	

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The above plan of correction was approved by <u>m</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