

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

February 6, 2023

[REDACTED], ASSISTANT VP  
FITZMAURICE COMMUNITY SERVICES INC  
[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 11/17/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,  
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

**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:** [REDACTED]  
**Phone:** [REDACTED]      **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 Information**

**Type:** Partial      **Notice:** Unannounced      **BHA Docket #:**  
**Reason:** Complaint      **Exit Conference Date:** 11/21/2022

**Inspection Dates and Department Representative**

11/17/2022 - 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:** 7      **Are 60 Years of Age or Older:** 0  
**Diagnosed with Mental Illness:** 7      **Diagnosed with Intellectual Disability:** 0  
**Have Mobility Need:** 0      **Have Physical Disability:** 0

**Inspections / Reviews**

11/17/2022 Partial

**Lead Inspector:** [REDACTED]      **Follow-Up Type:** POC Submission      **Follow-Up Date:** 12/17/2022

01/08/2023 - POC Submission

**Submitted By:** [REDACTED]      **Date Submitted:** 02/06/2023  
**Reviewer:** [REDACTED]      **Follow-Up Type:** Document Submission      **Follow-Up Date:** 01/13/2023

Inspections / Reviews *(continued)*

02/06/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/06/2023

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

16c - Written Incident Report

1. Requirements

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On [redacted] Staff A did not administer [redacted] at [redacted] to Resident A. The incident was not reported to the Department until [redacted].

Plan of Correction

Accept ([redacted] - 01/08/2023)

- AVP met with Administrator on 11/21/22 to review regulation 2600.16c. Administrator was educated on the requirement of reporting all incidents to the Department's regional office or complaint hotline within 24 hours.
- Program Director and AVP will provide Administrator with verbal and/or email reminders to report incidents timely in the future as they occur.
- The Administrator, Program Director and/or AVP will ensure ongoing compliance with this regulation.

Licensee's Proposed Overall Completion Date: 12/29/2022

Implemented ([redacted] - 02/06/2023)

187d - Follow Prescriber's Orders

2. Requirements

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

On [redacted] Staff A did not administer [redacted] at [redacted] to Resident A as ordered by their physician. The home is not following prescribers orders.

Plan of Correction

Accept ([redacted] - 01/08/2023)

- The medication, [redacted], was administered to the resident on [redacted] at [redacted].
- The staff responsible for the error/late administration was verbally educated, on 11/13/22 by the Administrator, on the importance of following prescriber's orders and the procedure for administering medications late.
- As per FCS procedure, Agency Nurse also spoke with the staff responsible for the error and reminded the staff on the importance of always checking the MAR for any changes with new orders and following the orders as prescribed.
- The prescribing physician was notified on 11/13/22 of the late administration and documentation of reported error was received by the home.
- A PCH Incident report was submitted to DHS on 11/15/22
- AVP and Program Director will ensure all current and new staff receive ongoing education/reminders on the importance of following the directions of the provider at all times and how to properly handle medication errors in the future.
- The Administrator will ensure ongoing compliance with this regulation.

Licensee's Proposed Overall Completion Date: 12/29/2022

Implemented ([redacted] - 02/06/2023)