

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

August 19, 2024

[REDACTED], CEO
FITZMAURICE COMMUNITY SERVICES INC
[REDACTED]

RE: FITZMAURICE COMMUNITY
SERVICES, INC.
5 ELM STREET
STROUDSBURG, PA, 18360
LICENSE/COC#: 20954

Dear Ms. Debra Scocozza,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/23/2024 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: *06/24/2025*
 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: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal* Exit Conference Date: *07/23/2024*

Inspection Dates and Department Representative

07/23/2024 - 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: *4*
 Diagnosed with Mental Illness: *7* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

07/23/2024 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *08/08/2024*

08/09/2024 - POC Submission

Submitted By: [REDACTED] Date Submitted: *08/16/2024*
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *08/14/2024*

Inspections / Reviews (*continued*)

08/19/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 08/16/2024

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

65g - Annual Training Content

1. Requirements

2600.

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- 1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.

Description of Violation

The home did not have documentation that staff person A received annual fire safety training by a fire safety expert for the 2023 annual training year.

Plan of Correction

Accept () - 08/09/2024

- A training transcript for staff person A was provided showing that the staff person did complete fire safety training in October 2023
- A training certificate was also provided indicating that staff person A attended the fire safety training in October 2023.
- Going forward training certificates will be signed by the fire safety expert.
- Credentials for the fire safety expert will be kept with the fire safety certificates
- Administrator will ensure ongoing compliance with this regulation.

Licensee's Proposed Overall Completion Date: 08/08/2024

Implemented () - 08/19/2024

185a - Implement Storage Procedures

2. 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 #1 requires [redacted]. On 7/10/24 [redacted] but was documented as [redacted] on the Medication Administration Record (MAR). Resident#2 requires [redacted] On 7/1/24 [redacted] but was recorded as [redacted] on the MAR.

Plan of Correction

Accept () - 08/09/2024

- The MAR was corrected immediately on 7/23/24 to reflect both Resident 1 and 2's actual [redacted]
- On 7/23/24, the Administrator reviewed the documentation error with the staff persons responsible and reminded of the importance of properly documenting [redacted] on the MAR.
- The Administrator will monitor the MAR to ensure that staff are documenting [redacted] correctly.
- Administrator will ensure ongoing compliance with this regulation.

Licensee's Proposed Overall Completion Date: 08/08/2024

Implemented () - 08/19/2024

187d - Follow Prescriber's Orders

3. Requirements

187d - Follow Prescriber's Orders (continued)

2600.
187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #2 has an order for [REDACTED].
On 7/4/24 [REDACTED] incorrectly.

Plan of Correction

Accept ([REDACTED] - 08/09/2024)

- On 7/23/24, the Administrator reviewed the error with the staff person responsible and reminded of the importance of following the directions of the prescriber.
- An incident report was completed and submitted for the medication error that occurred on 7/4/24.
- The staff person responsible met with the agency nurse to discuss the error and how to prevent this type of error from occurring again. The staff person was educated on what "less than" or "under" [REDACTED] means.
- Administrator will ensure ongoing compliance with this regulation.

Licensee's Proposed Overall Completion Date: 08/08/2024

Implemented ([REDACTED] - 08/19/2024)

190b - Insulin Injections

4. Requirements

2600.
190.b. A staff person is permitted to administer insulin injections following successful completion of a Department-approved medications administration course that includes the passing of a written performance-based competency test within the past 2 years, as well as successful completion of a Department-approved diabetes patient education program within the past 12 months.

Description of Violation

Staff person [REDACTED] is a medication technician and indicates on the MAR for resident #2 that they are administering [REDACTED] as per the resident's [REDACTED]. Staff person [REDACTED] did not complete [REDACTED] training from a certified [REDACTED] instructor.

Plan of Correction

Accept ([REDACTED] - 08/09/2024)

- Staff person [REDACTED] has never actually physically administered [REDACTED] to resident #2.
- Resident #2 independently [REDACTED] and self-[REDACTED]
- Staff person [REDACTED] signed the MAR indicating they provided oversight while resident #2 self-[REDACTED]
- Documentation was obtained from resident #2's physician to show they are capable of performing [REDACTED] independently and self-[REDACTED]
- Staff person [REDACTED] will be scheduled for [REDACTED] training provided by a certified [REDACTED] educator when the next class is available in 2024.
- Administrator will ensure ongoing compliance with this regulation.

Licensee's Proposed Overall Completion Date: 08/08/2024

Implemented ([REDACTED] - 08/19/2024)