

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to FCNRC LP

LEGAL ENTITY

To operate FOREST CITY PERSONAL CARE

NAME OF FACILITY OR AGENCY

Located at 911 DELEWARE STREET, FOREST CITY, PA 18421

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE _____ ADDRESS OF SATELLITE SITE _____

ADDRESS OF SATELLITE SITE _____ ADDRESS OF SATELLITE SITE _____

ADDRESS OF SATELLITE SITE _____ ADDRESS OF SATELLITE SITE _____

To provide Personal Care Homes

TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 36
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Restrictions: _____

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes

(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from June 6, 2012 until June 6, 2013,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 223490

Robert E. Robinson

ISSUING OFFICER

R. C. King

DIRECTOR

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.

PW 628 - 01/11



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
PO BOX 2675
HARRISBURG, PENNSYLVANIA 17105-2675

ADULT RESIDENTIAL LICENSING

PHONE: (717) 783-3670
FAX: (717) 783-5662

JUN 06 2012

Ms. Joanne Mazak, Administrator
FCNRC LP
915 Delaware Street
Forest City, Pennsylvania 18421

RE: Forest City Personal Care
911 Delaware Street
Forest City, Pennsylvania 18421

Dear Ms. Mazak:

As a result of the Department of Public Welfare's licensing inspection on May 1, 2012 of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.

All violations specified on the enclosed Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Adult Residential Licensing so that compliance can be verified.

A regular license is being issued based on the enclosed Violation Report. Your license is enclosed.

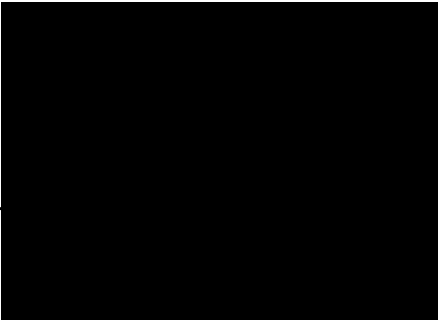
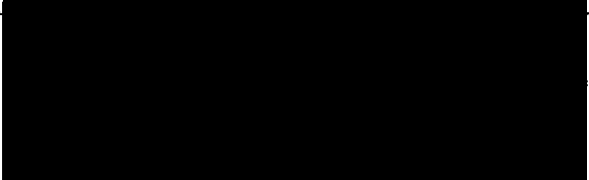
Sincerely,

A handwritten signature in black ink, appearing to read "Ronald Melusky".

Ronald Melusky
Director

Enclosures
License
Violation Report

**VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

PCH Name: FOREST CITY PERSONAL CARE		License Number: 223401
Address: 911 DELEWARE STREET, FOREST CITY, PA 18421		County: Susquehanna
Administrator: Joanne Mazak		Region: NORTH
Legal Entity Name: FCNRC LP		
Legal Entity Address: 915 DELEWARE STREET, FOREST CITY, PA 18421		
Certificate(s) of Occupancy C-2 LP 10/24/1994 Comm of PA L&I		
Staffing Hours Resident Support: 0 Total Daily Staff: 29 Working Staff: 22		
Type of Inspection: Full BHA Docket Number: n/a Notice: Unannounced		
Reason(s) for Inspection(s) Provisional		
On-Site Inspections Dates and Department Representatives On-Site 05/01/2012: Bloch, Betty; Babiarz, Florence		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details Partial or Full Triggers: n/a Random Indicators: n/a		
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 36	Number of Residents who:	
Number of Residents Served: 28		
Secured Dementia Care Unit in Home: No		
Area:		
Secured Dementia Unit Capacity, if Applicable:		
		

Violation Report: 22348 - 05/01/2012 - Bloch, Betty

1. REGULATION 83 Pa.Code §2600

2600.85(a) - Sanitary conditions shall be maintained.

2. DESCRIPTION OF VIOLATION

Two Accu-Chek kits, used for diabetic testing, were stored in the PRN/insulin equipment cart located in the home's medication room; neither kit was labeled with the name of a resident on it.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

- Both Accu-Check kits were extra kits. Both kits were immediately removed from the medication cart and disposed of on 5/1/2012.
- All Accu-Check kits, belonging to a specific resident, are labeled with that resident's name.
- To ensure that the same violation does not recur, the administrator will present an inservice to the staff regarding the labeling of insulin equipment with a focus on infection control and prevention of transmission of disease.
- Performance will be monitored thru Quality Management Equipment audit monthly by the administrator.

Completion date is 05/30/2012

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Journie Marak</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Journie Marak Administrator	May 10, 2012

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>5/22/12</u> (Date)	Verification of Legal Entity Representative Signature <u>5/22/12</u> (Date)
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- | | |
|--|---|
| The above plan of correction was approved by <u><i>[Signature]</i></u>
(Initials) | <input type="checkbox"/> Fully Implemented |
| | <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress |
| | <input type="checkbox"/> Partially Implemented - Inadequate Progress |
| | <input type="checkbox"/> Not Implemented |

Violation Report: 22349 - 05/01/2012 - Bloch, Betty

1. REGULATION 55 Pa.Code §2800

2600.95 - Furniture and equipment must be in good repair, clean and free of hazards.

2. DESCRIPTION OF VIOLATION

The Fire Exit door located adjacent to bedroom #s 11 and 12 was sticking to the frame of the door when pushed upon. This made it difficult to open the door in the event of an emergency.

The electrical socket located in resident room #9 was not adhered to the wall and exposed the electrical wiring behind it which posed a possible safety hazard.

In the bathroom adjoining bedroom #12, when the hot water faucet was turned on in the sink there was a loud banging noise in the pipes. Also, when the cold water spout was turned on there was a delay in dispensing the cold water.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

- The maintenance director repaired the top hinge and adjusted fire exit door #2, located in the west wing, adjacent to bedrooms #11 and #12 on 05/02/2012. The door opens with ease. All fire exit doors are inspected weekly by maintenance and documentation is maintained.
- The electrical receptacle located in room #9 was immediately replaced, 05/01/2012. All other resident rooms were checked for possible safety hazards and none were found.
- The stems, washer and aerators were replaced on the faucet in the bathroom adjoining room #12 thus eliminating a loud banging noise and a delay in dispensing water. Maintenance will monitor the function of room equipment monthly. The maintenance director will present a safety inservice to all staff on 05/17/2012. If the staff identifies a furniture or equipment hazard, they are to notify the administrator and complete a Maintenance Request immediately.

Date of completion 05/23/2012

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Tamara Murak Administrator* Date *May 10, 2012*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE

The above plan of correction is approved as of *5/22/12* (Date)

Verification of Legal Entity Representative Signature *[Signature]* (Date) *5/22/12*

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by *[Initials]* (Initials)

Violation Report: 22349 - 05/01/2012 - Bloch, Betty

1. REGULATION 55 Pa.Code §2600

2600.124 - The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.

2. DESCRIPTION OF VIOLATION

The home did not have documentation that it notified the local fire department of the address of the home, location of the bedrooms, and assistance needed to evacuate in the event of an emergency.

On the day of this inspection, it was determined through staff and resident interviews that resident #1 receives full physical assistance from the staff to evacuate the home during fire drills. Resident #1's most current medical evaluation (dated 3/20/12) includes diagnoses of blindness and macular degeneration.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

- Forest City Personal Care notified the Forest City Fire Department, in writing, of the address of the home, location of the bedrooms, floor plan of the building and bedroom location of one (1) resident that requires assistance to evacuate the building.
- The letter was initiated by the administrator and delivered to the fire chief on 05/04/2012.
- System implemented to prevent reoccurrence of violation included a review of each residents mobility need and support plan. Any resident with a change in mobility, affecting evacuation of the home will have a new medical evaluation and support plan completed for the identified significant change. The Forest City Fire Department will be notified, in writing, of any changes in residents' need for assistance in the event evacuation of the home is necessary.

The administrator is responsible for notification to the local fire department.

Date of completion 05/04/2012

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page) <i>[Signature]</i>			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Tamara Mark Administrator</i>			Date <i>May 19, 2012</i>

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <i>5/22/12</i> (Date)	Verification of Legal Entity Representative Signature <i>[Signature]</i> (Date) <i>5/22/12</i>
The above plan of correction was approved by <i>[Initials]</i> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 22348 - 05/01/2012 - Bloch, Betty

1. REGULATION 55 Pa. Code §2600

2600.141(b)(2) - A resident shall have a medical evaluation if the medical condition of the resident changes prior to the annual medical evaluation.

2. DESCRIPTION OF VIOLATION

Resident #1's most current medical evaluation (dated 3/20/12) indicates the resident can independently evacuate with the use of a guide stick in the event of an emergency; it was determined through staff and resident interviews resident #1 has a mobility need and requires full assistance to evacuate the home in the event of an emergency.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The attending physician documented a new medical evaluation attesting to resident #1's mobility change. The administrator initiated the medical evaluation form on 05/02/2012. The resident's medical needs are met.

The administrator reviewed other residents for a potential change in medical condition and this audit revealed no further interventions by a medical professional.

The administrator will monitor any changes in residents' diseases or disorders that would warrant the need for medical intervention. Monitoring tools will include but not be limited to, results of lab studies, x-rays, hospitalizations, physician's office visits, and any visible physical or mental symptoms.

Date of completion 05/02/2012.

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page) <i>Journe Marak</i>			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Journe Marak Administrator</i>			Date <i>May 10, 2012</i>

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE

The above plan of correction is approved as of <i>5/22/12</i> (Date)	Verification of Legal Entity Representative Signature <i>5/22/12</i> (Date)
The above plan of correction was approved by <i>[Signature]</i> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 22349 - 05/01/2012 - Bloch, Betty

1. REGULATION 55 Pa. Code §2600

2600.182(b) - Prescription medication that is not self-administered by a resident shall be administered by one of the following:

- (1) A physician, licensed dentist, licensed physician's assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic.
- (2) A graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the home.
- (3) A student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the home.
- (4) A staff person who has completed the medication administration training as specified in § 2600.180 for the administration of oral, topical, eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

2. DESCRIPTION OF VIOLATION

The following direct care staff persons' Department-approved medication administration training and documentation were incomplete and, therefore, they are not currently qualified to administer medications to residents:

Staff person A

• Annual Practicum completed 3/13/11
No Student Certification Form

• Annual Practicum due by 3/10/12
No Student Certification Form
No Annual Practicum Student Examination Data Summary Sheet
Only 2 of the required 4 MAR reviews were completed (dated 11/15/11 and 3/11/12)

Staff person B

• Annual Practicum due by 4/4/11
No Student Certification Form
No Annual Practicum Student Examination Data Summary Sheet

• Annual Practicum due by 4/4/12
No Student Certification Form
No Annual Practicum Student Examination Data Summary Sheet
Only 2 of the required 4 MAR reviews were completed (dated 12/30/11 and 12/31/11)

Staff person C

• Annual Practicum due by 10/8/11
No Student Certification Form
No Annual Practicum Student Examination Data Summary Sheet
Only 2 of the required 4 MAR reviews were completed (dated 4/11 and 10/11)

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Jeanne Marak*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Jeanne Marak, Administrator* Date *May 10, 2012*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of *5/22/12* (Date) Verification of Legal Entity Representative Signature *5/22/12* (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress

Violation Report: 22349 - 05/04/2012 - Bloch, Betty

1. REGULATION 56 Pa.Code §2600

2600.182(b) - Prescription medication that is not self-administered by a resident shall be administered by one of the following:

- (1) A physician, licensed dentist, licensed physician's assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic.
- (2) A graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the home.
- (3) A student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the home.
- (4) A staff person who has completed the medication administration training as specified in § 2600.180 for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

The above plan of correction was approved by MM (Initials) 5/22/12

Partially Implemented - Inadequate Progress
 Not Implemented

3. PLAN OF CORRECTION (POC)

* Continue previous page.

It is not possible to complete the past due medication training and documentation requirements of staff persons A,B,C.

Staff A, B, and C have been recertified in the department approved medication administration training. Documentation is complete and staff, A, B, and C are currently qualified to administer medications to residents.

To prevent reoccurrence of this violation, the administrator will organize and monitor a diary system for each medication administration approved staff person in order to ensure that the trainer completed the annual practicum, student certification form, annual practicum student examination data summary sheet in a timely manner.

Date of completion 05/30/2012.

Repeat Violation No.	Date(s) of Previous Violation(s)	
Signature of Legal Entity Representative (Required on EVERY Panel) <u>Jim Mark</u>		
Printed Name and Title of Legal Entity Representative (Required on EVERY Panel) <u>James Mark Administrator</u>		Date <u>May 10, 2012</u>
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!		
The above plan of correction is approved as of <u>5/22/12</u> (Date)	Verification of Legal Entity Representative Signature <u>5/22/12</u> (Date)	
The above plan of correction was approved by <u>m</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented	

Violation Report: 22349 - 05/01/2012 - Bloch, Betty

1. REGULATION 55 Pa.Code §2600

2600.226(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

2. DESCRIPTION OF VIOLATION

Resident #2's initial assessment (dated 11/23/11) was incomplete. It did not indicate if the resident has a Mobility Need.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Resident #2's initial assessment was amended on 05/02/2012 to reflect that the resident does not have a mobility need.

All other residents initial assessments are in the process of being reviewed to ensure that all categories are complete.

The administrator will conduct a quarterly audit on new admissions' charts to ensure that initial assessments done within fifteen (15) days of admission are complete.

Completion date is 05/30/2012.

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Thomas Marak, Administrator* Date *May 10, 2012*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 5/22/12 (Date)

Verification of Legal Entity Representative Signature 5/22/12 (Date)

The above plan of correction was approved by [Initials] (Initials)

- Fully implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 22349 - 05/04/2012 - Bloch, Betty

1. REGULATION 85 Pa.Code §2800

2800.225(c) - The resident shall have additional assessments as follows:

- (1) Annually.
- (2) If the condition of the resident significantly changes prior to the annual assessment.
- (3) At the request of the Department upon cause to believe that an update is required.

2. DESCRIPTION OF VIOLATION

Resident #1's most current assessment (dated 1/4/12) indicates the resident does not have a Mobility Need. It was determined through staff and resident interviews, the resident requires full assistance to evacuate, assistance to activities, meals, assistance with personal hygiene and assistance in guiding the resident due to a visual impairment.

Resident #2's most current assessment (dated 1/5/12) does not address the Ability to See, Memory, and Mobility Need sections of the form; they were left blank. Also, the resident's weight loss was not addressed on the form. Resident #2 has a history of anorexia and colitis.

Also, this information was not carried over on the resident's support plan.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

- Resident #1 has an identified mobility need. An additional assessment has been completed due to the significant change. The support plan was amended to reflect current mobility needs.

- Resident #2's assessment of 01/05/2012 was amended to incorporate items originally unintentionally left blank.

Because of the resident's weight loss, a new assessment and support plan were completed on 05/02/2012. Additionally, the resident is weighed weekly and is stabilized at 158 pounds. Laboratory studies of 04/24/2012 are not indicative of a clinical problem related to weight loss.

- The administrator will ensure that assessment and support plans reflect current medical status of each resident.

Completion date 05/04/2012.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Jeanie Marak Administrator* Date *May 10, 2012*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE

The above plan of correction is approved as of 5/22/12 (Date)

Verification of Legal Entity Representative Signature 5/22/12 (Date)

The above plan of correction was approved by [Initials] (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented