

Department of Human Services
Bureau of Human Service Licensing

June 29, 2021

[REDACTED], ADMINISTRATOR
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 [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/29/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Anne Graziano

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: [REDACTED] Phone: 5707852273 Email: [REDACTED]

Legal Entity

Name: FCNRC LP
Address: 911 DELAWARE STREET, FOREST CITY, PA, 18421
Phone: 5707852273 Email: [REDACTED]

Certificate(s) of Occupancy

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

Staffing Hours

Resident Support Staff: 17 Total Daily Staff: 34 Waking Staff: 26

Inspection

Type: Full Notice: Unannounced BHA Docket #:
Reason: Renewal Exit Conference Date: 04/29/2021

Inspection Dates and Department Representative

04/29/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 36 Residents Served: 17

Secured Dementia Care Unit

In Home: No Area: Capacity: Residents Served:

Hospice

Current Resident : 17

Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 17
Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
Have Mobility Need: 0 Have Physical Disability: 0

Inspections / Reviews

04/29/2021 - Full

Lead Inspector: [REDACTED]

Follow Up Type: *POC Submission*Follow-Up Date: *06/11/2021*

6/10/2021 POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *06/21/2021*

6/29/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

3c - Post Current License

1. Requirements

2600.

- 3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

The licensing inspection summaries dated 1/15/19, 9/15/20 & 10/14/20 were not posted in a public and conspicuous area of the home.

Plan of Correction

Accept

Plan of correction for 2600 3.C deficiency is as follows: All licensing Inspection summaries are to be kept in a binder located in a public area of the home located by the nurses station in a wall mounted holder. The binder has been labeled with a sticker to be kept in this holder at all times to be accessible to anyone that wants to review it. All summaries for 1/15/2019, 9/15/2020, and 1014/2020 have been placed in the binder.

Completion Date: 04/29/2021

Update - 06/10/2021

Upon resubmission of the Plan of Correction (POC) the Adm will submit a copy of the Adm Weekly checklist that is actually IN USE to demonstrate compliance with the regulatory item.

Submission are to be submitted via the Portal.

AG, 6 10 21

Document Submission

Implemented

see updated attachment labeled binder monitor

26a - Quality Management Plan

1. Requirements

2600.

- 26.a. The home shall establish and implement a quality management plan.

Description of Violation

The home's quality management plan states that the home will conduct their quality management meetings quarterly. The home is not following this policy; the last quality management meeting was conducted in July 2020.

Plan of Correction

Accept

The plan of correction of deficiency for 2600.26.a is as follows: The quality management plan will be conducted as per policy of the home every January, April, July, and October of each year. A monitor check list will be utilized to monitor the completion of the quality management minutes and will be completed by the Administrator of the home this will be done quarterly to insure completion of the same.

Completion Date: 04/29/2021

26a - Quality Management Plan *(continued)*

Update - 06/10/2021

Upon Resubmission of the POC, the Adm will submit a copy of the most recently completed Quarterly completed QMP and a copy of the monitoring check list that is IN USE to demonstrate compliance.

Submissions are to be via the Portal.

AG, 6-10-21

Document Submission

Implemented

view attachment quality management monitor

66a - Staff Training Plan

1. Requirements

2600.

66.a. A staff training plan shall be developed annually.

Description of Violation

The home does not have a staff training plan for the current 2021 training year.

Plan of Correction

Accept

The Plan of correction for deficiency of 2600.66.a is as follows: A staff training plan will be developed by December 30th of each calendar year for the next year for the training purposes of the home staff. A training plan for the calendar year 2021 has been developed and is in progress with compliance to the requirement of 2600.66.a

Completion Date: 05/01/2021

Update - 06/10/2021

Upon Resubmission of the POC the Adm will submit a copy of the 2021 Training Plan that is in use in order to demonstrate compliance.

Submissions are to be via the Portal.

AG, 6-10-21

Document Submission

Implemented

view attachment staff training schedule pdf

81b - Resident Personal Equipment

1. Requirements

2600.

81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

Resident #2 has a grab assist bar attached to the resident's bed. The grab assist bar has a 6-inch-wide opening and is not covered, posing a possible limb entrapment.

81b - Resident Personal Equipment (continued)

Plan of Correction

Accept

The Plan of correction for deficiency in regulation 2600.81.b is as follows: Bed cane from resident #2 was immediately removed as resident does not utilize the cane at this time. The residents support plan was updated to reflect the same. Any resident in need of the use of a bed cane going forward the monitoring of the device will be added to the residents support plan and to the assignment of the direct care giver to monitor daily during care to assure it is covered and in proper condition.

Completion Date 06/01/2021

Document Submission

Implemented

completed accepted

96a - First Aid Kit

1. Requirements

2600.

96.a. The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

Description of Violation

The first aid kit located in the home's medication room did not have a thermometer in it at time of inspection.

Plan of Correction

Accept

The Plan of Correction for deficiency of 2600.96.a is as follows: The thermometer for the first aid kit located in the med room was immediately replaced and all other items designated to be in the kit were checked and kit is now complete. The First aid kit will be monitored monthly by the administrator to insure first aid kit contains all necessary items a label of kit contents is located on top of the kit and a monthly monitor check list has been developed.

Completion Date: 06/01/2021

Update - 06/10/2021

Upon Resubmission of the POC, the Adm will submit a copy of the checklist that is actually IN USE to demonstrate compliance.

Submissions are to be via the Portal.

AG, 6 10 21

Document Submission

Implemented

please see attached documentation first aid monitor pdf

121a - Unobstructed Egress

1. Requirements

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

The emergency exit located in the right corner of the home's sitting room did not open easily and required excess force to open. There was also a hose directly outside of the door, preventing it from fully opening.

121a - Unobstructed Egress (continued)

Plan of Correction

Accept

The plan of correction for deficiency of 2600.121.a is as follows: The hose obstructing the exit door was immediately removed and the maintenance department worker adjusted the silt plate on the door which was preventing the door to open with ease on 4/29/2021. Also the door and panic bar of the door was lubricated and door opens with ease. A weekly walk thru monitor to be completed by the Administrator of the home was developed to prevent the issue from happening in the future. All doors will be checked weekly by the Administrator to insure all exit doors are unobstructed and open with ease.

Completion Date: 06/01/2021

Update - 06/10/2021

Upon resubmission of the Plan of Correction (POC) the Adm will submit a copy of the Adm Weekly checklist that is actually IN USE to demonstrate compliance with the regulatory item.

Submission are to be submitted via the Portal.

AG, 6-10-21

Document Submission

Implemented

please review weekly walk thru monitor pdf

124 - Notice to Fire Department

1. Requirements

2600.

- 124. The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.

Description of Violation

The home's notice to the fire department, dated 3/10/21, is not current to the home's residents' mobility needs.

Plan of Correction

Accept

The plan of Correction for deficiency of regulation 124. Notice to Fire Dept. is as follows: a letter was developed to nform the fire dept that the home serves residents with mobility needs at any given time to insure they are aware of this and to prepare them to be ready to assist any residents in any given emergency situation.

Completion Date: 04/29/2021

Update - 06/10/2021

Upon Resubmission of the POC, the home will submit a signed letter.

AG, 6-10-21

Document Submission

Implemented

please review attachment labeled [redacted] pdf

Update 06/29/2021

submitted 6-25-21

reviewed 6-28-29

AG, 6-29-21

125a - Combustible Storage

1. Requirements

2600.

125.a. Combustible and flammable materials may not be located near heat sources or hot water heaters.

Description of Violation

A dryer sheet, a black sock and a layer of lint was located behind the home's dryer. These items pose a possible fire hazard.

The house like structure that houses the external duct work from the dryer is covered in lint, which poses a possible fire hazard.

Plan of Correction

Accept

The plan of correction for deficiency of 2600.125.a is as follows: dryer sheet and lint trap house was cleaned and removed immediately on 4/29/2021 by maintenance worker. The area behind the laundry machines will be monitored daily by direct care workers and a daily check list and signature required by each shift to insure completion, has been developed and signage was posted as a reminder to direct care workers to check for any items or debris behind machines. The home Administrator will also monitor these areas during weekly walk thru and complete the check list for this specific area.

Completion Date: 06/01/2021

Update - 06/10/2021

Upon resubmission of the Plan of Correction (POC) the Adm will submit a copy of the Adm Weekly checklist that is actually IN USE to demonstrate compliance with the regulatory item.

The Adm will also submit a copy of the signature sheet that was to accompany the NOTICE when submitting verification documents.

Verification documents are to be submitted via the Portal.

AG, 6-10-21

Submission are to be submitted via the Portal.

AG, 6-10-21

Document Submission

Implemented

please review attached document lint removal log and weekly walk thru log pdf

183b - Meds and Syringes Locked

1. Requirements

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

Resident #1 has a PRN order for Gnp Nasal Moisturizing .65% spray. This medication was not located in the home's medication room at time of inspection. It was discovered that this medication was located in Resident #1's bedroom. This resident is not assessed by their PCP to self administer their medications

183b - Meds and Syringes Locked (*continued*)**Plan of Correction****Accept**

The plan of correction for deficiency of regulation 2600.183.b is as follows: The OTC medication was immediately removed from resident #1 bedroom by med tech and placed in locked med cart along with the residents other OTC medications. All med tech staff retrained on proper storage of OTC medications on 4/29/2021 this will also included on yearly training schedule along with non/oral medication inservice.

Completion Date: 04/29/2021

Update - 06/10/2021

Upon Resubmission of the POC, the Adm will submit a copy of the signature sheet(s) that med techs signed for the training described above.

Documentation is to be submitted via the Portal.

AG, 6-10-21

Document Submission**Implemented**

review attached inservice and staff sign form pdf

Update - 06/29/2021

submitted 6-25-21

reviewed 6-28-21

AG, 6-29-21

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 #2's RASP dated 11/28/20 has not been updated regarding the resident receiving physical therapy services.

Plan of Correction**Accept**

The plan of correction for deficiency of 2600.227.d documentation on residents support plan will be as follows: Resident #2 support plan was immediately updated on 4/29/2021. A monthly monitor was developed to insure support plans are maintained and updated as per regulation. The Administrator will be responsible for doing a monthly review of all resident charts to insure information needed on the support plan is updated.

Completion Date: 06/01/2021

227d - Support Plan Medical/Dental (continued)**Update - 06/10/2021**

A copy of the updated Support Plan for Resident # 2 shall be sent in with the Resubmitted POC.

A copy of the excel spreadsheet of residents' RASP nd related records that is IN USE shat be sent in for review in order to demonstrate compliance.

Submissions of documents are to be via the Portal.

AG, 6 10 21

Document Submission**Implemented**

please review excell Rasp log attachment