

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

June 29, 2026

[REDACTED], ADMINISTRATOR  
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 04/16/2026 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 Exit Conference Date: 04/16/2026

**Inspection Dates and Department Representative**

04/16/2026 - 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: 7  
 Diagnosed with Mental Illness: 7 Diagnosed with Intellectual Disability: 1  
 Have Mobility Need: 0 Have Physical Disability: 0

**Inspections / Reviews**

04/16/2026 Full  
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 05/14/2026

05/13/2026 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: 06/18/2026  
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 05/20/2026

Inspections / Reviews *(continued)*

06/10/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 06/18/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 06/17/2026

06/29/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/18/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

103f - Refrigerator/Freezer Temps

1. Requirements

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

There was no thermometer in the refrigerator, which is used for food, in the medication room.

At 9:33a.m. the temperature in the freezer located in the kitchen was 20 degrees Fahrenheit and at 11:45a.m. it was 18 degrees Fahrenheit.

Plan of Correction

Accept ( ) - 06/10/2026

- Temperatures were adjusted and new thermometers were placed in the refrigerator and freezer on 4/16/26 and temperatures were checked to ensure they met regulations.
- A temperature log was created and will be used weekly to ensure thermometers are present in both the refrigerator and freezer and that they reflect proper temperatures.
- The Administrator and/or Program Director will ensure ongoing compliance with this regulation.

Licensee's Proposed Overall Completion Date: 06/09/2026

Implemented ( ) - 06/29/2026

227g -Support Plan Signatures

2. Requirements

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident #1 did not sign the support plan, dated, ( ). There is no indication the resident refused to sign.

Plan of Correction

Accept ( ) - 05/13/2026

- The Resident Assessment and Support Plan dated ( ) for Resident 1 was signed by the Resident immediately upon finding the same day 4/16/26. (see attached)
- Going forward, Administrator will double check that Resident Assessment and Support Plans are signed by both the resident and the person completing the assessment. The Program Director will also conduct an additional check once the RASP is completed and scanned before being filed.
- The AVP will conduct quarterly audits to ensure all RASPs are signed by both the resident and the person completing the assessments.
- The Administrator and/or Program Director will ensure ongoing compliance with this regulation.

Licensee's Proposed Overall Completion Date: 05/11/2026

Implemented ( ) - 06/29/2026