



pennsylvania
DEPARTMENT OF HUMAN SERVICES

APR 13 2015

Ms. Mia Crotti, Administrator
FCNRC LP
915 Delaware Street
Forest City, Pennsylvania 18421

RE: Forest City Personal Care
911 Delaware Street
Forest City, Pennsylvania 18421
License #: 223490


Dear Ms. Crotti:

As a result of the Department of Human Services' licensing inspection on February 25, 2015 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 must be maintained.

Your regular license for the period June 6, 2015 to June 6, 2016 was issued on February 11, 2015. Your regular license remains in good standing.

Sincerely,


Matthew J. Jones
Director

Enclosure
License Inspection Summary

Violation Report: 22349 - 02/26/2015 - O'Haire, Anne
 PCH Name: FOREST CITY PERSONAL CARE

1. REGULATION 55 Pa. Code §2600
 2600.25(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

2a. DESCRIPTION OF VIOLATION
 The contract in the record for resident #1 (DOA 01-15-15) was not signed by the resident.

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 discovery of this error, resident #1's signature was obtained by the Administrator immediately. All other resident admission agreements were reviewed to ensure that no other signatures were inadvertently omitted; all were found to be in compliance. A log has been developed acknowledging all appropriate admission contract signatures have been obtained. The Administrator will also be responsible for assuring ongoing compliance.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *MIA CROFT, MHA, NHA* Date *3/19/15*

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The above plan of correction is approved as of *3/20/15*
 (Date)

Plan of correction implementation status as of *3/20/15*
 (Date)

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

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

Violation Report: 22348 - 02/25/2015 - O'Haire, Anne
 PCH Name: FOREST CITY PERSONAL CARE

1. REGULATION 55 Pa. Code §2600
 2600.100(b) - The home shall ensure that ice, snow and obstructions are removed from outside walkways, ramps, steps, recreational areas and exterior fire escapes.

2a. DESCRIPTION OF VIOLATION
 The home's exterior emergency exit route beginning at the exit door labeled #4, leading to a parking lot near the dining room, was shoveled but had a thick layer of ice and snow covering the path. This was a fall hazard.

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 discovery of this fall hazard, the maintenance director removed the snow with a front end bucket loader until dirt/grass was visible. The maintenance director was counseled on appropriate snow removal of emergency exit routes and he will monitor daily, during times of inclement weather, to ensure compliance. The maintenance director will also educate his staff on the importance of proper snow removal, at all times in areas of egress, in order to ensure safe resident evacuation. Random quality management audits will be conducted by the Administrator during inclement weather to ensure compliance. The Administrator will be responsible for ongoing 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, MHA, NHA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) **MIA CROTTI, MHA, NHA** Date **3/13/15**

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The above plan of correction is approved as of 3/20/15 (Date)

The above plan of correction was approved by M (Initials)

Plan of correction implementation status as of 3/20/15 (Date)

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

Violation Report: 22349 - 02/25/2015 - O'Haire, Anne
 PCH Name: FOREST CITY PERSONAL CARE

1. REGULATION 55 Pa.Code §2600
 2600.132(f) - Alternate exit routes shall be used during fire drills.

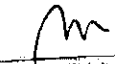
2a. DESCRIPTION OF VIOLATION
 The home's fire drill log reflected that the home was using fire exit door # 4 to exit the building during the following fire drills: 01-12-14, 02-20-14, 03-30-14 and 04-30-14. The home is not alternating their exits during fire drills.

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, who conducts our monthly fire drills, and facility staff were educated on the importance of varying appropriate exit routes. Residents, at the resident council meeting on 3/13/15, were also educated of the same. Administrator will review fire drill records monthly, to ensure various appropriate exits are being utilized when evacuating the facility. The administrator is responsible for monitoring and ensuring ongoing compliance.

Repeat Violation: No	Date(s) of Previous Violation(s):	
Signature of Legal Entity Representative (Required on EVERY Page)		
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date
MIA CROTTI, MHA, NHA		3/13/15

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The above plan of correction was approved by	 (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 - 02/25/2015 - O'Haire, Anne
 PCH Name: FOREST CITY PERSONAL CARE

1. REGULATION 55 Pa.Code §2600
 2600.224(c) - The preadmission screening shall be completed by the administrator or designee.

2a. DESCRIPTION OF VIOLATION

The preadmission screening in the record of resident #1 (dated 1/14/15) did not indicate if the needs of the resident can be met by the home.

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.

This portion of the preadmission screen was inadvertently omitted by the Administrator during the preadmission screening process. This was immediately corrected upon discovery of the omission, to indicate that we are able to meet the resident's needs. The preadmission screenings of all other residents were audited for completion of appropriate preadmission screening information. The Administrator will complete a checklist for all new admissions, ensuring preadmission screens are accurately and completely documented. The Administrator is responsible for monitoring and ensuring ongoing compliance.

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page)		Mica Crotti, MHA, NHA	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date	3/13/15
MICA CROTTI, MHA, NHA			

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The above plan of correction is approved as of 3/20/15
 (Date)

The above plan of correction was approved by M
 (Initials)

Plan of correction implementation status as of 3/20/15
 (Date)

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

Violation Report: 22349 - 02/25/2015 - O'Haire, Anna
 PCH Name: FOREST CITY PERSONAL CARE

1. REGULATION 55 Pa.Code §2600
 2600.252 - Each resident's record must include the following information: (1) through (26)

2a. DESCRIPTION OF VIOLATION
 The record of resident #2 did not indicate hair or eye color.
 The record of resident #3 did not indicate hair or eye color.

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 missing information for resident #2 and resident #3, regarding hair and eye color was immediately entered into the resident #2 and #3's record. All other resident records were checked to ensure the identification characteristics, such as hair and eye color were appropriately documented. Direct Care staff were in-serviced on the importance of specifically documenting identifying characteristics, such as hair and eye color. Audits will be conducted by Administrator upon admission of new residents and monthly, at random, to ensure all resident information is captured appropriately as described in Pa.Code 2600.252. Administrator is responsible for ensuring ongoing compliance.

Repeat Violation: No:	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page)		<i>Mia Crotti, MHA, NHA</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date	<i>3/13/15</i>
<i>MIA CROTTI, MHA, NHA</i>			

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The above plan of correction is approved as of <u>3/20/15</u> (Date)	Plan of correction implementation status as of <u>3/20/15</u> (Date)
The above plan of correction was approved by <u><i>M</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