

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 10/14/2020 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: *25* Waking Staff: *19*

Inspection

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Incident* Exit Conference Date: *10/14/2020*

Inspection Dates and Department Representative

10/14/2020 - 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: *0*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *25*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *0* Have Physical Disability: *1*

Inspections / Reviews

10/14/2020 - Partial

Lead Inspector: *Amy Deluca*Follow-Up Type: *POC Submission*Follow-Up Date: *10/30/2020*

11/3/2020 - POC Submission

Lead Reviewer: *Michele Moskalczyk*Follow-Up Type: *Document Submission*Follow-Up Date: *11/10/2020*

11/6/2020 - Document Submission

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

227d - Support Plan Medical/Dental

1. Requirements

2600.

227.d. Each home shall document in the resident’s support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident’s physician, physician’s assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

Resident #1's support plan dated 9/4/20 was not updated regarding a recent incident in which the resident touched another resident's leg. The support plan did not include a plan to address the resident's behavior and need for increased supervision.

Plan of Correction

Accept

plan of correction for violation of regulation 2600.227.d

Please see attached support plan Update referred to as plan A. Resident #1 support plan was immediately updated on 10-14-20 to reflect incident that occurred on 10-4-20, and to provide staff with updated measures to address/and to prevent any possible future incidents. Please also note attached letter sent to responsible person referred to as "B" to encourage responsible person to keep in continued contact with both resident and facility. Support plans will be updated as needed to reflect any changes and or additional needs to keep in compliance with regulation 2600.227.d

Completion Date: 10/21/2020

Document Submission

Implemented

resending this as per email from Michele Moskalczyk 11-3-2020