



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

JUN 25 2018

Ms. Elizabeth Koster  
Chief Executive Officer  
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's Bureau of Human Services Licensing annual inspection on April 12, 2018 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: 24545 - 04/12/2018 - O'Haire, Anne  
 PCH Name: FITZMAURICE COMMUNITY SERVICES

**1. REGULATION 55 Pa.Code §2600**  
 2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

**2a. DESCRIPTION OF VIOLATION**  
 Resident #1's glucometer was not calibrated to the correct date and time. The last date in the glucometer was 03-06-18 and the date of inspection was 04-12-18.

**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) Glucometer was properly calibrated the same day, 4/12/2018.
- 2) Staff were re-trained on 4/17/18 on how to assist the resident with glucometer use and how to fix the settings on the glucometer when needed. (see attached record of training)
- 3) Administrator will check to ensure the glucometer is properly calibrated twice weekly. (see attached form)
- 4) Administrator will assure 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, CEO	Date 5/3/18
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of <u>5/17/18</u> (Date)	Plan of correction implementation status as of <u>5/17/18</u> (Date)
The above plan of correction was approved by <u><i>mk</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