

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

August 25, 2025

[REDACTED] ADMINISTRATOR  
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 licensing inspections on 08/06/2025 of the above facility, no regulatory citations have been identified as a result of this inspection.

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

Sincerely,  
[REDACTED]

Enclosure  
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

**Facility Information**

Name: *FITZMAURICE COMMUNITY SERVICES, INC.* License #: *20954* License Expiration: *06/24/2026*  
 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: *8* Waking Staff: *6*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
 Reason: *Renewal* Exit Conference Date: *08/06/2025*

**Inspection Dates and Department Representative**

*08/06/2025 - On-Site:* [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**  
 License Capacity: *8* Residents Served: *8*

**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: *8* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *0* Have Physical Disability: *0*

**Inspections / Reviews**

*08/06/2025 - Full*  
 Lead Inspector: [REDACTED] Follow-Up Type: *Not Required*

NO DEFICIENCIES FOUND