

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

August 8, 2023

[REDACTED], ADMINISTRATOR
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 05/17/2023 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

Facility Information

Name: FOREST HILLS PERSONAL CARE HOME License #: 33415 License Expiration: 08/01/2023
 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: 23 Total Daily Staff: 66 Waking Staff: 50

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal Exit Conference Date: 05/18/2023

Inspection Dates and Department Representative

05/17/2023 On Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 50 Residents Served: 43
 Secured Dementia Care Unit
 In Home: No Area: Capacity: Residents Served:
 Hospice
 Current Residents: 11
 Number of Residents Who:
 Receive Supplemental Security Income: 1 Are 60 Years of Age or Older: 42
 Diagnosed with Mental Illness: 2 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 0 Have Physical Disability: 0

Inspections / Reviews

05/17/2023 - Full
 Lead Inspector: [REDACTED] Follow Up Type: POC Submission Follow Up Date: 06/05/2023

Inspections / Reviews (*continued*)

06/06/2023 POC Submission

Submitted By: [REDACTED] Date Submitted: 07/18/2023
Reviewer: [REDACTED] Follow Up Type: POC Submission Follow Up Date: 06/13/2023

07/11/2023 POC Submission

Submitted By: [REDACTED] Date Submitted: 07/18/2023
Reviewer: [REDACTED] Follow Up Type: Document Submission Follow Up Date: 07/18/2023

08/08/2023 Document Submission

Submitted By: [REDACTED] Date Submitted: 07/18/2023
Reviewer: [REDACTED] Follow Up Type: Not Required

25b - Contract Signatures

1. Requirements

2600.

25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

Description of Violation

The resident-home contract, dated [REDACTED], for resident #1 was not signed by the resident.

Plan of Correction

Accept [REDACTED] 07/11/2023)

The contract was signed by the resident's POA due to the resident's diagnosis of [REDACTED]. From a legal standpoint, persons with [REDACTED] are not able to legally sign contracts.

In order to comply with this directive, we did obtain a resident's mark on the contract in question the same day of the survey visit, 5-17-23. . We also conducted a chart audit of all current residents to ensure that every contract has a resident signature or mark. This was conducted by the administrator and completed on 5-25-23.

The administrator and assistant administrator do all of the admissions. Going forward, they will obtain the resident signature / mark at the time of admission.

The compliance coordinator that creates and assembles the charts will be a final check point as the papers are filed into the charts. This will be done within 3 days of the admission date going forward. .

Licensee's Proposed Overall Completion Date: 06/16/2023

Implemented [REDACTED] - 08/08/2023)

81b - Resident Personal Equipment

2. 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

Uncovered enabler bars and bed rails with openings greater than 4 3/4 inches were observed to be installed on the following resident beds creating a potential entrapment hazard to the resident: Resident #4, located in room #10 was observed having an enabler bar with an opening 11 1/2 inches x 8 inches. Residents #5, located in room #16 was observed having a 1/2 bed rail with 2 openings measuring, 7 3/4 inches x 17 inches and 8 1/2 inches x 9 inches. Residents #6, located in room #16, resident #7, located in room #17, resident #8 located in room #21 were all observed having bed enabler bars measuring 17 1/2 inches wide with an opening that extends approximately 8 inches above the mattress to the floor. The following residents were observed having half bed rails with openings measuring 4 1/2 inches x 20 1/2 inches. Resident #9, located in room #18, Resident #10 located in room #8, Resident #11 located in room #10, resident #12 located in room #17 and resident #13 located in room #24.

Plan of Correction

Accept [REDACTED] - 07/11/2023)

On 5-18-23, we purchased covers for all of the siderails currently in use. They arrived on 5-26-23 and were installed the same day. Additional covers are available in the building for future needs.

On June 14, 2023, we held a staff meeting where all staff were instructed on the need for covers on all bedrails and mobility bars. All staff were instructed to notify the administrator immediately if any enabler bars or side rails are found to be uncovered. Shift supervisors have been instructed to check these daily during their rounds.

Licensee's Proposed Overall Completion Date: 06/16/2023

Implemented [REDACTED] - 08/08/2023)

89b - Hot Water Temperature

3. Requirements

2600.

89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

Description of Violation

On 5/18/23 at 2:00 PM, the hot water temperature in the second floor bathroom located beside room #5 measured 123.7 degrees Fahrenheit and the hot water temperature in the bathroom of the second floor master bedroom was measured at 128 degrees Fahrenheit.

Plan of Correction

Accept (████) - 07/11/2023)

The plumbing company that services our building was contacted on 5-17-23. They came out the same day, 5-17-23, and adjusted the water temp to 118 degrees. We purchased thermometers on 5-17-23 and they arrived on 5-23-23. The administrator instructed maintenance staff on the procedure to test the water temp on 5-23-23. Maintenance personnel will check the hot water temp in the bathroom sinks in both areas of the building on the first business day of each month to ensure ongoing compliance.

Licensee's Proposed Overall Completion Date: 06/16/2023

Implemented (████) - 08/08/2023)

103e - Left Overs

4. Requirements

2600.

103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

Description of Violation

On 5/18/23 at 1:30 PM the freezer located in the kitchen was observed having opened bags of frozen french fries, tator tots and waffles which all lacked labels and dates on the bags. A frozen sliced ham was also observed wrapped in aluminum foil and lacked a label or date.

Plan of Correction

Accept (████) /11/2023)

On 5/19/23, the kitchen manager did a complete assessment of the entire contents of all refrigerators and freezers. It was found that several of the labels used to mark the bags had fallen off in the freezer environment. We purchased new labels that will adhere to the packaging more securely. They arrived on 5-26-23. The administrator met with the kitchen staff on 5-26-23 and provided training related to the importance of correctly labelling food. The kitchen manager will conduct weekly checks to ensure ongoing compliance.

Licensee's Proposed Overall Completion Date: 06/16/2023

Implemented (████) - 08/08/2023)

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

The glucometer for resident #2 was observed being calibrated incorrectly. On (████) 23 at (████) AM the glucometer showed an incorrect date and time of (████) at (████). The glucometer for resident #3 does not have blood sugar

185a - Implement Storage Procedures (continued)

readings for corresponding entries on the Medication Administration Record (MAR) for [REDACTED] through [REDACTED] at [REDACTED] AM, [REDACTED] and [REDACTED]/23 at [REDACTED] PM and [REDACTED] through [REDACTED] at [REDACTED] AM.

Plan of Correction**Accept [REDACTED] - 07/11/2023)**

New glucometers were purchased on 5-18-23. They were put into use on the same day 5-18-23. We have now obtained identical glucometers for all residents.

Night shift supervisor will clean, calibrate and audit glucometers every Tuesday. This process was reviewed, by the administrator, with the night shift supervisor on May 22, 2023. The audit process was initiated on 5-23-23.

Licensee's Proposed Overall Completion Date: 06/16/2023**Implemented [REDACTED] - 08/08/2023)**