



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to FOREST HILLS CARE SERVICES LLC
LEGAL ENTITY

To operate FOREST HILLS PERSONAL CARE HOME
NAME OF FACILITY OR AGENCY

Located at 313 HUMBERT ROAD, SIDMAN, PA 15955
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

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To provide Personal Care Homes
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 50
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller. (MAXIMUM CAPACITY)

Restrictions: _____

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from August 1, 2018 until August 1, 2019,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **334150**

Robert E. Robinson
ISSUING OFFICER

Carolyn K. Ellison
DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.



AUG 02 2018

Ms. Christine J. Weaver,
Managing Member
Forest Hills Care Services LLC
115 Terrace Drive
Johnstown, Pennsylvania 15904

RE: Forest Hills Personal Care Home
313 Humbert Road
Sidman, Pennsylvania 15955
Certificate #: 334150

Dear Ms. Weaver:

As a result of the Department's Bureau of Human Services Licensing inspection on June 27, 2018 of the above facility, we have found that your facility is in substantial compliance with the regulations, set forth in 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), that can be adequately assessed at this time. The licensing inspector was unable to complete a full inspection because this is a new legal entity operating the home.

During the inspection, violations on the enclosed License Inspection Summary were found. All violations specified on the 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.

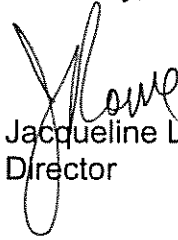
Your NEW license is enclosed, based on substantial but not complete compliance with 55 Pa.Code Ch. 2600.

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

Ms. Christine J. Weaver

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 applicant responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in black ink, appearing to read "J. Rowe". The signature is fluid and cursive, with a large initial "J" and a long, sweeping underline.

Jacqueline L. Rowe
Director

Enclosures
License

Violation Report: 30678 - 06/27/2018 - Showers, Michael

PCH Name: FOREST HILLS PERSONAL CARE HOME

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 Documentation of Medical Evaluation form for Resident 1, dated 9/7/2017, does not include the medical professional's name and medical license number.

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 Documentation of Medical Evaluation referenced in this violation did have the doctor's signature and it was dated by him. He failed to print his name above his signature and he did not include his medical license number as required.

As of June 28th, the day following our site visit, I met with our clinical supervisor who sends and receives the DME forms. We reviewed the regulations. Going forward, she will double check all of the forms before filing to ensure they are complete and in compliance.

The quality management plan also includes quarterly chart audits to maintain compliance with all regulations.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Christine J Weaver RN

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

Christine Weaver Administrator

Date *7-10-18*

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

The above plan of correction is approved as of

7/12/18
(Date)

Plan of correction implementation status as of

7/12/18
(Date)

The above plan of correction was approved by

BS
(Initials)

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