

Department of Human Services
Bureau of Human Service Licensing

July 15, 2021

[REDACTED] CEO
FITZMAURICE COMMUNITY SERVICES INC
2115 NORTH FIFTH STREET
STROUDSBURG, PA 18360

RE: FITZMAURICE COMMUNITY
SERVICES, INC.
5 ELM STREET
STROUDSBURG, PA, 18360
LICENSE/COC#: 20954

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/29/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Michele Moskalczyk
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

**Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY**

Facility Information

Name: FITZMAURICE COMMUNITY SERVICES, INC **Licen e #:** 20954 **Licen e Expiration Date:** 06/24/2021
Adde : 5 ELM STREET, STROUDSBURG, PA 18360
County: MONROE **Region:** NORTHEAST

Administrator

Name: [REDACTED] **Phone:** 5704246223 **Email:** [REDACTED]

Legal Entity

Name: FITZMAURICE COMMUNITY SERVICES INC
Address: 2115 NORTH FIFTH STREET, STROUDSBURG, PA, 18360
Phone: 5704246223 **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: C-3 SP **Date:** 06/14/2003 **Issued By:** L&I

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 7 **Waking Staff:** 5

Inspection

Type: Full **Notice:** Unannounced **BHA Docket #:**
Rea on: Renewal **Exit Conference Date:** 04/29/2021

Inspection Dates and Department Representative

04/29/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 8 **Residents Served:** 7

Secured Dementia Care Unit

In Home: No **Area:** **Capacity:** **Residents Served:**

Hospice

Current Re ident : 0

Number of Residents Who:

Receive Supplemental Security Income: 7 **Are 60 Years of Age or Older:** 3
Diagnosed with Mental Illness: 7 **Diagnosed with Intellectual Disability:** 1
Have Mobility Need: 0 **Have Physical Disability:** 0

Inspections / Reviews

04/29/2021 - Full

Lead Inspector: [REDACTED]

Follow Up Type: *POC Submission*Follow-Up Date: *05/29/2021*

6/4/2021 POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *06/11/2021*

7/15/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

18 - Compliance With Laws

1. Requirements

2600.

- 18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

The batteries in the home s CO monitor located in the basement near the gas fired furnace were last replaced in March 2020. The batteries in the CO monitor are required to be replaced once every 12 months as per the Care Facility Carbon Monoxide Monitoring Act.

Plan of Correction

Accept

- *Battery was changed and dated immediately upon finding on 4/29/21*
- *A reminder was added to Administrator's and Program Director's Outlook calendars to ensure batteries are changed by due date each year going forward.*
- *The Administrator and/or Program Director will ensure ongoing compliance with this regulation.*

Completion Date: *05/27/2021*

Update - 06/04/2021

Please send/Attach proof (picture) of compliance. 6-4-2021 - MM

Document Submission

Implemented

photos attached

132d - Evacuation

1. Requirements

2600.

- 132.d. Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. For purposes of this subsection, the fire safety expert may not be a staff person of the home.

Description of Violation

The home conducted a fire drill on 5/1/2019 at 2:12am. Due to a resident being reluctant to evacuate, the evacuation time for the drill was 5 minutes and 34 seconds. The home s maximum safe evacuation time is 5 minutes according to the fire safety inspection letter dated 4/22/2019.

Plan of Correction

Accept

- *Another overnight drill was conducted the next night on 5/1/2019. All residents successfully evacuated in the specified time frame.*
- *Through monthly drills and house meetings, the residents have all been educated about exiting the home immediately during a fire drill, no matter the time of day.*
- *Ongoing education will continue to take place with the residents during monthly house meetings and with the monthly unannounced fire drills.*
- *The Administrator (person who conducts the monthly drills) will check the home during each drill to ensure that all residents have evacuated. If it is discovered that any resident did not evacuate, they will assist the resident(s) out of the building to ensure everyone evacuates in the time period specified by the fire safety expert.*
- *The Administrator and/or Program Director will ensure ongoing compliance with this regulation.*

Completion Date: *05/27/2021*

132d - Evacuation (continued)

Document Submission
completed

Implemented

185a - Implement Storage Procedures

1. Requirements

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.

Description of Violation

The [redacted] belonging to resident #1 was not [redacted]

Plan of Correction

Accept

- [redacted] was properly [redacted] immediately upon finding the same day 4/29/21.
- Administrator will check to ensure the [redacted] is properly [redacted] and will document by initialing a check list twice weekly.
- Administrator and/or Program Director will ensure ongoing compliance with this regulation.

Completion Date: 05/27/2021

Document Submission
completed

Implemented

187a - Medication Record

1. Requirements

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

6. Dose.

Description of Violation

Resident #1 requires [redacted] administered on a [redacted]. On [redacted] at [redacted] the resident's [redacted]. The home only documented the resident's straight order for [redacted] and did not record the number of [redacted] administered for the required [redacted] at [redacted]

Plan of Correction

Accept

- The MAR was corrected immediately to reflect the proper amount of [redacted] that was administered to this resident on [redacted]
- On 4/29/21, the Administrator reviewed the documentation error with the staff person responsible and educated [redacted] on how to document the [redacted] administration properly.
- The Administrator will monitor the MAR to ensure that staff are documenting the [redacted] administration correctly.
- Administrator and/or Program Director will ensure ongoing compliance with this regulation.

Completion Date: 05/27/2021

Document Submission
completed

Implemented