



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JUN 05 2017

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' annual licensing inspection on February 8, 2017 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.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Inspection.

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

**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 10/24/1994 Department of L&I		
Staffing Hours Resident Support: NM Total Daily Staff: 35 Waking Staff: 26		
Type of Inspection: Full		BHA Docket Number: Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 02/08/2017: Hummel, Jesse; Rushin, Julienne		
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: 34 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: 34 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 1 Have a Physical Disability: 1	

Violation Report: 22349 - 02/08/2017 - Hummel, Jesse
 PCH Name: FOREST CITY PERSONAL CARE

1. REGULATION 55 Pa.Code §2600
 2600.63(d) - A staff person who is trained in first aid or certified in obstructed airway techniques or CPR shall provide those services in accordance with their training, unless the resident has a "do not resuscitate" order.

2a. DESCRIPTION OF VIOLATION
 On 1/19/17 at 3:25 am, staff person "A" was conducting nightly rounds and heard a gasping sound coming from resident #1's room. Staff person A turned the overhead light on and noticed that resident #1's face was "flush", "his/her tongue was protruding from his/her mouth" and "he/she had a fixed stare". Staff person "A" attempted to arouse resident #1 but he/she was "still and unresponsive". Staff person "A" then checked for "signs of life" but could not detect a pulse". Staff person "B" was also working the overnight shift and called 911. A review of resident #1's record indicates he/she did not have a DNR. Staff persons "A" and "B" are trained in CPR; however they failed to provide that service to resident #1.

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.

Staff persons A and B have been made aware of the importance to begin CPR immediately to any distressed resident, without a DNR order, so that life saving measures may be performed in accordance with end of life wishes. staff persons A and B failed to perform CPR in accordance with facility policy and procedure. Staff persons were educated on appropriate situations where CPR must be performed until responders are instructed, by qualified medical personnel, to stop. Annual in-services will be held to educate staff on DNR orders and the importance of CPR. The administrator will be responsible and monitor for ongoing compliance.

*Completed
 2-20-17
 [Signature]*

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) Mia Crotti	Date 2/21/17
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>5-5-17</u> (Date) The above plan of correction was approved by <u>[Signature]</u> (Initials)	Plan of correction implementation status as of <u>5-5-17</u> (Date) <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
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Violation Report: 22349 - 02/08/2017 - Hummel, Jesse
 PCH Name: FOREST CITY PERSONAL CARE

1. REGULATION 55 Pa.Code §2600
 2600.125(a) - Combustible and flammable materials may not be located near heat sources or hot water heaters.


2a. DESCRIPTION OF VIOLATION

Department Representatives observed the laundry area. Located behind the clothing dryer were two white cotton hand towels. These towels are combustible and were in direct contact with a heat source, causing a fire safety 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.

Fire safety is of utmost importance to protect our residents, staff, and guests from unwanted disaster. The area behind the dryer was not free of combustible debris. Staff failed to examine the dryer area to ensure safety. The washcloth was removed from behind the dryer immediately. Staff was in-serviced on the importance of fire safety and ensuring heat sources are free of combustible materials. Weekly quality management audits will be conducted by housekeeping. The administrator will be responsible and monitor for ongoing compliance.

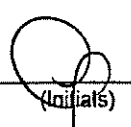
2-20-17


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Signature of Legal Entity Representative (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Mia Crotti	2/21/17

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Violation Report: 22349 - 02/08/2017 - Hummel, Jesse
 PCH Name: FOREST CITY PERSONAL CARE

1. REGULATION 55 Pa. Code §2600
 2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION
 The Medical Evaluation for resident #1 (dated 12/07/16) does not indicate the resident's blood pressure.

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.

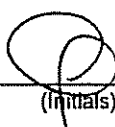
The regulation is necessary in order to ensure the resident's medical profile is complete. The resident's blood pressure was taken but not documented on the medical evaluation. This was a result of a documentation oversight by the reporter. The blood pressure was charted on the medical evaluation. All resident charts have been audited to be certain the blood pressures are documented on the medical evaluation. The administrator/designee will audit all medical evaluation documents, monthly at random to ensure completeness. The administrator will be responsible and monitor for ongoing compliance.

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Violation Report: 22349 - 02/08/2017 - Hummel, Jesse
 PCH Name: FOREST CITY PERSONAL CARE

1. REGULATION 55 Pa.Code §2600
 2600.144(c)(1) - Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

2a. DESCRIPTION OF VIOLATION
 Department Representatives observed the facility's designated smoking area. The chairs located in the area have plastic cushions that contain a styrofoam like material. The chairs are not composed of non-combustible material, which is a fire 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.

Compliance to this regulation is a fire prevention practice. The combustible materials in the cushions were previously not recognized as a hazard. Non-fire resistant chairs were inadvertently placed in the smoking area next to outdoor smoking receptacles. Upon identification, the administrator removed the chairs immediately and replaced them with noncombustible resin chairs. The replacement chairs were labeled as chairs designated for the smoking area only. Staff was in-serviced on fire safety in regards to proper safeguards involved in preventing fires from smoking materials. The administrator will be responsible and monitor for ongoing compliance.

2-20-17
QC

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Violation Report: 22349 - 02/08/2017 - Hummel, Jesse
 PCH Name: FOREST CITY PERSONAL CARE

1. REGULATION 55 Pa.Code §2600
 2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION
 The Loperamide 2mg prescribed to resident #2 was discontinued on 1/21/17 but was noted in the medication cart.

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 regulation is important in order to prevent a medication error occurrence. The discontinued medication was not promptly removed from the medication cart. Staff failed to follow discontinued medication policies and procedures. The medication was immediately removed from the med cart, disposed of, and PCAs were re-serviced on procedure for handling discontinued medication. Administrator/designee will conduct monthly inspections of the medication cart to ensure that discontinued medications have been removed from the medication cart. These findings will be reviewed with quality management quarterly. The administrator will be responsible and monitor for ongoing compliance.

2-20-17
CP

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Mia Crotti	2/21/17

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Violation Report: 22349 - 02/08/2017 - Hummel, Jesse
 PCH Name: FOREST CITY PERSONAL CARE

1. REGULATION 55 Pa.Code §2600

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

2a. DESCRIPTION OF VIOLATION

Resident #3 is prescribed Novolog Insulin based upon a sliding scale of the resident's Blood Glucose Level (BGL). On 2/6/17 at 7:42pm the resident's (BGL) measured 163 and was due 1 unit of insulin. On 2/2/17 at 3:25pm the resident's (BGL) measured 170 and was due 1 unit of insulin. The facility failed to document the number of units of insulin administered on the resident's Medication Administration Record for the above dates and times.

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.

Maintaining proper medication documentation is important for comprehensive record keeping. Staff failed to document the number of units of insulin given to resident #3 on the MAR. Staff oversight resulted in the exclusion of proper medication documentation on 2/2/17 and 2/6/17. Staff was in-serviced on regulation 2600.187(a). The administrator/designee will monitor insulin documentation, at random, monthly and findings will be reviewed with quarterly quality management. The administrator will be responsible and monitor for ongoing compliance.

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 (Date)

The above plan of correction was approved by

(Handwritten initials)
 (Initials)

Plan of correction implementation status as of 5-10-17
 (Date)

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

Violation Report: 22349 - 02/08/2017 - Hummel, Jesse
 PCH Name: FOREST CITY PERSONAL CARE

1. REGULATION 55 Pa.Code §2600
 2600.225(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.

2a. DESCRIPTION OF VIOLATION
 The Initial Assessment for resident #4 (dated [redacted] 17) is missing the following information: the name of the resident's primary physician, medical diagnoses, dental and dietary needs, vision and hearing needs and mental health needs.

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.

Maintaining proper resident assessment documentation is important for comprehensive clinical record keeping. Assessment data for resident #4 was omitted inadvertently, due to an oversight. A new resident assessment form was completed and placed in the resident's medical chart. All other resident assessments were reviewed and found to be in compliance. The administrator/designee will audit assessment documents, monthly to ensure completeness. The administrator will be responsible and monitor for ongoing compliance.

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Violation Report: 22349 - 02/08/2017 - Hummel, Jesse
 PCH Name: FOREST CITY PERSONAL CARE

1. REGULATION 55 Pa.Code §2600
 2600.227(g) - Individuals who participate in the development of the support plan shall sign and date the support plan.

2a. DESCRIPTION OF VIOLATION
 The Initial Resident Assessment and Support Plan for resident #4 (dated [redacted] 17) is not signed by the resident, who participated in the plan's development.

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 regulation is important because it gives the resident the opportunity to participate in his/her assessment and support plan. The resident's signature was not obtained on the document. An oversight on behalf of the person completing the document resulted in a lack of the resident's signature. The assessment and support plan was re-reviewed with the resident and the resident's signature was obtained. All other assessments and support plans were audited and found to be in compliance. The administrator will ensure that the resident signs the assessment and support plan at the time of it's development. The administrator will be responsible to monitor for ongoing compliance.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
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