



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

Sent via email to: [REDACTED]
MAILING DATE: September 9, 2013

Ms. Joanne Mazak, Administrator
PCNRC 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 August 1, 2013 of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Human Services Licensing so that compliance can be verified.

Sincerely,

A handwritten signature in black ink that reads "Michele Moskalczyk".

Michele Moskalczyk
Regional Licensing Administrator

Enclosure

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

| | | |
|---|-----------------------|--|
| PCH Name: FOREST CITY PERSONAL CARE | | License Number: 22349 |
| 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 | I-1 | |
| 10/24/1994 | 12/27/2012 | |
| L&I | L & I | |
| Staffing Hours | | |
| Resident Support: 0 | Total Daily Staff: 37 | Waking Staff: 28 |
| Type of Inspection: Partial | BHA Docket Number: | Notice: Unannounced |
| Reason(s) for Inspection(s) | | |
| Complaint | | |
| On-Site Inspections Dates and Department Representatives On-Site | | |
| 08/01/2013: Harvey, Jason; Yellenic, Cindy | | |
| 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: 36 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: 36 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 1 Have a Physical Disability: 1 |

Violation Report: 22349 - 08/01/2013 - Harvey, Jason
 PCH Name: FOREST CITY PERSONAL CARE

1. REGULATION 55 Pa. Code §2800

2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

2a. DESCRIPTION OF VIOLATION

Resident #1's Resident Assessment Support Plan dated 1/4/2013 and resident #2's dated 9/20/12 RASP does not address both residents' tendency to wander from the facility.

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.

On 8/2/13 the administrator, who is overall responsible for making changes to the RASPs, updated the RASP's for resident #1 and resident #2 to identify the tendency of these two individuals to wander.

All resident's current physical and mental status, along with their RASPs, were reviewed; no other residents were identified as elopement risks due to wandering.

The facility's concern with the safety of the residents is of prime importance. In order to heighten the staff's awareness for the need to closely monitor resident activity when they exhibit escalating signs of restlessness, an in-service program related to behavior change caused by dementia is being scheduled for September 2013. Additionally, the facility has enhanced its door alarm notification system by adding an annunciator to specify the location of the door that was opened. The new system was installed on 8/28/13.

Staff training including correct documentation to the RASP, RASP updates, and communication to the administrator reporting all behavior changes, will take place September 2013. Included in the in-service will be examples of divisional activities such as walks, music, snacks, crafts, etc., which the staff can initiate to reduce/eliminate the wandering. Additionally, staff will be educated on the updated door alarm system and monitoring areas of egress in the facility.

** The administrator shall be responsible for monitoring and ongoing compliance. M 9/6/13*

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

Signature of Legal Entity Representative (Required on EVERY Page) *Mia Crotti, NHA, MHA Personal Care Administrator*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Mia Crotti* Date *8/28/13*

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

The above plan of correction is approved as of 9/6/13 (Date)

Plan of correction implementation status as of 9/6/13 (Date)

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

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