



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

JUN 21 2013

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 (Department) licensing inspection on March 26, 2013, of the above personal care home the violations with 55 Pa.Code Ch. 2600 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 2600 must be maintained.

Your regular license for the period June 6, 2013 to June 6, 2014 was issued on February 21, 2013. Your regular license remains in good standing.

Sincerely,

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

Ronald Melusky
Director

Enclosure
Violation Report

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

PCH Name: FOREST CITY PERSONAL CARE		License Number: 223490
Address: 911 DELEWARE STREET, FOREST CITY, PA 18421		County: Susquehanna
Administrator: Mia Crotti		Region: NORTHEAST
Legal Entity Name: FCNRC LP		
Legal Entity Address: 915 DELAWARE STREET, FOREST CITY, PA 18421		
Certificate(s) of Occupancy		
C-2 LP 10/24/1994 L&I	I-1 12/27/2012 L&I/code insp. inc	
Staffing Hours		
Resident Support: NA	Total Daily Staff: 36	Waking Staff: 27
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Renewal		
On-Site Inspections Dates and Department Representatives On-Site		
03/26/2013: Patton, Leslie; Harvey, Jason		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 36 Number of Residents Served: 35 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 0	Number of Residents who: Receive Supplemental Security Income: 1 Are 60 Years of Age or Older: 35 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 1 Have a Physical Disability: 1	

Violation Report: 22349 - 03/26/2013 - Patton, Leslie
 PCH Name: FOREST CITY PERSONAL CARE

1. REGULATION 55 Pa.Code §2600
 2600.3(c) - The personal care home shall post the current license, a copy of the current licensing inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

2a. DESCRIPTION OF VIOLATION
 A copy of the PA chapter 2600 regulations were located in the administrator's office and not posted at the time of the inspection.

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.

It is necessary to post 55 PA Code 2600 in a public area of the home so residents, families, and visitors are able to learn the applicable regulations that govern the Personal Care. The "pink book" of regulations was posted in the public accessible vestibule on March 26, 2013 at 10:30am. The Administrator will ensure that the required items concerning current license, current licensing inspection reports, and regulations 55 PA code 2600 are posted in a conspicuous and public place, in the Personal Care. The Administrator/designee will monitor the conspicuous display area on a daily basis to ensure compliance.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>MIA CROTTI, Administrator</i>	Date <i>4/2/13</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 5/3/13
 (Date)

Plan of correction implementation status as of 5/3/13
 (Date)

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

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

Violation Report: 22349 - 03/26/2013 - Patton, Leslie
 PCH Name: FOREST CITY PERSONAL CARE

1. REGULATION 55 Pa.Code §2600
 2600.42(s) - A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

2a. DESCRIPTION OF VIOLATION
 The home has video cameras positioned throughout the home that records various locations. The areas include the home's dining room and large lounge. These areas are not corridors leading to an exit and therefore these areas are not permitted to be recorded. In addition, the home's contract does not notify residents that they are subject to video recording.

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 Personal Care respects the privacy of all residents. The Personal Care's Dining Room and Large Lounge was video recorded at the time of the survey. The Personal Care's appropriate common areas are monitored by video camera effective March 27, 2013 with a deactivated recording feature. The Administrator/designee has access to the security monitoring system and will ensure that the cameras are used for monitoring purposes only.

The Home Rules have been expanded to include the surveillance component for video monitoring per regulation. Residents will be educated at the Resident Council Meeting on April 16, 2013 regarding the addition of video monitoring to the Home Rules. Attestation to education will made be via signature.

The Administrator will assure that only home's exterior and the home's interior common areas are video monitored. If video recording of the home's entrance & exits & interior corridors leading to entrances & Exits occurs, signs shall be posted and residents will be informed of same. Apr 1/5/13

Repeat Violation: No Date(s) of Previous Violation(s): *Apr 5/3/13*

Signature of Legal Entity Representative (Required on EVERY Page) *M. Crotti*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *MIA CROTTI, Administrator* Date *4/2/13*

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Violation Report: 22349 - 03/26/2013 - Patton, Leslie
 PCH Name: FOREST CITY PERSONAL CARE

1. REGULATION 55 Pa.Code §2600
 2600.65(i) - A record of training including the staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.

2a. DESCRIPTION OF VIOLATION
 The documentation for the following trainings conducted on the stated dates and times does not indicate the length of the training:
 Colostomy Care; 5/30/12
 Insulin Training; 8/12/12
 Infection Control; 8/26/12
 Abuse/Older Adult Protective Services Act; 11/28/12

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 Personal Care will ensure that all specifics included in the training record are documented. At the time of the survey, March 26, 2013, a review of employee training records indicated incomplete documentation. In order track each staff person's training progress throughout the year, the Administrator will ensure these training documents are complete. The staff training plan for the upcoming year was reviewed to ensure that each program will reflect the name of the person trained, the date of the training, the presenter, the content, and the length of the presentation. The staff training records will be audited quarterly for compliance.

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Violation Report: 22349 - 03/26/2013 - Patton, Leslie
 PCH Name: FOREST CITY PERSONAL CARE

1. REGULATION 55 Pa.Code §2600
 2600.91 - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

2a. DESCRIPTION OF VIOLATION
 The phone located in the homes large lounge did not have the required emergency numbers posted.
 The telephone located in resident room #11 and # 22 did not have the required emergency numbers posted.

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.

Posting emergency numbers will facilitate a quick response from the appropriate agency in the event of an emergency or the necessity to report a complaint in private. The emergency phone numbers were immediately affixed to the identified phones, in the Living Room and resident rooms 11 and 22. All other phones in the facility were inspected and found to be in compliance for emergency phone numbers, on March 26, 2013. The Administrator/designee will routinely check telephone emergency information on daily rounds.

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Violation Report: 22349 - 03/26/2013 - Patton, Leslie
 PCH Name: FOREST CITY PERSONAL CARE

1. REGULATION 55 Pa.Code §2600
 2600.95 - Furniture and equipment must be in good repair, clean and free of hazards.

2a. DESCRIPTION OF VIOLATION
 The bathroom exhaust fan located in resident room #4 was inoperable.

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 Personal Care must keep furniture and equipment in operable condition to ensure resident safety. The inoperable exhaust identified in room #4 on March 26, 2013 was repaired. The Maintenance Department is in the process of checking exhaust fans throughout the facility for proper functioning. A monthly preventive maintenance check of exhaust fans, in addition to quarterly exhaust fan cleanings, will be completed.

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Violation Report: 22349 - 03/26/2013 - Patton, Leslie
PCH Name: FOREST CITY PERSONAL CARE

1. REGULATION 55 Pa.Code §2600
2600.123(b) - Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

2a. DESCRIPTION OF VIOLATION
The home's emergency preparedness plan and the emergency preparedness plan for the municipality in which the home is located were not posted in a conspicuous and public place.

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.

It is necessary to post the emergency preparedness plan for the municipality and the facility, in a public area of the home so residents, families, and visitors are able to refer to the procedures in the event of an emergency. Both plans were posted in the public accessible vestibule on March 26, 2013 at 11:00am. The Administrator will ensure that the required items concerning emergency preparedness plans are posted in a conspicuous and public place, in the Personal Care. The Administrator/designee will monitor the conspicuous display area on a daily basis to ensure compliance.

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) *MIA CROTTI, Administrator* Date *4/2/13*

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Violation Report: 22349 - 03/26/2013 - Patton, Leslie
 PCH Name: FOREST CITY PERSONAL CARE

1. REGULATION 55 Pa.Code §2600
 2600.132(c) - A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

2a. DESCRIPTION OF VIOLATION
 The home's fire drill records indicate all 27 residents present in the home evacuated during the fire drill conducted on 4/17/12 at 2:03pm and that the time of evacuation was 2min 10sec. Additional documentation on the home's fire drill record also states, "Rooms 11 and 9: Residents left in room. Staff needs to be more active in getting residents out." Staff person A, who conducts the monthly fire drills, stated the documentation for the drill conducted on 4/17/12 is not accurate. Staff person A stated both residents referenced did evacuate but that additional time was required resulting in the drill taking more than 2min 30 sec which is not accurately reflected on the fire drill record.

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.

In order to guarantee compliance with all of the regulations relating to fire drills and to identify and correct problems with evacuation a comprehensive fire drill record will be maintained. During review of fire drill records on March 26, 2013, an error with evacuation time was detected. The Administrator re-inserviced Staff Person A on the importance of accurately documenting evacuation times during fire drills. The Administrator will monitor the accuracy of fire drill records as part of the facility's Quality Management Program.

The administrator shall be responsible for ongoing compliance - m 5/3/13

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

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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *MIA CROTTI, Administrator* Date *4/2/13*

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Violation Report: 22349 - 03/26/2013 - Patton, Leslie
 PCH Name: FOREST CITY PERSONAL CARE

1. REGULATION 55 Pa.Code §2600
 2600.132(g) - Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

2a. DESCRIPTION OF VIOLATION
 The home's staff schedule indicates two direct care staff persons routinely work during 11:00pm- 7:00am and one ancillary staff person routinely begins working at 5:30am as stated by staff person B who is the administrator. The following fire drills conducted on the stated dates and times indicate that either 3 or 4 staff persons participated in the fire drills which were conducted at times in which additional staff members are present during sleeping hours:

6/14/12 at 5:15am; 4 staff persons participated
 9/13/12 at 5:56am; 3 staff persons participated
 12/5/12 at 5:00am; 3 staff persons participated

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.

To make certain that the Facility's minimum staff routinely scheduled on any shift are the only individuals participating in fire drills for the given shift, additional staff members should not be reflected on fire drills records. The Administrator will monitor the accuracy of fire drill records as part of the facility's Quality Management Program.

The administrator shall monitor fire drills on a monthly basis for ongoing compliance.

*M
 5/3/13*

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

Signature of Legal Entity Representative (Required on EVERY Page) *M. Crotti*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *MIA CROTTI, Administrator* Date *4/2/13*

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Violation Report: 22349 - 03/26/2013 - Patton, Leslie
 PCH Name: FOREST CITY PERSONAL CARE

1. REGULATION 55 Pa.Code §2600
 2600.132(h) - Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

2a. DESCRIPTION OF VIOLATION
 Staff persons A and C stated residents evacuate the building during monthly fire drills and often stand outside the various exits of the home. The residents are not routinely evacuating to the designated external fire-safe area which is located in the front of the home to the side of the parking lot.

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.

In order to ensure resident safety, a designated external meeting place, located in the parking lot of Personal Care, and an effective communication system will be used during fire drills. In the event of an actual fire, all residents are accounted for ensuring total evacuation is accomplished. During the month of April 2013, the staff will attend a fire safety in-service with focus on evacuation of all residents to the designated external meeting place and accounting for every resident evacuated. Also the Administrator will review at the April Resident Council Meeting, the reason for all residents to be evacuated to the designated external meeting place during routine fire drills.

The administrator shall monitor monthly for ongoing compliance.
 M
 5/3/13

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

Signature of Legal Entity Representative (Required on EVERY Page) *Mia Crotti*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *MIA CROTTI, Administrator* Date *4/2/13*

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Violation Report: 22349 - 03/26/2013 - Patton, Leslie
 PCH Name: FOREST CITY PERSONAL CARE

1. REGULATION 55 Pa.Code §2600

2600.162(c) - Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

2a. DESCRIPTION OF VIOLATION


The home did not post the menu for the following week. Only the current week's menu was posted in the dining room and at the nursing station.

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.


Providing a posted menu one week prior to the scheduled meal, is for residents to plan their meals advance. It is the routine policy of the facility to post meal schedules one week in advance. Perhaps someone inadvertently removed a meal schedule on March 26, 2013, as staff stated both were previously posted. The cook will be responsible for making certain the appropriate meal schedules are posted according to regulation. The Administrator/designee will check the menu posting daily.

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

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Violation Report: 22349 - 03/26/2013 - Patton, Leslie
 PCH Name: FOREST CITY PERSONAL CARE

1. REGULATION 55 Pa.Code §2600
 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.

2a. DESCRIPTION OF VIOLATION
 It is the home's policy that all insulin be dated when opened. Novolin insulin prescribed to resident #1 (filled 2/13/13) was not dated when opened.

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.

Upon receipt, all vials of insulin will be dated in order to prevent misuse. The staff member involved with the insulin incident was immediately counseled by the Administrator and the vial of insulin was immediately dated appropriately. During a recent medication cart audit, no other opened vials of insulin were found. The individual responsible for medication audits will ensure compliance with dating of opened insulin vials.

The administrator shall monitor for ongoing compliance.
m
5/3/13

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

Signature of Legal Entity Representative (Required on EVERY Page) *Mia Crotti*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *MIA CROTTI, Administrator* Date *4/2/13*

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