



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

APR 25 2018

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' (Department) annual licensing inspection on January 23, 2018 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](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,

A handwritten signature in black ink that reads "J. Rowe".

Jacqueline L. Rowe  
Director

Enclosure  
License Inspection Summary



Violation Report: 22349 - 01/23/2018 - O'Haire, Anne  
 PCH Name: FOREST CITY PERSONAL CARE

**1. REGULATION 55 Pa.Code §2600**

2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

**2a. DESCRIPTION OF VIOLATION**

The Licensing Inspection Summary (LIS) dated 2/8/2017 posted in the home's lounge area contained the resident and staff privacy coding documents attached, exposing confidential resident information.

**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 identifies the importance of confidentiality and recognizes protecting the privacy of residents is especially crucial. The privacy coding document was inadvertently attached to the licensing inspection report, which was posted publicly in the facility. The document was immediately removed and shred upon discovery. The Administrator will review new licensing inspection reports, prior to public posting, to avert violations relating to exposure of resident confidential information. The Administrator will be responsible to monitor and ensure 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*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Mia Crotti, Administrator</i>	Date <i>02/19/18</i>
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of 2/20/18  
 (Date)

Plan of correction implementation status as of 2/20/18  
 (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 - 01/23/2018 - CHaire, Anne  
 PCH Name: FOREST CITY PERSONAL CARE

1. REGULATION 55 Pa.Code §2600  
 2600.18 - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

2a. DESCRIPTION OF VIOLATION

The home did not have a copy of the PA Department of Health's Influenza poster posted in a public area of the home as required by the Influenza Awareness Act.  
 The batteries in the home's carbon monoxide monitors were not marked with the dates that the batteries were installed.

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.*

Publicly posted information related to Influenza prevention, vaccine availability, and best practices is important in efforts to reduce the spread of the flu in our organization. A copy of the PA Department of Health's Influenza poster was not posted in a public area of the home as required by the Influenza Awareness Act. An oversight of this requirement resulted in violation of regulation 2600.18. The required information was obtained and publicly posted for resident and staff review. The administrator will monitor posted documentation to ensure required influenza documentation is present. The Administrator will be responsible to monitor and ensure ongoing compliance.

Forest City Personal Care recognizes the potential dangers of Carbon Monoxide poisoning, in addition to the importance of preventative maintenance ensuring proper functioning of monitoring devices. The facility failed to note date of last battery replacement ensuring energy source reliability in the event of an emergency. An oversight of this requirement resulted in violation of regulation 2600.18. Batteries in the carbon monoxide detectors were replaced and dates were noted on the device as well as on the Monthly Carbon Monoxide testing log. Batteries are now scheduled to be replaced semiannually and the Maintenance Director was in-serviced on this requirement and proper documentation. The Administrator will be responsible to monitor and ensure 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*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Mia Crotti, Administrator</i>	Date <i>02/19/18</i>
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Violation Report: 22349 - 01/23/2018 - O'Haire, Anne  
 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**

The glucometer belonging to resident # 1 was not calibrated to the correct date and time.  
 On 1/17/2018 the blood glucose reading for resident # 1 at 6am was 118 in the resident's glucometer but was recorded as 111 on the resident's Accucheck Log.

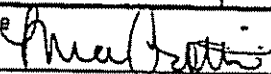
**3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)**

*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.*

Incorrect calibration of date/time of glucometers has the potential to misrepresent the time of the past test results making pattern management difficult. It is important to ensure blood glucose testing is conducted at designated times. The incorrect calibration of date/time of blood glucose monitor of resident #1 was an oversight. The blood glucose monitor was calibrated to read the correct date/time. An audit log was created to ensure that accurate dates/times are displayed on each blood glucose machine. The audit will be conducted monthly by the Administrator/designee. The Administrator will be responsible to monitor and ensure ongoing compliance.


Accurate transcription of glucometer readings is essential for precise blood glucose record keeping. Regulation 2600.185(a) was violated when a glucometer reading was incorrectly documented on the resident's Accucheck Log. Human error resulted in the incorrect documentation. The correct blood glucose reading was noted in the resident's Accucheck Log. The administrator/designee will audit, at random, Accucheck Log documentation correlating with glucometer readings. The Administrator will be responsible to monitor and ensure ongoing compliance.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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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) Mia Crotti, Administrator	Date 02/19/18
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