

Department of Human Services  
Bureau of Human Service Licensing

November 6, 2020

AKIVA GLATZER, MANAGER  
FCNRC LP  
911 DELAWARE STREET  
FOREST CITY, PA 18421

RE: FOREST CITY PERSONAL CARE  
911 DELAWARE STREET  
FOREST CITY, PA, 18421  
LICENSE/COC#: 22349

Dear Ms. Glatzer,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/15/2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,  
Michele Moskalczyk  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

**Department of Human Services  
Bureau of Human Service Licensing  
LICENSING INSPECTION SUMMARY**

**Facility Information**

Name: *FOREST CITY PERSONAL CARE* License #: *22349* License Expiration Date: *06/06/2021*  
 Address: *911 DELAWARE STREET, FOREST CITY, PA 18421*  
 County: *SUSQUEHANNA* Region: *NORTHEAST*

**Administrator**

Name: *Laura Wojcik,* Phone: *5707852273* Email:  
*lwojcik@forestcitypc.com, lindscott@pa.gov,*  
*mmoskalczy@pa.gov*

**Legal Entity**

Name: *FCNRC LP*  
 Address: *911 DELAWARE STREET, FOREST CITY, PA, 18421*  
 Phone: *5707852273* Email: *AGLATZER@PHG-US.COM*

**Certificate(s) of Occupancy**

Type: *C-2 LP* Date: *10/24/1994* Issued By: *L&I*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *26* Waking Staff: *20*

**Inspection**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
 Reason: *Incident* Exit Conference Date: *09/15/2020*

**Inspection Dates and Department Representative**

*09/15/2020 - On-Site: Amy Deluca*

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *36* Residents Served: *25*

**Secured Dementia Care Unit**

In Home: *No* Area: Capacity: Residents Served:

**Hospice**

Current Residents: *2*

**Number of Residents Who:**

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *24*  
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *1* Have Physical Disability: *0*

## Inspections / Reviews

## 09/15/2020 - Partial

Lead Inspector: *Amy Deluca*Follow-Up Type: *POC Submission*Follow-Up Date: *10/08/2020*

## 10/14/2020 - POC Submission

Lead Reviewer: *Michele Moskalczyk*Follow-Up Type: *Document Submission*Follow-Up Date: *10/21/2020*

## 11/6/2020 - Document Submission

Lead Reviewer: *Michele Moskalczyk*Follow-Up Type: *Not Required*

## 42b - Abuse

**1. Requirements**

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

**Description of Violation**

*On 9/2/2020 resident #1 touched resident #2 inappropriately by sliding his hand down the front of resident #2's chest and abdomen and between the legs, causing resident #2 to become very upset.*

**Plan of Correction****Accept**

*Plan of Correction for violation 2600.42.b. was initiated on 9-11-20 date incident was reported to Department. 15 minute observation checks were initiated on both Resident #1 and Resident #2 to insure safety, dignity, and privacy of resident#2 and also to monitor the behaviors and location of resident #1.*

*The 15 minute observation checks will remain in place for one month and evaluated at that time and will be resolved if no further behaviors are observed or noted and if resident #2 feels comfortable with the resolution of the observation checks.*

*Resident#2 will be monitored for any outward signs of distress, sadness, depression, self blame, or any other changes in behavior related to this incident. Physician and family will be contacted of any changes in behaviors or mood and the same will be documented. Resident will be provided with reassurance, compassion, emotional support as needed to promote positive feelings of security and safety and sense of well-being by all staff. Family and resident made aware of all plans in place to insure safety of resident and all residents.*

*Resident#1 room was changed on 9-24-2020 to be in a different hallway away from resident#2. The resident was moved from room 9 bed 2 to room 4 bed 1 to be in a highly visible area next to the nurses station and high traffic area to be closely monitored.*

*Resident#1 counseled on the inappropriateness of his behaviors and the ramifications of the same and any further incidents would result in mandated reporting to authorities with the possibility initiating protocol for emergency discharge for the safety of others with the direction of the authorities. Family updated on the same and all plans to insure this behavior does not happen again. The facility must uphold the safety and well-being of all residents residing in our care.*

*To provide for Resident#2 safety, dignity, well-being and privacy, Resident #1 is not allowed to have any contact with resident #2 ie seating is separated during communal dining times, planned social activities or in any other areas of seating with in the facility seating areas or on the front porches. Resident #1 is not to be in the hallway of the location of resident#2 room and is to be escorted out of that hallway beyond the fire safe door if found to be in that area.*

*There have been no further incidents observed or reported as of this writing.*

**Completion Date:** 10/11/2020

**Update - 10/14/2020**

*Additional layers of protection need to be implemented by the home to help prevent abuse.*

**42b - Abuse (continued)****Document Submission****Implemented**

*resident#1 is continued on 15 min and is never allowed to be in an area where other residents are with out constant supervision by staff. This will remain in place indefinitely until it is determined resident #1 behaviors are no longer an issue*