

Department of Human Services  
Bureau of Human Service Licensing

April 27, 2022

[REDACTED]  
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 07/15/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,  
Anne Graziano

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.* License #: *20954* License Expiration: *06/24/2022*  
Address: *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**

**Staffing Hours**

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

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
Reason: *Incident* Exit Conference Date: *07/15/2021*

**Inspection Dates and Department Representative**

07/15/2021 - On-Site: [REDACTED]

**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: *5* Are 60 Years of Age or Older: *2*  
Diagnosed with Mental Illness: *6* Diagnosed with Intellectual Disability: *1*  
Have Mobility Need: *0* Have Physical Disability: *0*

**Inspections / Reviews**

**07/15/2021 - Partial**

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *11/18/2021*

Inspections / Reviews (*continued*)

01/17/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: *01/24/2022*

04/27/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

42c - Treatment of Residents

1. Requirements

2600.

42.c. A resident shall be treated with dignity and respect.

**Description of Violation**

*At the end of April 2021 beginning of May 2021 Direct care staff member A went into Resident #1's room and squirted the resident in the face with a squirt gun in order to get the resident out of bed for morning medications. Direct care staff person A did not treat Resident #1 with dignity and respect.*

**Plan of Correction**

**Accept**

*Plan of Correction*

- *On June 15, 2021, Direct Care Staff Member A was immediately placed on a plan of supervision and was double-staffed while on shift and was not authorized to provide any one-on-one care/services for Resident #1.*
- *FCS conducted an internal investigation and based on the results of that investigation, Direct Care Staff Member A was terminated from █████ employment with FCS on June 21, 2021.*
- *Staff were re-trained on the resident rights and how to identify and report incidents to try to prevent this in the future.*
- *The PCH Administrator will review resident rights with staff quarterly at staff meetings.*
- *The Administrator and/or Program Director will ensure ongoing compliance.*

**Completion Date:** 01/10/2022

**Update:** 01/17/2022

*To complete the 2 Step Plan of Correction Process, (POC), upon Resubmission of the POC, please include a copy of the staff training documents and the signature sheet.*

*Documentation should be sent in the Portal.*

*AG, 1-17-22*

**Document Submission**

**Implemented**

*Attached is the documentation of training for the POC.*