

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

July 9, 2025

[REDACTED], ED
FITZMAURICE COMMUNITY SERVICES INC
[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 06/10/2025 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* License #: *24545* License Expiration: *06/24/2026*
 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, Complaint* Exit Conference Date: *06/10/2025*

Inspection Dates and Department Representative

06/10/2025 - 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: *6* Are 60 Years of Age or Older: *6*
 Diagnosed with Mental Illness: *7* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

06/10/2025 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *07/05/2025*

07/09/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *07/09/2025*
 Reviewer: [REDACTED] Follow-Up Type: *Bypass Document Submission*

Inspections / Reviews *(continued)*

07/09/2025 - Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 07/09/2025

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

3c - Post Current License

1. Requirements

2600.

3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

On 6/10/25 the License Inspection Summary (LIS) report dated 1/16/25 was not posted in a conspicuous and public place in the home.

Plan of Correction

Accept ([redacted] - 07/09/2025)

- The License Inspection Summary (LIS) dated 1/16/25 was immediately posted on the bulletin board on the wall near the front entrance, which is a conspicuous and public place in the home during the inspection on 6/10/25.
- The LIS will be posted on the bulletin board on the wall near the front entrance of the home immediately upon receipt from the Department following any future inspections.
- The Administrator and Program Director will ensure ongoing compliance with this regulation.

Licensee's Proposed Overall Completion Date: 07/03/2025

Implemented ([redacted] - 07/09/2025)

16c - Written Incident Report

2. 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

Resident #1 was sent to the hospital on [redacted] for health concerns [redacted] passed away [redacted] [redacted]. This was not reported to the Department's regional office.

Plan of Correction

Accept ([redacted] - 07/09/2025)

- The incident report for Resident #1's death [redacted] on [redacted] was sent to the Department on 6/17/25.
- Resident #1 went to the hospital on [redacted]
- Discharge from the PCH was decided on [redacted] but before official discharge took place, Resident #1 passed away unexpectedly in the hospital [redacted]
- Due to the already planned discharge and the fact that Resident #1 did not pass away at home, but rather while admitted in the hospital, it was an oversight that the death should be reported to the Department by the PCH.
- The Administrator and Program Director both reviewed the regulations regarding incident reporting and will be sure to report any death of a resident going forward.
- The Administrator and Program Director will ensure ongoing compliance with this regulation.

Licensee's Proposed Overall Completion Date: 07/03/2025

Implemented ([redacted] - 07/09/2025)

252 - Record Content

3. Requirements

2600.

252. Content of Resident Records - Each resident's record must include the following information:

17. The date of entrance into the home, relocations and discharges, including the transfer of the resident to other homes owned by the same legal entity.
21. The reason for termination of services or transfer of the resident, the date of transfer and the destination.

Description of Violation

Resident #1's record did not include the following information: the date of and reason for the resident's discharge on [REDACTED] Resident #1 was sent to the hospital on [REDACTED] and passed away unexpectedly on [REDACTED] This information was not stored in the resident's record.

Plan of Correction

Accept ([REDACTED] - 07/09/2025)

- *Discharge from the PCH was decided on [REDACTED] but before official discharge took place, Resident #1 passed away unexpectedly in the hospital on [REDACTED]*
- *Due to the unexpected passing on [REDACTED] and not having had the discharge documents signed by Resident #1, they were not included in the record.*
- *A discharge form was completed and added to Resident #1's record on 6/10/25.*
- *To ensure this type of situation does not occur again in the future, the Administrator and/or Program Director will complete, and include in the record, a discharge form for all discharges include those resulting from the death of a resident.*
- *The Administrator and Program Director will ensure ongoing compliance with this regulation.*

Licensee's Proposed Overall Completion Date: 07/03/2025

Implemented ([REDACTED] - 07/09/2025)