

Department of Human Services  
Bureau of Human Service Licensing

July 14, 2022

[REDACTED], ADMINISTRATOR  
[REDACTED]  
[REDACTED]  
[REDACTED]

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 05/10/2022 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, INC.* License #: *20954* License Expiration: *06/24/2023*  
Address: *5 ELM STREET, STROUDSBURG, PA 18360*  
County: *MONROE* Region: *NORTHEAST*

**Administrator**

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

**Legal Entity**

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

**Certificate(s) of Occupancy**

Type: *C-3 SP* Date: *06/14/2003* Issued By: *PALI*

**Staffing Hours**

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

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
Reason: *Renewal* Exit Conference Date: *05/10/2022*

**Inspection Dates and Department Representative**

05/10/2022 - On-Site: [REDACTED]

**[REDACTED] Inspection Dates**

**General Information**

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

**Secured Dementia Care Unit**

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

**Hospice**

Current Residents: *0*

**Number of Residents Who:**

Receive Supplemental Security Income: *4* Are 60 Years of Age or Older: *3*  
Diagnosed with Mental Illness: *7* Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *0* Have Physical Disability: *0*

**Inspections / Reviews**

**05/10/2022 - Full**

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *06/18/2022*

Inspections / Reviews (*continued*)

06/11/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *06/15/2022*

06/23/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *06/29/2022*

07/14/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

87 - Lighting

1. Requirements

2600.

87. Lighting - The home's hallways, interior stairs, outside steps, outside doorways, porches, ramps, evacuation routes, outside walkways and fire escapes shall be lighted and marked to ensure that residents, including those with vision impairments, can safely move through the home and safely evacuate.

Description of Violation

There is no lighting near the outside doorway that exits the North side of the building.

Plan of Correction

Do Not Accept

An additional light was installed specifically near the outside doorway that exits the north side of the building (see photo) to supplement the spot lights that already existed in that area so we could ensure resident safety during evacuation.

Completion Date: 06/06/2022

Update: 06/11/2022

Who will monitor and ensure ongoing compliance?

Plan of Correction

Accept

An additional light was installed specifically near the outside doorway that exits the north side of the building (see photo) to supplement the spot lights that already existed in that area so we could ensure resident safety during evacuation. Administrator and program director will ensure ongoing compliance.

Completion Date: 06/13/2022

Update: 06/23/2022

Please send proof of compliance. (picture)

Document Submission

Implemented

An additional light was installed specifically near the outside doorway that exits the north side of the building (see photo) to supplement the spot lights that already existed in that area so we could ensure resident safety during evacuation. Administrator and program director will ensure ongoing compliance.

162c - Menus Posted

1. Requirements

2600.

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Violation

On 5/10/2022, the home's menu was only posted until 5/14/2022.

Plan of Correction

Accept

- The menu is posted in 2 locations in the home and the following week's menu, dated 5/15-5/21/22, was conspicuously posted in the office where residents come to take their medications each day. The menu from the kitchen was being used at the time to prepare a list for grocery shopping and therefore was not posted on the refrigerator at time of inspection.
- The kitchen menu dated 5/15 – 5/21/22 was immediately handed to the inspector at the time of inspection with the same explanation.
- The menu dated 5/15 – 5/21/22 was immediately posted on the refrigerator in the kitchen.
- The Administrator will ensure that a menu is always posted in the kitchen 1 week in advance.
- A reminder was added to the staff, Administrator's and Program Director's Outlook calendars to ensure menus

162c - Menus Posted (continued)

are posted 1 week in advance.

- Administrator and/or Program Director will ensure ongoing compliance with this regulation.

Completion Date: 05/10/2022

Update: 06/11/2022

Document Submission

Implemented

- The menu is posted in 2 locations in the home and the following week's menu, dated 5/15-5/21/22, was conspicuously posted in the office where residents come to take their medications each day. The menu from the kitchen was being used at the time to prepare a list for grocery shopping and therefore was not posted on the refrigerator at time of inspection.
- The kitchen menu dated 5/15 – 5/21/22 was immediately handed to the inspector at the time of inspection with the same explanation.
- The menu dated 5/15 – 5/21/22 was immediately posted on the refrigerator in the kitchen.
- The Administrator will ensure that a menu is always posted in the kitchen 1 week in advance.
- A reminder was added to the staff, Administrator's and Program Director's Outlook calendars to ensure menus are posted 1 week in advance.
- Administrator and/or Program Director will ensure ongoing compliance with this regulation.

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 blood sugar level for Resident 1 was documented as [redacted] on [redacted]/20022 at [redacted] am. The glucometer indicated that the blood sugar level was [redacted] on this date and time.

Plan of Correction

Accept

- The MAR was corrected immediately on 5/10/2022 to reflect this resident's actual blood sugar level of [redacted] on [redacted]/2022 at [redacted] am.
- On 5/10/21, the Administrator reviewed the documentation error with the staff person responsible and reminded her of the importance of properly documenting the glucometer readings on the MAR.
- The Administrator will monitor the MAR to ensure that staff are documenting the glucometer readings correctly.
- Administrator and/or Program Director will ensure ongoing compliance with this regulation.

Completion Date: 05/10/2022

Document Submission

Implemented

- The MAR was corrected immediately on 5/10/2022 to reflect this resident's actual blood sugar level of 139 on 4/18/2022 at 7:27am.
- On 5/10/21, the Administrator reviewed the documentation error with the staff person responsible and reminded her of the importance of properly documenting the glucometer readings on the MAR.
- The Administrator will monitor the MAR to ensure that staff are documenting the glucometer readings correctly.
- Administrator and/or Program Director will ensure ongoing compliance with this regulation.

185a - Implement Storage Procedures (continued)

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 Care Facility Carbon Monoxide Alarms Standard Act requires that all CO2 detectors operating with a battery be changed annually and dated with battery installation date. The batteries in the CO2 detector in the basement were not dated with the installation date. This is a repeat violation from 4/29/2021.

Plan of Correction

Accept

- The battery was changed and dated on 5/10/2022 (see photo).
- Two reminders, one for 4/24/23 and another for 4/28/23, were added to the Administrator, Program Director, AVP, VP & staff Outlook calendars to ensure batteries are changed and dated by due date each year going forward.
- The reminders were highlighted in bright yellow on the calendar and an alert was added to pop up on the screen as an additional reminder as well.
- The Administrator and/or Program Director will ensure ongoing compliance with this regulation.

Completion Date: 05/10/2022

Document Submission

Implemented

- The battery was changed and dated on 5/10/2022 (see photo).
- Two reminders, one for 4/24/23 and another for 4/28/23, were added to the Administrator, Program Director, AVP, VP & staff Outlook calendars to ensure batteries are changed and dated by due date each year going forward.
- The reminders were highlighted in bright yellow on the calendar and an alert was added to pop up on the screen as an additional reminder as well.
- The Administrator and/or Program Director will ensure ongoing compliance with this regulation.