



July 12, 2019

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 24, 2019 of the above facility, the violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report 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 that reads "J. Rowe". The signature is written in a cursive, flowing style.

Jacqueline L. Rowe
Director

Enclosure
Violation Report

Violation Report

Facility Information

Name: FITZMAURICE COMMUNITY SERVICES
Address: 212 CARBON STREET, LEHIGHTON, PA 18235
County: CARBON Region: NORTHEAST

License Number: 245450

Administrator

Name: Tiffany Ruberte Phone: 5704246223 Email: EKOSTER@FITZMAURICE.ORG

Legal Entity

Name: FITZMAURICE COMMUNITY SERVICES INC
Address: 2115 NORTH FIFTH STREET, PA, 18360

Certificate(s) of Occupancy

Type: C-3 SP Date: 05/30/1991 Issued By: L&I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 6 Waking Staff: 5

Inspection

Type: Full Reason: Renewal BHA Docket #: Notice: Unannounced

Inspection Dates and Department Representative

04/24/2019 - On-Site: Kristin DeVries

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 8 Residents Served: 6

Secured Dementia Care Unit

In Home: No Area: Capacity: Residents Served:

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 6 Are 60 Years of Age or Older: 2
Diagnosed with Mental Illness: 6 Diagnosed with Intellectual Disability: 7
Have Mobility Need: 0 Have Physical Disability: 0

65d - Initial Direct Care Training

Regulations

2600.

65.d.1. Training that includes a demonstration of job duties, followed by supervised practice.

65.d.3. Initial direct care staff person training to include the following:

- i. Safe management techniques.
- ii. ADLs and IADLs
- iii. Personal hygiene.
- iv. Care of residents with dementia, mental illness, cognitive impairments, an intellectual disability and other mental disabilities.
- v. The normal aging-cognitive, psychological and functional abilities of individuals who are older.
- vi. Implementation of the initial assessment, annual assessment and support plan.
- vii. Nutrition, food handling and sanitation.
- viii. Recreation, socialization, community resources, social services and activities in the community.
- ix. Gerontology.
- x. Staff person supervision, if applicable.
- xi. Care and needs of residents with special emphasis on the residents being served in the home.
- xii. Safety management and hazard prevention.
- xiii. Universal precautions.
- xiv. The requirements of this chapter.
- xv. Infection control.
- xvi. Care for individuals with mobility needs, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration, if applicable to the residents served in the home

Description of Violation

Direct care staff person A, hired on 1-4-19, provides unsupervised ADL services. However, the staff person did not complete training that included a demonstration of job duties, followed by supervised practice.

Direct care staff person A did not complete the following initial direct care staff person training before performing unsupervised ADL services:

- (iv) Care of residents with dementia, mental illness, cognitive impairments, mental retardation and other mental disabilities;*
- (v) The normal aging-cognitive, psychological and functional abilities of individuals who are older;*
- (ix) Gerontology;*
- (xiv) The requirements of this chapter*

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. FCS was in compliance with this regulation but the supporting documentation was not shown to the licensor in a timely fashion.
2. PCH administrator will ensure that all documents are readily available for review and will even offer supporting documents to a licensor if necessary.
3. Administrator will ensure ongoing compliance.

04/24/2019

2 of 4

sd - Initial Direct Care Training (continued)

Legal Entity Representative

Signature *[Handwritten Signature]*

Printed Name and Title *Debra Sciozza C.O.D.*

Date *6/5/19*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of **6-7-19**
(Date)

Plan of correction implementation status as of **6-7-19**
(Date)

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

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

187b - Date/Time of Medication Admin.

Regulations

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident #1 is prescribed PEG 3350 Electrolyte Soln. The medication record (MAR) indicates that this medication was administered on 4-21-19 and 4-23-19; it was determined through staff interviews that this medication was in fact not administered, and that staff initialed the MAR incorrectly.

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. The medication was a one-time only dose of PEG 3350 Electrolyte Soln, which was immediately removed from the MAR by the pharmacy on the date of inspection 4/24/19.
2. The MAR was corrected to reflect that the medication was, in fact, not given on 4/21 and 4/23/19.
3. Staff were counseled to inform the administrator Immediately should a situation arise where a discontinued medication remains on the MAR, so that the pharmacy can be called immediately to make the necessary changes to the MAR.
4. The administrator will check the MAR for accuracy on an ongoing basis.
5. The administrator will assure ongoing compliance.

Legal Entity Representative

Signature 

Printed Name and Title **Debra Scolorza, CDO** Date **6/5/19**

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