

Department of Human Services
Bureau of Human Service Licensing

September 13, 2021

[REDACTED], ADMINISTRATOR
[REDACTED]
[REDACTED]

RE: FITZMAURICE COMMUNITY
SERVICES
212 CARBON STREET
LEHIGHTON, PA, 18235
LICENSE/COCC#: 24545

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/18/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

[REDACTED]
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* License #: *24545* License Expiration Date: *06/24/2021*
Address: *212 CARBON STREET, LEHIGHTON, PA 18235*
County: *CARBON* Region: *NORTHEAST*

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

[REDACTED]

Certificate(s) of Occupancy

Type: *C-3 SP* Date: *05/30/1991* Issued By: *PAL*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *8* Waking Staff: *6*

Inspection

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *05/18/2021*

Inspection Dates and Department Representative

05/18/2021 - On-Site: Corey Pica

Resident Demographic Data as of Inspection Dates

General Information

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

Secured Dementia Care Unit

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

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *5* Are 60 Years of Age or Older: *4*
Diagnosed with Mental Illness: *8* Diagnosed with Intellectual Disability: *3*
Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

05/18/2021 - Full

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *06/25/2021*

7/27/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *07/30/2021*

9/13/2021 - 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

Batteries in Carbon Monoxide detectors are required to be changed annually. The batteries in the Carbon Monoxide detector on the 1st floor were not labeled to show when the batteries were installed.

Plan of Correction

Accept

- Battery was changed and dated immediately upon finding (see attached photo)
- 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: 05/18/2021

Document Submission

Implemented

- Battery was changed and dated immediately upon finding (see attached photo)
- 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.

227h - Support Plan Refuse Sign

1. Requirements

2600.

- 227.h. If a resident or designated person is unable or chooses not to sign the support plan, a notation of inability or refusal to sign shall be documented.

Description of Violation

The Resident Assessment and Support Plan dated [REDACTED] for Resident 1, was not signed by the person completing the assessment or by Resident 1.

Plan of Correction

Accept

- The Resident Assessment and Support Plan dated [REDACTED] for Resident 1 was signed by the Administrator and Resident immediately upon finding the same day [REDACTED]. (see attached)
- Going forward, Administrator will double check that Resident Assessment and Support Plans are signed by both the resident and the person completing the assessment. The Program Director and FCS Receptionist will also conduct 3rd and 4th checks once the RASP is completed and scanned before being filed.
- The AVP will conduct quarterly audits to ensure all RASPs are signed by both the resident and the person completing the assessments.
- The Administrator and/or Program Director will ensure ongoing compliance with this regulation.

Completion Date: 05/18/2021

227h - Support Plan Refuse Sign (*continued*)**Document Submission****Implemented**

- *The Resident Assessment and Support Plan dated [REDACTED] for Resident 1 was signed by the Administrator and Resident immediately upon finding the same day [REDACTED] (see attached)*
- *Going forward, Administrator will double check that Resident Assessment and Support Plans are signed by both the resident and the person completing the assessment. The Program Director and FCS Receptionist will also conduct 3rd and 4th checks once the RASP is completed and scanned before being filed.*
- *The AVP will conduct quarterly audits to ensure all RASPs are signed by both the resident and the person completing the assessments.*
- *The Administrator and/or Program Director will ensure ongoing compliance with this regulation.*