



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

August 9, 2024

 ADMINISTRATOR  
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 ,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/09/2024 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,



cc: Pennsylvania Bureau of Human Service Licensing

**Facility Information**

Name: *FOREST CITY PERSONAL CARE* License #: *22349* License Expiration: *06/06/2025*  
 Address: *911 DELAWARE STREET, FOREST CITY, PA 18421*  
 County: *SUSQUEHANNA* Region: *NORTHEAST*

**Administrator**

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

**Legal Entity**

Name: *FCNRC LP*  
 Address: *911 DELAWARE STREET, FOREST CITY, PA, 18421*  
 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: *26* Waking Staff: *20*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
 Reason: *Renewal* Exit Conference Date: *07/09/2024*

**Inspection Dates and Department Representative**

07/09/2024 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**  
 License Capacity: *36* Residents Served: *26*

**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: *25*  
 Diagnosed with Mental Illness: *2* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *0* Have Physical Disability: *0*

**Inspections / Reviews**

07/09/2024 - Full  
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *08/02/2024*

08/05/2024 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: *08/09/2024*  
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *08/10/2024*

Inspections / Reviews *(continued)*

08/09/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 08/09/2024

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

## 85d - Trash Receptacles

**1. Requirements**

2600.

85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

**Description of Violation**

*There was an uncovered trash can in the common bathroom across from the nurse's station.*

**Plan of Correction**

**Accept ( ) - 08/05/2024)**

*In response to the violation on 07/09/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 07/09/2024 by the direct care staff to remove the uncovered trash can and replace it with a covered can.*

*To enhance the currently compliant operations:*

- 1. on 07/25/2024 the Administrator provided staff with sanitation education regarding regulation 2600.85d.*
- 2. on 07/26/2024 the Administrator or designated staff person will preform a weekly audit x3 months to ensure common area bathroom trash cans are covered with a lid, with a completion date of 10/25/2024.*
- 3. After 10/25/2024 the Administrator will preform random audits to ensure compliance is being maintained.*

*Effective 07/26/2024 the Administrator or designee will perform weekly audits through 10/25/2024 to maintain ongoing compliance with keeping trash in bathrooms in covered trash receptacles that prevent the penetration of insects and rodents. After 10/25/2024 the Administrator will preform random audits to ensure compliance is being maintained. Any deficiencies will be corrected immediately, and findings will be documented and reported to the Administrator for further review and continuous improvement.*

**Licensee's Proposed Overall Completion Date: 10/25/2024**

**Implemented ( ) - 08/09/2024)**

## 103i - Outdated Food

**2. Requirements**

2600.

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

**Description of Violation**

*There was a dented can of tomato soup on the shelf in the dry goods storage area.*

**Plan of Correction**

**Accept ( ) - 08/05/2024)**

*In response to the violation on 07/09/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 07/09/2024 by the dietary staff to remove and discard the dented soup can.*

*To enhance the currently compliant operations:*

- 1. on 07/25/2024 the Administrator provided education regarding regulation 2600.103i and dented cans.*
- 2. on 07/26/2024 the dietary staff will preform weekly audits post food delivery to ensure food being delivered to the home by contracted company is free from damage, with a completion date of 10/25/2024.*
- 3. After 10/25/2024 the Administrator will preform random audits to ensure food stored in the home is free from damage, and compliance is being maintained.*

103i - Outdated Food (continued)

Effective 07/26/2024 the dietary staff will perform weekly audits through 10/25/2024 to maintain ongoing compliance with ensuring dented cans are not being used. After 10/25/2024 the Administrator will preform random audits to ensure food stored in the home is damage free. Any deficiencies will be corrected immediately, and findings will be documented and reported to the Administrator for further review and continuous improvement.

Licensee's Proposed Overall Completion Date: 10/25/2024

Implemented ( ) - 08/09/2024

125a - Combustible Storage

3. Requirements

2600.

125.a. Combustible and flammable materials may not be located near heat sources or hot water heaters.

Description of Violation

There was a buildup of lint and over a dozen dryer sheets located behind the dryer and on or in close proximity of the exhaust vent in the laundry room.

Plan of Correction

Accept ( ) - 08/05/2024

In response to the violation on 07/09/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 07/09/2024 by the housekeeping to remove the buildup of lint and dryer sheets located behind the dryer and or in close proximity to the exhaust vent in the laundry room.

To enhance the currently compliant operations:

1. on 07/26/2024 the Administrator provided staff preforming laundry duties with education regarding fire safety and proper cleaning/removal of lint or dryer sheets.
2. on 07/26/2024 the Administrator or designee will preform weekly audits and cleaning of the dryer area to ensure there is no build up of lint, dryer sheets, or other debris that may be combustable x3 months with a completion date of 10/25/2024.
3. After 10/25/2024 the Administrator will preform random audits to ensure compliance is being maintained.

Effective 07/26/2024 the Administrator or designee will perform weekly audits and cleaning of the dryer area through 10/25/2024 to maintain ongoing compliance with locating and removing combustibile and flammable materials away from heat sources or hot water heaters. After 10/25/2024 the Administrator will preform random audits to ensure compliance is being maintained. Any deficiencies will be corrected immediately, and findings will be documented and reported to the Administrator for further review and continuous improvement.

Licensee's Proposed Overall Completion Date: 10/25/2024

Implemented ( ) - 08/09/2024

181d -Storing Medication

4. Requirements

2600.

**181d - Storing Medication (continued)**

181.d. If the resident does not need assistance with medication, medication may be stored in a resident's room for self-administration. Medications stored in the resident's room shall be kept locked in a safe and secure location to protect against contamination, spillage and theft.

**Description of Violation**

*Resident #4 Self-Administers Nystatin Powder 1000000. The medication is stored in a bedside nightstand drawer, and is not locked. Resident stated they don't lock the door when they leave their room, and the room is occupied by another resident who cannot self-administer.*

**Plan of Correction**

Accept (█) - 08/05/2024)

*In response to the violation on 07/09/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 07/10/2024 by maintenance to provide the resident with a locking box with a key to store self-administered Nystatin powder for use as needed.*

*To enhance the currently compliant operations:*

- 1. on 07/26/2024 the Administrator will preform an audit of residents to ensure those who self-administer are provided a locking box with key to store self-administered medications, with a completion date of 08/23/2024.*
- 2. After 08/23/2024 the Administrator will assess new residents moving into the facility for self-administered medication use, those residents who have self-administered medications will be provided with a locking box and key to store those medications.*

*Effective 07/26/2024 the Administrator will perform an audit through 08/23/2024 to maintain ongoing compliance with ensuring that if the resident does not need assistance with medication, medication will be stored in a resident's room for self-administration. Medications stored in the resident's room will be kept locked in a safe and secure location to protect against contamination, spillage and theft. After 08/23/2024 the Administrator will assess new residents for self-administered medications, and provide them with a locking box with key to store the medications. Any deficiencies will be corrected immediately, and findings will be documented and reported to the Administrator for further review and continuous improvement.*

**Licensee's Proposed Overall Completion Date: 08/23/2024**

Implemented (█) - 08/09/2024)

**183d - Prescription Current****5. 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 is prescribed Lantus Solus 100ml unit at 8pm. The manufacturer directions indicate the insulin is to be used within 28 days of being opened. The home did not have documentation when the insulin bottle was opened. The pen was discarded and a new pen put in place.*

*Resident #4 is prescribed Basaglar 100ml unit at 7pm. The manufacturer directions indicate the insulin is to be used within 28 days of being opened. The home did not have documentation when the insulin bottle was opened. The pen was discarded and a new pen put in place.*

## 183d - Prescription Current (continued)

**Plan of Correction**

Accept (█ - 08/05/2024)

*In response to the violation on 07/09/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 07/09/2024 by the medication technician to discard the undated pen, and replace it with a new pen to be dated when opened.*

*To enhance the currently compliant operations:*

- 1. on 07/25/2024 the Administrator provided diabetes/insulin education through Northampton Community College to medication technicians, certificates earned.*
- 2. on 07/26/2024 the Administrator preformed an audit of open insulins to ensure current medications are dated with open date.*
- 3. on 07/26/2024 the Administrator created a visual calendar of insulins for residents requiring them, and educated staff on new procedure of dating and initialing insulins when opened for use using the calendar, with a completion date of 08/23/2024.*
- 4. on 07/26/2024 the Administrator or designated Practicum Observer will preform monthly audits x3 months of insulins to ensure compliance is being maintained.*
- 5. After 10/25/2024 the Administrator or designated Practicum Observer will preform random audits of insulin dates to ensure compliance is being maintained.*

*Effective 07/26/2024 the Administrator or designated Practicum Observer will perform monthly audits through 10/25/2024 to maintain ongoing compliance with ensuring only current prescription, OTC, sample and CAM for individuals living in the home will be kept in the home. After 10/25/2024 the Administrator or designated Practicum Observer will preform random audits of insulin dates to ensure compliance is being maintained. Any deficiencies will be corrected immediately, and findings will be documented and reported to the Administrator for further review and continuous improvement.*

**Licensee's Proposed Overall Completion Date:** 08/23/2024

Implemented (█ - 08/09/2024)

## 184a - Resident's Meds Labeled

**6. Requirements**

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

**Description of Violation**

*Resident #3 has a PRN prescription for Lidocaine Patches 5% 50mg listed on the resident's medication administration record. 6 individually wrapped Lidocaine Patches 5% 50mg were found in the resident's drawer of the medication cart but did not include the original pharmacy label.*

**Plan of Correction**

Accept (█ - 08/05/2024)

*In response to the violation on 07/09/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 07/09/2024 by the medication technician to place Lidocaine 5% patches in bag with a handwritten label, a new label was requested from the pharmacy.*

*To enhance the currently compliant operations:*

- 1. on 07/25/2024 the Administrator provided medication technicians with education regarding medication*

**184a - Resident's Meds Labeled (continued)**

labels and regulation 2600.184a.

2. on 07/26/2024 the Administrator or designated Practicum Observer will preform monthly audits x3 months of medication carts to ensure medications in the carts include a label and are in compliance with requirements of regulation 2600.184a.
3. After 10/25/2024 the Administrator or designated Practicum Observer will preform random audits of stored medications to ensure compliance is being maintained.

Effective 07/26/2024 the Administrator or designated Practicum Observer will perform monthly audits through 10/25/2024 to maintain ongoing compliance with ensuring the original container for prescription medications will be labeled with a pharmacy label. After 10/25/2024 the Administrator or designated Practicum Observer will preform random audits of stored medications to ensure compliance is being maintained. Any deficiencies will be corrected immediately, and findings will be documented and reported to the Administrator for further review and continuous improvement.

Licensee's Proposed Overall Completion Date: 10/25/2024

Implemented (█) - 08/09/2024)

**187b - Date/Time of Medication Admin.****7. Requirements**

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

**Description of Violation**

Resident #1 has an order for their blood glucose to be measured 4 times daily at 6:00am, 11:00am, 4:00pm and 7:00pm. A Sliding Scale order of Novolog is to be administered based on the following readings: 70 to 139-0 units; 140 to 199-2 units; 200 to 249-4 units; 250 to 299-6 units; 300 to 349-8 units; >349-10 units.

The following documentation was noted on the resident #1's Accucheck Log, but did not have corresponding MAR documentation to state how many units were administered. During interviews with the resident, it was reported that the insulin was administered.

7/1/24-6am reading was 163; no units documented.

7/3/24-11am reading was 324; no units documented.

7/4/24-8pm-reading was 253 no units documented.

7/6/24-6am reading was 162; no units documented.

**Plan of Correction**

Accept (█) - 08/05/2024)

In response to the violation on 07/09/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 07/09/2024 by the Administrator to create a new paper MAR order to include a spot for units on the front page, to ensure complete documentation.

To enhance the currently compliant operations:

1. on 07/09/2024 the Administrator re-wrote paper MAR orders for residents requiring sliding scale insulin to include a space on the front of the MAR for units administered, to ensure accurate and complete documentation.

**187b - Date/Time of Medication Admin. (continued)**

2. on 07/25/2024 the Administrator provided medication technicians with a 3 hour diabetes/insulin training and education through Northampton Community College, certificates earned.
3. on 07/26/2024 the Administrator or designated Practicum Observer will preform weekly audits x3 months of accucheck documentation log, and MAR log, to ensure correct documentation and compliance.
4. After 10/25/2024 the Administrator or designated Practicum Observer will preform random documentation audits to ensure compliance is being maintained.

Effective 07/26/2024 the Administrator or designated Practicum Observer will perform weekly audits through 10/25/2024 of accucheck and MAR documentation to maintain ongoing compliance with ensuring the information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered. After 10/15/2024 the Administrator or designated Practicum Observer will preform random audits to ensure compliance is being maintained. Any deficiencies will be corrected immediately, and findings will be documented and reported to the Administrator for further review and continuous improvement.

Licensee's Proposed Overall Completion Date: 10/25/2024

Implemented (█) - 08/09/2024

**187d - Follow Prescriber's Orders****8. Requirements**

2600.

187.d. The home shall follow the directions of the prescriber.

**Description of Violation**

Resident #1 has an order for their blood glucose to be measured 4 times daily at 6:00am, 11:00am, 4:00pm and 7:00pm. A Sliding Scale order of Novolog is to be administered based on the following readings: 70 to 139-0 units; 140 to 199-2 units; 200 to 249-4 units; 250 to 299-6 units; 300 to 349-8 units; >349-10 units.

On 7/4/24 at 6am, the reading was 201. The MAR documents that 2 units were given when the resident should have received 4.

**Plan of Correction**

Accept (█) - 08/05/2024

In response to the violation on 07/09/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 07/09/2024 by the Administrator to create a new paper MAR order to include a space for units to be written on the front of the page, making it easier to review order and double check dose, to ensure correct administration and documentation.

To enhance the currently compliant operations:

1. on 07/09/2024 the Administrator created a new paper MAR order to include a space for units to be written on the front of the page, making it easier to review order and double check dose, to ensure correct administration and documentation.
2. on 07/25/2024 the Administrator provided education to medication technicians for diabetes/insulin through Northampton Community College, certificates earned.
3. on 07/26/2024 the Administrator or designated Practicum Observer will preform weekly audits x3 months of accucheck and MAR documentation to ensure correct documentation and administration of medication is

**187d - Follow Prescriber's Orders (continued)**

complete and accurate, with a completion date of 10/25/2024.

4. After 10/25/2024 the Administrator or designated Practicum Observer will preform random audits to ensure compliance is being maintained.

Effective 07/26/2024 the Administrator or designated Practicum Observer will perform weekly audits through 10/25/2024 to maintain ongoing compliance with ensuring the home must follow the directions of the prescriber. After 10/25/2024 the Administrator or designated Practicum Observer will preform random audits to ensure compliance is being maintained. Any deficiencies will be corrected immediately, and findings will be documented and reported to the Administrator for further review and continuous improvement.

Licensee's Proposed Overall Completion Date: 10/25/2024

Implemented (█) - 08/09/2024)

**190b - Insulin Injections****9. Requirements**

2600.

- 190.b. A staff person is permitted to administer insulin injections following successful completion of a Department-approved medications administration course that includes the passing of a written performance-based competency test within the past 2 years, as well as successful completion of a Department-approved diabetes patient education program within the past 12 months.

**Description of Violation**

Direct care staff person A administered insulin on 7/6/24 to resident #1. The home does not have documentation that Staff member A has had updated diabetic education training in the past 12 months.

**Plan of Correction**

Accept (█) - 08/05/2024)

In response to the violation on 07/09/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 07/09/2024 by the Administrator to adjust the schedule to ensure staff administering insulin have had updated diabetes education in the last 12 months.

To enhance the currently compliant operations:

1. on 07/09/2024 the Administrator adjusted the schedule to ensure staff administering insulin have had updated training in the last 12 months.
2. on 07/25/2024 the Administrator provided Staff Member A an updated 3 hour diabetes education training through Northampton Community College, certificate earned.
3. on 07/26/2024 the Administrator created and posted a schedule of training dates for staff members. This schedule will be audited monthly x3 months, updated as ongoing training occurs to maintain compliance.
4. After 10/25/2024 the Administrator will audit the training schedule every 6 months to ensure trainings are up to date and compliance is being maintained. New staff will be added to training schedule and updated as trainings occurs.

**190b - Insulin Injections (continued)**

*Effective 07/26/2024 the Administrator will perform monthly audits of training schedule through 10/25/2024 to maintain ongoing compliance with ensuring that a staff person is permitted to administer insulin injections following successful completion of a Department-approved medications administration course that includes the passing of a written performance-based competency test within the past 2 years, as well as successful completion of a Department-approved diabetes patient education program within the past 12 months. After 10/25/2024 the Administrator will audit training schedule every 6 months to ensure compliance is being maintained, new staff will be added to training schedule and updated as trainings occur. Any deficiencies will be corrected immediately, and findings will be documented and reported to the Administrator for further review and continuous improvement.*

**Licensee's Proposed Overall Completion Date: 10/25/2024**

**Implemented (█ - 08/09/2024)**