

Department of Human Services  
Bureau of Human Service Licensing

November 29, 2022

[REDACTED]  
FOREST HILLS CARE SERVICES LLC  
[REDACTED]

RE: FOREST HILLS PERSONAL CARE  
HOME  
313 HUMBERT ROAD  
SIDMAN, PA, 15955  
LICENSE/COC#: 33415

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/01/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,  
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Department of Human Services  
Bureau of Human Service Licensing  
LICENSING INSPECTION SUMMARY - PUBLIC

Facility Information

Name: *FOREST HILLS PERSONAL CARE HOME* License #: *33415* License Expiration: *08/01/2022*  
Address: *: 313 HUMBERT ROAD, SIDMAN, PA 15955*  
County: *CAMBRIA* Region: *CENTRAL*

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

Name: *FOREST HILLS CARE SERVICES LLC*  
Address: [REDACTED]  
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C 2 LP* Date: *10/15/2003* Issued By: *L & I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *55* Working Staff: *41*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #: *0*  
Reason: *Renewal* Exit Conference Date: *09/01/2021*

Inspection Dates and Department Representative

*09/01/2021* On Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *50* Residents Served: *47*

Secured Dementia Care Unit

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

Hospice

Current Residents: *8*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *46*  
Diagnosed with Mental Illness: *3* Diagnosed with Intellectual Disability: *1*  
Have Mobility Need: *8* Have Physical Disability: *0*

Inspections / Reviews

*09/01/2021* - Full

Lead Inspector: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *11/30/2022*

11/29/2022 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/29/2022

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

86b - Bathroom

1. Requirements

2600.

86.b. A bathroom that does not have an operable, outside window shall be equipped with an exhaust fan for ventilation.

Description of Violation

The ventilation fan, in the bathroom of the office living room, is inoperable and there was no window in the bathroom.

Plan of Correction

Directed ( [REDACTED] - 11/29/2022)

Bathroom was being remodeled at the time of inspection. Remodel is now complete and ceiling fan is installed.

Licensee's Proposed Completion Date: 12/06/2021

(Directed)

- The ventilation fan was repaired by the administrator on 12/6/21.
- The administrator will conduct a walkthrough of the home weekly beginning 12/1/22 to identify physical site issues and ensure they are repaired timely.

Directed Completion Date: 12/01/2022

Implemented ( [REDACTED] 11/29/2022)

92 - Windows

2. Requirements

2600.

92. Windows and Screens - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

Description of Violation

The window in the dining room, where the terrarium is located, has cracks that extend from the bottom to the top of the window and across the width of the window; the cracks are both on the outside and inside of the window.

Plan of Correction

Directed ( [REDACTED] - 11/29/2022)

The window was broken by a contractor during work on the courtyard. New window had been ordered, but was on backorder due to COVID. A receipt was provided to you within 24 hours of the inspection proving that the window had been ordered.

It is now installed.

Licensee's Proposed Completion Date: 12/06/2021

(Directed)

- The administrator installed a new window by 12/6/21.
- The administrator will conduct a walkthrough of the home weekly beginning 12/1/22 to identify physical site issues and ensure they are repaired timely.

Directed Completion Date: 12/01/2022

Implemented ( [REDACTED] 11/29/2022)

92 - Windows (continued)

93a Handrails

3. Requirements

2600.

93.a. Each ramp, interior stairway and outside steps must have a well secured handrail.

Description of Violation

The ramp outside of the exit from the office living room (located by Bedrooms [redacted] and [redacted]) has no handrail.

Plan of Correction

Directed ([redacted] - 11/29/2022)

As discussed at the time of the inspection, this is a clearly marked EMPLOYEE Only entrance. It was not intended for use by residents as there are other handicap accessible entrances/ exits from that area of the building.

A handrail has been installed.

Licensee's Proposed Completion Date: 12/06/2021

(Directed)

- A handrail was installed by the administrator on 12/6/21.
- The administrator will conduct a walkthrough of the home weekly beginning 12/1/22 to identify physical site issues and ensure they are repaired timely.

Directed Completion Date: 12/01/2022

Implemented ([redacted] 11/29/2022)

133.2 - Exit Signs Direction

4. Requirements

2600.

133.2. Exit Signs - The following requirements apply for a home serving nine or more residents: If the exit or way to reach the e it is not immediately visible, access to e its shall be marked with readily visible signs indicating the direction to travel.

Description of Violation

The visitor entrance/exit closest to the office living room does not have signs marking the line of travel to the exit. On 09/01/21, the home served 47 residents.

Plan of Correction

Directed ([redacted] 11/29/2022)

An Exit Sign has been installed.

Licensee's Proposed Completion Date: 12/06/2021

(Directed)

- An exit sign was installed by the administrator on 12/6/21.
- The administrator will conduct a walkthrough of the home weekly beginning 12/1/22 to ensure exit signs remain legible and in place.

Directed Completion Date: 12/01/2022

133.2 - Exit Signs Direction (*continued*)

Implemented ( ) 11/29/2022)

## 185a - Implement Storage Procedures

## 5. Requirements

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.

## Description of Violation

On 09/01/21, the glucometers for Residents 2, 3 and 4 were not calibrated with the correct date and time.

## Plan of Correction

Directed ( ) 11/29/2022)

We have implemented a schedule for the Medication Technician to check and calibrate each glucometer on a weekly basis every Wednesday on night shift. There is a signature page located in the med room to confirm that this has been done.

he med room supervisor will review that signature page at the monthly staff meeting to confirm compliance.  
icensee's Proposed Completion Date: 12/06/2021

Directed Completion Date: 12/06/2021

Implemented ( ) - 11/29/2022)

## 227d - Support Plan Medical/Dental

## 6. 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

The assessment for Resident 1, dated ( ) 2021, does not indicate the resident has a need for an enabler bar. On ( )/21, an enabler bar was observed on the bed of Resident 1.

## Plan of Correction

Directed ( ) - 11/29/2022)

We have completed a full audit of every resident chart to ensure all residents with enabler bars have them properly documented on the care plan. Going forward, the compliance coordinator will add them to the support plan as they are ordered by the health care provider and installed in the room.

Completion Date: 12/06/2021

Directed)

he compliance coordinator will audit all resident records quarterly beginning 12/1/22 to ensure that enabler bars are documented on the support plan.

Directed Completion Date: 12/01/2022

Implemented ( ) - 11/29/2022)