



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

APR 04 2019

Ms. Laura Wojcik  
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. Wojcik:

As a result of the Department's Bureau of Human Services Licensing annual inspection on January 15, 2019 of the above facility, the violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report 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 "Jacqueline L. Rowe".

Jacqueline L. Rowe  
Director

Enclosure  
Violation Report

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

PCH Name: FOREST CITY PERSONAL CARE		License Number: 22349
Address: 911 DELAWARE STREET, FOREST CITY, PA 18421		County: Susquehanna
Administrator: Laura Wojcik		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 L&I		
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 30	Working Staff: 23
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
<b>Reason(s) for Inspection(s)</b> Renewal		
<b>On-Site Inspections Dates and Department Representatives On-Site</b> 01/15/2019: Deluca, Amy; Mendez, Vanessa		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>		
<b>Other Details</b>		
Partial or Full Triggers:		Random Indicators:
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 36 Number of Residents Served: 28 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: 1	<b>Number of Residents who:</b> Receive Supplemental Security Income: 1 Are 60 Years of Age or Older: 27 Have Mental Illness: 1 Have an Intellectual Disability: 0 Have a Mobility Need: 2 Have a Physical Disability: 0	

Violation Report: 22349 - 01/15/2019 - Deluca, Amy  
 PCH Name: FOREST CITY PERSONAL CARE

**1. REGULATION 55 Pa.Code §2600**

2600.65(f) - Training topics for the annual training for direct care staff persons shall include the following:

- (1) Medication self-administration training.
- (2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
- (3) Care for residents with dementia and cognitive impairments.
- (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
- (5) Personal care service needs of the resident.
- (6) Safe management techniques.
- (7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

**2a. DESCRIPTION OF VIOLATION**

Staff person A hired on 04/18/2016 did not complete annual training for Medication self-administration, Instruction on meeting the needs of the residents as described in the preadmission screen form, assessment tool, medical evaluation and support plan, and safe management techniques for the year 2018.

**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 person A. was given immediate inservice on annual trainings not completed on medications self administration, instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan by the Administrator.

The Administrator will conduct a staff meeting to inform employees of their responsibility for mandatory inservice attendance in order to maintain employment.

A monthly inservice schedule for 2019 will be posted by the time clock to insure all staff are aware of dates and times of the inservices. These postings will allow for staff to make necessary arrangements to attend annual trainings in order to keep in compliance with regulation 55 Pa.code 2600.65(f).

If a staff member is unable to attend a pre-scheduled inservice he/she must inform the Administrator so alternate times can be arranged to accomodate both parties.

The Administrator will maintain a monthly log of inservice attendance to track staff participation and to inservice the staff that did not participate in order to avoid future violation of regulation 55Pa.code 2600.65(f). The Administrator is overall 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) *Laura Wojcik*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Laura Wojcik Administrator* Date *1-31-19*

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

The above plan of correction is approved as of <u>2-13-19</u> (Date)  The above plan of correction was approved by <u>MM</u> (Initials)	Plan of correction implementation status as of <u>2-13-19</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 - 01/15/2019 - Deluca, Amy PCH Name: FOREST CITY PERSONAL CARE	
<b>1. REGULATION 55 Pa.Code §2600</b> 2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas: (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. (2) Emergency preparedness procedures and recognition and response to crises and emergency situations. (3) Resident rights. (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102). (5) Falls and accident prevention. (6) New population groups that are being served at the home that were not previously served, if applicable.	
<b>2a. DESCRIPTION OF VIOLATION</b> Staff person A did not complete The Older Adult Protective Services Act training for the year 2018.	
<b>3. PLAN OF CORRECTION (POC)</b> (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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.</i>  The Administrator reviewed with staff person A the OAPSA information provided to the Forest City Personal Care in 2018 by the Protective Service worker. The information covered topics such as financial exploitation, neglect, abuse, abandonment, etc.  Forest City Personal Care acknowledges the importance of the OAPSA and will ensure that all staff will attend scheduled mandatory training for the year 2019.  The Administrator will hold a staff meeting to re-educate all staff on the mandatory attendance of inservice education which is necessary to continue employment at Forest City Personal Care. The Administrator is overall responsible for ongoing compliance.	
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Signature of Legal Entity Representative (Required on EVERY Page) <i>Laura Wojcik</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Laura Wojcik, Administrator</i>	Date <i>1-31-19</i>
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Violation Report: 22349 - 01/15/2019 - Deluca, Amy 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 South Wing Zone 4 (1-04) exit of the building had a layer of snow blocking the exit.	
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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.</i>	
<p>The Maintenance Director immediately cleared the layer of snow blocking the South wing Zone 4 (1-04) exit of the building.</p> <p>The Maintenance Director was re-educated by the Administrator on regulation of 100(b) related to maintaining a hazard free building exterior.</p> <p>The Maintenance Department will check all exit doors twice daily in order to ensure exit doors are free of any ice, snow or other debris. The inspections will be documented with a date, time and any actions taken necessary to properly maintained areas of egress.</p> <p>The Administrator will review the findings of the weekly inspections and discuss any identified issues with the Maintenance Director. The Administrator is overall responsible for ongoing compliance.</p>	
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Violation Report: 22349 - 01/15/2019 - Deluca, Amy  
 PCH Name: FOREST CITY PERSONAL CARE

**1. REGULATION 55 Pa.Code §2600**

2600.103(e) - Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

**2a. DESCRIPTION OF VIOLATION**

The home's freezer contained frozen chicken, breadsticks, sausage patties, and breaded ribs all stored in clear plastic bags with no labels to identify what the food is and the date the food was stored in the freezer. There were also 4 unlabeled and undated plastic cartons of frozen sticky buns in the freezer.

**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.*

Unmarked frozen food was labeled with the name of the item and the date it was placed in the freezer.

Dietary staff were immediately re-inseviced by the Administrator on proper labeling and dating of all contents in the freezer.

To prevent recurrence of this deficiency, a policy and procedure was developed and implemented for labeling and dating all foods stored in the freezer.

Dietary staff each shift will complete the audit log located on the freezer. It will be initialled and dated by dietary staff to ensure that stored foods are identified and appropriately dated.

The Administrator will monitor the audit logs for completion and the freezer contents for proper labeling weekly. Any issues found with the labeling/dating procedure will be addressed by the Administrator through inservice education. The Administrator is overall responsible for ongoing compliance.

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 (Required on EVERY Page) *Laura Wojcik*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Laura Wojcik, Administrator* Date *1-31-19.*

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Violation Report: 22349 - 01/15/2019 - Deluca, Amy  
 PCH Name: FOREST CITY PERSONAL CARE

**1. REGULATION 55 Pa.Code §2600**

2600.121(a) - Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

**2a. DESCRIPTION OF VIOLATION**

The side door located in the home's living room and the second hall door #2 both required excess force to push open and did not open freely and easily.

**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 immediately adjusted and lubricated side door located in the home's living room and exit doorway in second hall door #2 to ensure doors open and close freely. Other doors throughout the facility were checked for proper function.

The Maintenance Director will perform door function tests monthly as part of preventive maintenance program.

The Administrator will include door function audit in weekly quality management walk thru audit.

The Administrator is overall responsible for ongoing compliance.

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Violation Report: 22349 - 01/15/2019 - Deluca, Amy

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**

Through resident interviews it was determined that the residents are always evacuated to the same hallway that is protected by a fire safe door. Residents who were interviewed reported that no exits were used to evacuate to outdoor areas during fire drills. The home is not alternating exit routes 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.*

Effective immediately Maintenance director who conducts monthly fire drills will confer with the Administrator prior to monthly fire drill to ensure various exits are being used during the monthly fire drills and that residents are evacuated outside of the building to designated safe area.

The Maintenance Director and Forest City Personal Care Home staff were inserviced on reasons for and importance of utilizing alternating exits and evacuating the building by the Administrator.

The Administrator will educate residents during resident council meeting and individually on the importance of fire drills, utilizing different exit routes, and evacuating outside of the building to safe area.

Forest City Personal Care recognizes the serious consequences of possible fire outbreak, therefore the facility will be very vigilant in alternating safe fire drill routes during monthly practice fire drills.

The administrator and Maintenance Director will appropriately plan fire drills. The Administrator is overall responsible for ongoing compliance.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Laura Wojcik*

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

Laura Wojcik, Administrator

Date

2-1-19

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Violation Report: 22349 - 01/15/2019 - Deluca, Amy 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 Resident #1 receives blood glucose monitoring 4 times daily. The resident's blood glucose reading on 1/9/19 at 7:01am was 114 but was recorded on the resident's Medication Administration Record (MAR) as 118.	
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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.</i>	
<p>The Med Tech's were reinserviced by the Administrator on the procedure for obtaining and documenting blood glucose readings and the importance of following facility policy and procedures.</p> <p>Resident # 1 blood glucose readings from the glucometer are checked with the readings documented on the MAR by the responsible Med Tech after each reading.</p> <p>Routine audits of the glucometer readings and MAR's will be performed by the Administrator quarterly as part of Quality Management.</p> <p>The Administrator is overall responsible for ongoing compliance.</p>	
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1. REGULATION 55 Pa.Code §2600  
 2600.252 - Each resident's record must include the following information: (1) through (26)

2a. DESCRIPTION OF VIOLATION  
 Resident #2's record did not include a photo of the resident. Also, the resident's face sheet did not indicate if the resident has identifying marks.

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.*

Resident #2 record was immediately corrected to indicate resident had no identifying body marks. A photo was also immediately taken and placed on resident #2's chart with residents name and date of photo.

Activity staff were inserviced by the Administrator on the importance of photographing resident upon admission. Activity staff will be responsible to take photo of resident upon admission and to take a new photo of every resident January of each year. The Administrator will place them on the chart.

The Administrator will do routine chart audits monthly to ensure current photos of all residents are on the chart and identifying body marks or the absence of identifying body marks are documented. The Administrator is overall responsible for ongoing compliance.

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