

Department of Human Services
Bureau of Human Service Licensing

July 29, 2022

[REDACTED], ADMINISTRATOR
FCNRC LP
[REDACTED]

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 05/05/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
[REDACTED]
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: *06/06/2023*
Address: *911 DELAWARE STREET, FOREST CITY, PA 18421*
County: *SUSQUEHANNA* Region: *NORTHEAST*

Administrator

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

Legal Entity

Name: [REDACTED]
Address: [REDACTED]

Certificate(s) of Occupancy

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

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *37* Waking Staff: *28*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *05/05/2022*

Inspection Dates and Department Representative

05/05/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

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

Secured Dementia Care Unit

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

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *4* 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

05/05/2022 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *06/24/2022*

Inspections / Reviews (*continued*)

06/23/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *06/30/2022*

07/14/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *07/21/2022*

07/29/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

65a - FS Orientation 1st Day

1. Requirements

2600.

65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

Description of Violation

Direct care staff person "A" DOH [redacted] did not have a record that they received their first day orientation training addressing fire safety and emergency preparedness for the facility.

Plan of Correction

Do Not Accept

All staff will receive orientation and training in fire safety and emergency preparedness as directed by PA Department of Human Services prior to their first day of work. Proof of such training will be reviewed by administrator and Human Resources and retained in employee records

Completion Date: 05/06/2022

Update: 06/23/2022

Please include in plan of correction:

Who is responsible for fixing the violation and what did they do to fix it?

What action that person will take, and when that action will happen - (date).

Who will monitor ongoing compliance?

Plan of Correction

Accept

Orientation and training in fire safety and emergency procedures were reviewed with DCS staff person "A" by the administrator, [redacted] and Maintenance staff, [redacted]. A record of training was signed by all persons and is maintained in the employee file. All staff will receive orientation and training in fire safety and emergency preparedness as directed by PA Department of Human Services prior to their first day of work. Proof of such training will be provided by the Administrator, [redacted] and maintenance, [redacted]. Proof of training will be retained in the employee file in the Human Resource department.

Completion Date: 05/06/2022

Update: 07/14/2022

Please send proof of staff A's training.

Document Submission

Implemented

Orientation and training in fire safety and emergency procedures were reviewed with DCS staff person "A" by the administrator, [redacted] and Maintenance staff, [redacted]. A record of training was signed by all persons and is maintained in the employee file. All staff will receive orientation and training in fire safety and emergency preparedness as directed by PA Department of Human Services prior to their first day of work. Proof of such training will be provided by the Administrator, [redacted] and maintenance, [redacted]. Proof of training will be retained in the employee file in the Human Resource department.

65b - Rights/Abuse 40 Hours

1. Requirements

2600.

65.b. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

65b - Rights/Abuse 40 Hours (continued)

Description of Violation

Direct care staff person "A" DOH [REDACTED] did not have a record that they have received their 40 hours addressing resident rights, reportable incidents, mandatory reporting, and resident medical emergency medical plans.

Plan of Correction**Do Not Accept**

All staff will receive orientation and training in addressing resident rights, reportable incidents, mandatory reporting, and resident emergency medical plans as directed by PA Department of Human Services prior to their first day of work. Proof of such training will be reviewed by administrator and Human Resources and retained in employee records

Completion Date: 05/06/2022

Update: 06/23/2022

Please include in plan of correction:

Who is responsible for fixing the violation and what did they do to fix it?

What action that person will take, and when that action will happen - (date).

Who will monitor ongoing compliance?

Plan of Correction**Accept**

DCS Staff member "A" received training in Resident Rights, reportable incidents, mandatory reporting, and the resident emergency medical plan. Training was provided by [REDACTED], Administrator on 5/7/2022. All new DCS Staff, volunteers, substitute personnel, and ancillary staff will receive required training provided by the Administrator within 40 scheduled working hours. Proof of such training will be reviewed by administrator and Human Resources and retained in employee records in the Human Resources department.

Completion Date: 05/07/2022

Document Submission**Implemented**

DCS Staff member "A" received training in Resident Rights, reportable incidents, mandatory reporting, and the resident emergency medical plan. Training was provided by [REDACTED], Administrator on 5/7/2022. All new DCS Staff, volunteers, substitute personnel, and ancillary staff will receive required training provided by the Administrator within 40 scheduled working hours. Proof of such training will be reviewed by administrator and Human Resources and retained in employee records in the Human Resources department.

85e - Trash Outside Home

1. Requirements

2600.

85.e. Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

Description of Violation

On the date of inspection, the home's garbage dumpster's lid was observed to be up. The container contained garbage and it allowed for possible infestation of rodents and insects.

Plan of Correction**Do Not Accept**

All staff will ensure dumpster lid is closed every shift. Maintenance staff will remove all trash from facility and dispose of in dumpster ensuring dumpster is closed after doing so.

Completion Date: 05/06/2022

Update: 06/23/2022

Please include in plan of correction:

Who is responsible for fixing the violation and what did they do to fix it?

85e - Trash Outside Home (continued)

What action that person will take, and when that action will happen - (date).

Who will monitor ongoing compliance?

Plan of Correction**Accept**

The dumpster lid was closed by maintenance staff immediately upon the violation being discovered. All staff will ensure dumpster lid is closed every shift. Maintenance staff will remove all trash from facility and dispose of in dumpster ensuring dumpster is closed after doing so. The Administrator, [REDACTED], will monitor daily for staff compliance

Completion Date: 05/06/2022

Update: 07/14/2022

Please send proof of compliance (picture).

Document Submission**Implemented**

The dumpster lid was closed by maintenance staff immediately upon the violation being discovered. All staff will ensure dumpster lid is closed every shift. Maintenance staff will remove all trash from facility and dispose of in dumpster ensuring dumpster is closed after doing so. The Administrator, [REDACTED], will monitor daily for staff compliance

132b - Safety Inspection/Fire Drill**1. Requirements**

2600.

132.b. A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

Description of Violation

The home did not have a fire safety inspection conducted and fire drill that was completed by a fire safety expert for inspection years 2020, 2021 or 2022.

Plan of Correction**Do Not Accept**

A fire safety inspection and fire drill will be completed and documented by a fire safety expert annually as required by PA Department of Human Services. Proof of fire drill and safety inspection shall be documented and retained by Administrator.

Completion Date: 06/10/2022

Update: 06/23/2022

Please include in plan of correction:

Who is responsible for fixing the violation and what did they do to fix it?

What action that person will take, and when that action will happen - (date).

Who will monitor ongoing compliance?

Plan of Correction**Accept**

A fire safety inspection and fire drill was completed on 05/11/2022 by a fire safety expert. All DCS Staff and ancillary staff in the building, maintenance, and administrator participated in drill. A fire safety inspection and fire drill will be completed and documented by a fire safety expert annually as required by PA Department of Human Services. Proof of fire drill and safety inspection shall be documented and retained by Administrator.

Completion Date: 05/11/2022

Update: 07/14/2022

Please send proof of fire drill/safety inspection conducted by a fire safety expert.

132b - Safety Inspection/Fire Drill (continued)

Document Submission

Implemented

A fire safety inspection and fire drill was completed on 05/11/2022 by a fire safety expert. All DCS Staff and ancillary staff in the building, maintenance, and administrator participated in drill. A fire safety inspection and fire drill will be completed and documented by a fire safety expert annually as required by PA Department of Human Services. Proof of fire drill and safety inspection shall be documented and retained by Administrator.

141a 1-10 Medical Evaluation Information

1. Requirements

2600.

- 141.a. A resident shall have a medical evaluation by a physician, physician’s assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:
 1. A general physical examination by a physician, physician’s assistant or nurse practitioner.
 2. Medical diagnosis including physical or mental disabilities of the resident, if any.
 3. Medical information pertinent to diagnosis and treatment in case of an emergency.
 4. Special health or dietary needs of the resident.
 5. Allergies.
 6. Immunization history.
 7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
 8. Body positioning and movement stimulation for residents, if appropriate.
 9. Health status.
 10. Mobility assessment, updated annually or at the Department’s request.

Description of Violation

Resident #1’s DME dated 8/17/21 medical information was incomplete. The form did not contain the resident’s pulse; blood pressure; temperature; resident’s immunizations; Health status; cognitive status and medications were not listed or attached to the resident’s DME.

Plan of Correction

Do Not Accept

Resident DME will be completed in entirety upon admission and annually as required by Pa Department of Human Services. Administrator will ensure all DME are thoroughly completed and retained in resident chart.

Completion Date: 05/06/2022

Update: 06/23/2022

Please include in plan of correction:

Who is responsible for fixing the violation and what did they do to fix it?

What action that person will take, and when that action will happen - (date).

Who will monitor ongoing compliance?

Plan of Correction

Accept

A DME was completed for resident 1 by Administrator, [REDACTED]. Resident DME will be completed in entirety upon admission and annually as required by Pa Department of Human Services. Administrator will ensure all DME are thoroughly completed and retained in resident chart.

Completion Date: 05/07/2022

Update: 07/14/2022

Please send current DME for resident #1.

Document Submission

Implemented

A DME was completed for resident 1 by Administrator, [REDACTED]. Resident DME will be completed in

141a 1-10 Medical Evaluation Information (continued)

entirety upon admission and annually as required by Pa Department of Human Services. Administrator will ensure all DME are thoroughly completed and retained in resident chart.

224a - Preadmission Screen Form

1. Requirements

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident #3's preadmission form dated [redacted] did not indicate if the home was able to meet their needs.

Plan of Correction

Do Not Accept

Resident preadmission screening will be thoroughly completed by administrator prior to admission. Preadmission screening will be retained in resident chart

Completion Date: 05/06/2022

Update: 06/23/2022

Please include in plan of correction:

Who is responsible for fixing the violation and what did they do to fix it?

What action that person will take, and when that action will happen - (date).

Who will monitor ongoing compliance?

Plan of Correction

Accept

Preadmission screening was updated by Administrator, [redacted]. Resident preadmission screening will be thoroughly completed by administrator prior to admission. Administrator will ensure all pre-admission screening is completed in entirety. Preadmission screening will be retained in resident chart

Completion Date: 05/07/2022

Update: 07/14/2022

Please send pre-admission screening form for resident 3.

Document Submission

Implemented

Preadmission screening was updated by Administrator, [redacted]. Resident preadmission screening will be thoroughly completed by administrator prior to admission. Administrator will ensure all pre-admission screening is completed in entirety. Preadmission screening will be retained in resident chart

227g -Support Plan Signatures

1. Requirements

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident #1's RASP's dated [redacted] was not signed by the resident. The RASP had no notation stating if the resident refused to sign or was unable to sign their rasp.

Plan of Correction

Do Not Accept

Administrator will ensure all RASP's are signed by resident when they are able and involved in the support plan process. Administrator will ensure a notation is made for resident unable to sign or refusing to sign RASP.

Completion Date: 05/06/2022

227g -Support Plan Signatures (continued)

Update: 06/23/2022*Please include in plan of correction:**Who is responsible for fixing the violation and what did they do to fix it?**What action that person will take, and when that action will happen - (date).**Who will monitor ongoing compliance?***Plan of Correction****Accept**

Resident 1's RASP was reviewed with resident by Administrator on [REDACTED]. Resident signed updated RASP. RASP is retained in resident chart. Administrator will ensure all RASP's are signed by resident when they are able and involved in the support plan process. Administrator will ensure a notation is made for resident unable to sign or refusing to sign RASP.

Completion Date: 05/07/2022**Update:** 07/14/2022*Please send current RASP for resident 1.***Document Submission****Implemented**

Resident 1's RASP was reviewed with resident by Administrator on [REDACTED]. Resident signed updated RASP. RASP is retained in resident chart. Administrator will ensure all RASP's are signed by resident when they are able and involved in the support plan process. Administrator will ensure a notation is made for resident unable to sign or refusing to sign RASP.

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 #2's [REDACTED] located in room [REDACTED] was found out and unlocked on their bed side table. Resident #2 does not manage their own medications.

[REDACTED] 4/29/21

Plan of Correction**Do Not Accept**

Direct Care Staff and Administrator will ensure all medications are stored in a locked medication cart for all residents that are unable to manage their own medications or are not documented as being able to do so.

Completion Date: 05/06/2022**Update:** 06/23/2022*Please include in plan of correction:**Who is responsible for fixing the violation and what did they do to fix it?**What action that person will take, and when that action will happen - (date).**Who will monitor ongoing compliance?***Plan of Correction****Accept**

OTC medication was removed from resident room on 5/6/2022. Resident physician was contacted. An order for [REDACTED] was received from resident physician, order appears on resident medication list. Medication was put in

183b - Meds and Syringes Locked (continued)

locked medication cart with label including resident name and instructions. Direct Care Staff and Administrator will ensure all medications are stored in a locked medication cart for all residents that are unable to manage their own medications or are not documented as being able to do so.

Completion Date: 05/06/2022

Update: 07/14/2022

Please send proof of staff training.

Document Submission**Implemented**

OTC medication was removed from resident room on 5/6/2022. Resident physician was contacted. An order for [REDACTED] was received from resident physician, order appears on resident medication list. Medication was put in locked medication cart with label including resident name and instructions. Direct Care Staff and Administrator will ensure all medications are stored in a locked medication cart for all residents that are unable to manage their own medications or are not documented as being able to do so.