

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

November 21, 2023

[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 07/18/2023 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 CITY PERSONAL CARE License #: 22349 License Expiration: 06/06/2024
 Address: 911 DELAWARE STREET, FOREST CITY, PA 18421
 County: SUSQUEHANNA Region: NORTHEAST

Administrator

Name: [REDACTED] Phone: [REDACTED]

Legal Entity

Name: FCNRC LP
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

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

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 25 Waking Staff: 19

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal Exit Conference Date: 07/18/2023

Inspection Dates and Department Representative

07/18/2023 - On-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: 0 Are 60 Years of Age or Older: 23
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 2 Have Physical Disability: 0

Inspections / Reviews

07/18/2023 Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 08/18/2023

08/29/2023 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 09/22/2023
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 09/05/2023

Inspections / Reviews (*continued*)

09/11/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/22/2023

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 09/22/2023

11/21/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/22/2023

Reviewer: [REDACTED]

Follow Up Type: Not Required

17 - Record Confidentiality

1. Requirements

2600.

17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

The licensing inspection summaries dated 5/27/22 and 5/5/22 posted at the homes nursing station contained the resident privacy coding document, which exposes confidential information of the residents.

Plan of Correction

Accept (█ - 09/11/2023)

At time of inspection the privacy coding documents for 5/27/22 and 5/5/22 were removed. Moving forward, privacy coding documents will not be included with posted licensing inspection summaries. During monthly rounds x3 months, posted inspection summaries will be reviewed to ensure privacy coding documents are not included with report. This will be the responsibility of the administrator.

Licensee's Proposed Overall Completion Date: 09/22/2023

Implemented (█ - 11/21/2023)

28f - Resident's Funds and 30-day Refund

2. Requirements

2600.

28.f. Within 30 days of either the termination of service by the home or the resident's leaving the home, the resident shall receive an itemized written account of the resident's funds, including notification of funds still owed the home by the resident or a refund owed the resident by the home. Refunds shall be made within 30 days of discharge.

Description of Violation

Resident #4 was discharged from the home on █. The residents refund was not sent to the family until █.

Plan of Correction

Accept (█ - 09/11/2023)

Within 30 days of discharge, the resident shall receive an itemized written account of the residents funds, including notification of funds still owed the home by the resident, or a refund owed the resident by the home. The Administrator will meet with the business office manager(BOM) monthly x3 months to audit discharge refunds, and the administrator will keep a file of discharges to review with BOM to ensure issued within required period.

Licensee's Proposed Overall Completion Date: 09/22/2023

Implemented (█ - 11/21/2023)

63a - First Aid/CPR Training

3. Requirements

2600.

63.a. At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

Description of Violation

The home currently serves 22 residents and is required to have one staff member working at all times certified in First Aid and CPR. On █ no one was certified in First Aid from █. On █ no one was certified in First Aid from █ and on █ no one was certified in First Aid from █.

63a - First Aid/CPR Training (*continued*)**Plan of Correction**

Accept (█ - 09/11/2023)

Direct care staff, and some ancillary staff, were First Aid Certified on 8/10/23. A record of this will be kept and re-certifications will occur every 2 years. The bi-weekly schedule will be reviewed prior to posting to ensure there are is a trained staff member at all times. This will be the responsibility of the administrator.

Licensee's Proposed Overall Completion Date: 09/22/2023

Implemented (█ - 11/21/2023)

103i - Outdated Food

4. Requirements

2600.

103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

4 cans of fruit cocktail with a best buy date of 4/7/23 and a teryaki sauce not refrigerated when opened were located in the kitchen.

Plan of Correction

Accept (█ - 08/29/2023)

At time of inspection 4 cans of fruit cocktail and a bottle of teriyaki sauce were discarded. Dietary staff will check best buy dates monthly, and before each use, to ensure they are not outdated or spoiled. Opened items requiring refrigeration will be dated upon opening, and stored in the refrigerator after use. This will be the responsibility of the dietary department.

Licensee's Proposed Overall Completion Date: 09/08/2023

Implemented (█ - 11/21/2023)

107c - Food/Water 3 Day Supply

5. Requirements

2600.

107.c. The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.

Description of Violation

The home serves 23 residents and is required to have 69 gallons of water on hand in the event of an emergency. The home only has 60 gallons of water available.

Plan of Correction

Accept (█ - 09/11/2023)

The home has a letter in place with a water supplier who can deliver the necessary amount of water needed upon request, this letter is from US Foods. This letter will be updated yearly. The administrator will calculate the amount of water required based on census monthly and update amount needed. Emergency water will be kept per regulation 107c. This will all be the responsibility of the administrator.

Licensee's Proposed Overall Completion Date: 09/22/2023

Implemented (█ - 11/21/2023)

132a - Monthly Fire Drill

6. Requirements

2600.

132a - Monthly Fire Drill (continued)

132.a. An unannounced fire drill shall be held at least once a month.

Description of Violation

The home did not conduct a fire drill in 1/22, 2/22, 9/22 and 10/22.

Plan of Correction

Accept () - 09/11/2023)

Since 11/22, fire drills have been held monthly, and will continue to be held monthly as per regulations, a schedule was created of fire drills to be held monthly. Unannounced drills and documentation are the responsibility of the maintenance department. Documentation of drills will be signed by the administrator for compliance.

Licensee's Proposed Overall Completion Date: 09/22/2023

Implemented () - 11/21/2023)

132d - Evacuation**7. Requirements**

2600.

132.d. Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. For purposes of this subsection, the fire safety expert may not be a staff person of the home.

Description of Violation

The fire drills conducted from 1/22-6/23 all exceeded 2 minutes and 30 seconds for evacuation. The home does not have a fire safety letter giving the home additional time for evacuation.

Plan of Correction

Accept () - 08/29/2023)

Since inspection and discussion of appropriate timing, our times for our fire drills have met requirements. On 8/18/23 Robert Mueller from Fire Life & Safety Solutions conducted an observed fire drill, and a fire safety inspection to provide us with a letter giving additional time for evacuation. This letter will be uploaded with final POC submission. This letter will be updated yearly, and be the responsibility of the administrator.

Licensee's Proposed Overall Completion Date: 09/08/2023

Implemented () - 11/21/2023)

132e - Fire Drill Sleeping Hours**8. Requirements**

2600.

132.e. A fire drill shall be held during sleeping hours once every 6 months.

Description of Violation

The home did not conduct a sleeping hours fire drill from 1/22-6/23.

Plan of Correction

Accept () - 09/11/2023)

Since inspection a sleeping hour fire drill was conducted on 7/28/23, and will continue to occur every 6 months, a schedule was created of fire drills to be held monthly. Unannounced drills and documentation are the responsibility of the maintenance department. Documentation of drills will be signed by the administrator for compliance.

Licensee's Proposed Overall Completion Date: 09/22/2023

Implemented () - 11/21/2023)

132g - Fire Drills Days/Times

9. Requirements

2600.

132.g. Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

Description of Violation

The fire drills conducted from 5/22-5/23 were all conducted from 7am-3pm.

Plan of Correction

Accept (█ - 09/11/2023)

Fire drills have been conducted on all 3 shifts since 5/23. We will continue to schedule drills to include all shifts, a schedule was created of fire drills to be held monthly. Unannounced drills and documentation are the responsibility of the maintenance department. Documentation of drills will be signed by the administrator for compliance.

Licensee's Proposed Overall Completion Date: 09/22/2023

Implemented (█ - 11/21/2023)

132h - Designated Meeting Place

10. Requirements

2600.

132.h. Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

Description of Violation

An interview with the homes Administrator and Ancillary staff member A who conducts the fire drills indicated that the residents do not always evacuate to the outside of the building. During inclement weather they will congregate near an exit but not go outside.

The fire drill conducted on 2/26/23 note 2 residents were not evacuated, the fire drills conducted on 6/29/23 and 7/21/22 note one resident was not evacuated.

Plan of Correction

Accept (█ - 08/29/2023)

On 2/26/23 the 2 residents were not evacuated due to + Covid, after speaking with the inspector it is now understood that a call to the regional director for guidance should have been made and documentation of the response on the fire drill logs should have been kept. On 6/29/23 a resident was isolated for shingles, it is now understood that a call the regional director for guidance and documentation of the response on the fire drill logs should have been kept. Moving forward, with residents who have communicable diseases who will not be evacuating for drills a call will be made to the regional director for guidance, and documentation of the response will be kept in the fire drill log, this will be the responsibility of the administrator. Since inspection all residents have been evacuating outside the facility, or within the fire safe area.

Licensee's Proposed Overall Completion Date: 09/08/2023

Implemented (█ - 11/21/2023)

141a 1-10 Medical Evaluation Information

11. Requirements

2600.

141a 1-10 Medical Evaluation Information (continued)

- 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

The Documentation of Medical Evaluation Form (DME) completed on [REDACTED] for Resident #1 did not contain a signature or medical provider number of the physician completing the form. The physicians name and medical provider number were later written in ink on the faxed form. There is no documentation of the date, time, or person spoken to prior to the correction of the DME.

Repeat violation: 5/5/22

Plan of Correction

Accept [REDACTED] - 09/11/2023)

All incomplete DME forms will be corrected after approval from that provider, documentation will be made in the residents chart regarding this approval. The administrator will audit DME forms after a call to the provider is made to ensure documentation is complete. A DME audit will be conducted x3 months to ensure complete documentation is occurring. This will be the responsibility of the administrator.

Licensee's Proposed Overall Completion Date: 09/22/2023

Implemented [REDACTED] - 11/21/2023)

182b - Prescription Medication

12. Requirements

2600.

182.b. Prescription medication that is not self-administered by a resident shall be administered by one of the following:

4. A staff person who has completed the medication administration training as specified in § 2600.190 (relating to medication administration training) for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

Description of Violation

Direct care staff members B, C, D, E and F only completed one of the required 2 medication administration record reviews and one of the required two medication administration observations for the 2022 annual practicum.

Plan of Correction

Accept [REDACTED] - 09/11/2023)

This was corrected prior to inspection. Staff members B,C,D,E and F completed all remediation requirements by a certified trainer, as well as the required annual practicum. Current staff were audited and retrained as necessary. A list of training dates was created to ensure compliance is met, updating this list and all necessary training compliance is the responsibility of the administrator.

Licensee's Proposed Overall Completion Date: 09/22/2023

182b - Prescription Medication (continued)

Implemented (█ - 11/21/2023)

183d - Prescription Current

13. Requirements

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

Resident #2's █ expired █

Plan of Correction

Accept (█ - 09/11/2023)

Resident #2's expired OTC medication was discarded at time of inspection, and family was notified for a new bottle needed. An audit of OTC medications will be done monthly, and be discarded as necessary. Current staff will be educated on expired OTC medications. Monthly auditing of OTC medications will be the responsibility of the medication technician manager, and reviewed by the administrator for compliance.

Licensee's Proposed Overall Completion Date: 09/22/2023

Implemented (█ - 11/21/2023)

185a - Implement Storage Procedures

14. 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

Resident #3's █ was not available at the time of the inspection.

Plan of Correction

Accept (█ - 09/11/2023)

Resident #3's █ Plus was discontinued at time of inspection due to medication inactivity. An audit of PRN medications will be done monthly to ensure it is on hand for use, or discontinued as needed. Auditing these medications will be the responsibility of the medication technician manager, and reviewed by administrator for compliance.

Licensee's Proposed Overall Completion Date: 09/22/2023

Implemented (█ - 11/21/2023)

187a - Medication Record

15. Requirements

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

12. Diagnosis or purpose for the medication, including pro re nata (PRN).

Description of Violation

Resident #1's medications did not include a diagnosis or purpose listed on the medication administration record (MAR).

Resident #3's warfarin did not include a diagnosis or purpose listed on the MAR.

187a Medication Record (continued)**Plan of Correction****Accepted** [REDACTED] - 09/11/2023)

Resident MAR's have been audited for diagnosis or purpose. MAR sheets will be updated monthly to include appropriate diagnosis or purpose. Staff will be educated on importance of inclusion of diagnosis or purpose on MAR. Auditing of MARs will occur monthly x3 months to ensure compliance is met, this will be the responsibility of the administrator.

Licensee's Proposed Overall Completion Date: 09/22/2023**Implemented** [REDACTED] 11/21/2023)