

Department of Human Services
Bureau of Human Service Licensing

August 27, 2022

[REDACTED]
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 05/27/2022, 06/03/2022 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: *06/06/2023*
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: *Pa. Dept. of L & I*

Staffing Hours

Resident Support Staff: *23* Total Daily Staff: *48* Waking Staff: *36*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Incident* Exit Conference Date: *06/03/2022*

Inspection Dates and Department Representative

05/27/2022 - Off-Site: [REDACTED]
06/03/2022 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *36* Residents Served: *23*

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: *23*
Diagnosed with Mental Illness: *3* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *2* Have Physical Disability: *0*

Inspections / Reviews

05/27/2022 - Partial

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *06/24/2022*

07/21/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *07/28/2022*

08/27/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

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 #1's preadmission screening form, dated [REDACTED] does not include a determination that resident # 1 can safely use and avoid poisonous materials.

Plan of Correction**Accept**

Administrator will ensure all preadmission screening forms are thoroughly completed and signed prior to resident admission.

Completion Date: 06/04/2022

Update: 07/21/2022

please send in a copy of the corrected Pre-adm doc for Res # 1. If there have been new admissions since the investigation, please send in an example of a new pre-adm screen as evidence of compliance.

AG, 7-21-22

Document Submission**Implemented**

Administrator will ensure all preadmission screening forms are thoroughly completed and signed prior to resident admission.

227h - Support Plan Refuse Sign

1. Requirements

2600.

227.h. If a resident or designated person is unable or chooses not to sign the support plan, a notation of inability or refusal to sign shall be documented.

Description of Violation

Part five, the Participation section of the initial support plan dated [REDACTED] and Part Five Participation section of the amended support plan for significant change dated [REDACTED] were not completed to indicate if resident #1 was unable or declined to participate or was unable or refused to sign the [REDACTED] and [REDACTED] support plans.

Plan of Correction**Accept**

Administrator will review all RASP's and ensure thorough completion. RASP will be signed by resident or a notation will be made indicating resident is unable or unwilling to sign. Rasp will be reviewed and retained in resident chart.

Completion Date: 06/04/2022

Update: 07/21/2022

Please send in a copy of the corrected for for Resident # 1 in Step 2. If there are any new or annual RASPs that have been completed since the investigation, please send in one as evidence of compliance.

AG, 7-21-22

227h - Support Plan Refuse Sign (continued)**Document Submission*****Implemented***

Administrator will review all RASP's and ensure thorough completion. RASP will be signed by resident or a notation will be made indicating resident is unable or unwilling to sign. Rasp will be reviewed and retained in resident chart.