

Department of Human Services  
Bureau of Human Service Licensing

August 27, 2022

[REDACTED], ADMINISTRATOR  
[REDACTED]  
[REDACTED]

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

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/01/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,  
[REDACTED]

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: *06/24/2023*  
Address: *212 CARBON STREET, LEHIGHTON, PA 18235*  
County: *CARBON* Region: *NORTHEAST*

**Administrator**

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

**Legal Entity**

Name: *FITZMAURICE COMMUNITY SERVICES INC*  
Address: [REDACTED]  
Phone: [REDACTED] Email: [REDACTED]

**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: *7* Waking Staff: *5*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
Reason: *Renewal* Exit Conference Date: *06/01/2022*

**Inspection Dates and Department Representative**

06/01/2022 - 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 Residents: *0*

**Number of Residents Who:**

Receive Supplemental Security Income: *4* Are 60 Years of Age or Older: *4*  
Diagnosed with Mental Illness: *7* Diagnosed with Intellectual Disability: *1*  
Have Mobility Need: *0* Have Physical Disability: *0*

**Inspections / Reviews**

**06/01/2022 - Full**

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *06/25/2022*

Inspections / Reviews (*continued*)

07/25/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: *08/01/2022*

08/27/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

65d - Initial Direct Care Training

1. Requirements

2600.

65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:

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

Description of Violation

Staff Person A, hired on [REDACTED], did not complete the initial direct care staff person training, or complete and pass the Department-approved direct care training course and passing of the competency test, until 2/22/22. The staff person provided unsupervised direct care before 2/22/22. The staff person also did not complete training that included a demonstration of job duties, followed by supervised practice.

Plan of Correction

Accept

- Staff Person A was actually hired on [REDACTED] and began working in another group home within Fitzmaurice Community Services, Inc. on [REDACTED]. [REDACTED] first day working at the 212 Carbon Street Personal Care Home was, in fact, 2/22/22.
- On 2/22/22, Staff Member A was trained in the initial direct care staff person training and did complete and pass the Department-approved direct care training course and passed the competency test on 2/22/22, the first day [REDACTED] was in the home.
- Since Staff Member A provided supervised care while shadowing in the other FCS location upon hire, no additional supervision was provided when having [REDACTED] fill in as substitute personnel at the PCH.
- The Administrator will ensure training with supervised practice is provided to all new, transferring, and substitute staff going forward.
- Administrator and/or Program Director will ensure ongoing compliance with this regulation.

Completion Date: 06/28/2022

Update: 07/25/2022

For Step 2 Adm may note that documentation was reviewed and approved in Step 1.

[REDACTED], 7-25-22

Document Submission

Implemented

- Staff Person A was actually hired on [REDACTED] and began working in another group home within Fitzmaurice Community Services, Inc. on [REDACTED]. [REDACTED] first day working at the 212 Carbon Street Personal Care Home was, in fact, 2/22/22.
- On 2/22/22, Staff Member A was trained in the initial direct care staff person training and did complete and pass the Department-approved direct care training course and passed the competency test on [REDACTED], the first day [REDACTED] was in the home.
- Since Staff Member A provided supervised care while shadowing in the other FCS location upon hire, no additional supervision was provided when having her fill in as substitute personnel at the PCH.
- The Administrator will ensure training with supervised practice is provided to all new, transferring, and substitute staff going forward.
- Administrator and/or Program Director will ensure ongoing compliance with this regulation.

141b1 - Annual Medical Evaluation

1. Requirements

2600.

141b1 - Annual Medical Evaluation (continued)

141.b.1. A resident shall have a medical evaluation: At least annually.

**Description of Violation**

Resident #1's most recent medical evaluation was completed on [REDACTED]. The resident's previous medical evaluation was completed on [REDACTED]. This exceeds the annual timeframe for an updated medical evaluation as required by this regulation.

**Plan of Correction**

**Accept**

- There was an oversight with ensuring Resident #1 had [REDACTED] annual medical evaluation in the required timeframe and once it was discovered that the resident was due for the evaluation, an appointment was made for the next available time which was [REDACTED], making it 11 days late.
- To ensure all residents receive their annual medical evaluations in the required timeframe, reminders were added to the Outlook calendars for the staff, Administrator and Program Director for 1 month prior to due dates, with a reminder again 2 weeks later.
- Administrator and/or Program Director will ensure ongoing compliance with this regulation.

**Completion Date:** 06/28/2022

**Update:** 07/25/2022

documentation is required for Step 2.

[REDACTED] 7-25-22

**Document Submission**

**Implemented**

- There was an oversight with ensuring Resident #1 had [REDACTED] annual medical evaluation in the required timeframe and once it was discovered that the resident was due for the evaluation, an appointment was made for the next available time which was [REDACTED], making it 11 days late.
- To ensure all residents receive their annual medical evaluations in the required timeframe, reminders were added to the Outlook calendars for the staff, Administrator and Program Director for 1 month prior to due dates, with a reminder again 2 weeks later.
- 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**

Resident #2 has a PRN order for [REDACTED]. This medication was not available at time of inspection.

**Plan of Correction**

**Accept**

- Based on instruction given by the PCP at the appointment on [REDACTED], this medication was to be discontinued therefore staff removed the medication from Resident #2's med bin and sent it for disposal with the understanding it had been discontinued.
- The PCP failed to send a discontinue notice to the pharmacy to remove the medication from the e-MAR.
- Upon discovery at the time of inspection, the error was corrected and the PCP sent a verbal discontinue order to the pharmacy and the medication was removed from the MAR by them immediately.
- Going forward, the Administrator will cross-check the MAR with medications in the med cabinet to ensure all

**185a - Implement Storage Procedures (continued)**

medications are accounted for.

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

**Completion Date:** 06/28/2022

**Update:** 07/25/2022

For Step 2 Adm may note that documentation was reviewed and approved in Step 1.

7-25-22

**Document Submission****Implemented**

- Based on instruction given by the PCP at the appointment on [REDACTED], this medication was to be discontinued therefore staff removed the medication from Resident #2's med bin and sent it for disposal with the understanding it had been discontinued.
- The PCP failed to send a discontinue notice to the pharmacy to remove the medication from the e-MAR.
- Upon discovery at the time of inspection, the error was corrected and the PCP sent a verbal discontinue order to the pharmacy and the medication was removed from the MAR by them immediately.
- Going forward, the Administrator will cross-check the MAR with medications in the med cabinet to ensure all medications are accounted for.
- The Administrator and/or Program Director will ensure ongoing compliance with this regulation.