

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

October 1, 2024

[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 07/16/2024, 07/17/2024 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,

[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

**Facility Information**

Name: *FOREST HILLS PERSONAL CARE HOME* License #: *33415* License Expiration: *08/01/2024*  
 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: *0* Total Daily Staff: *51* Waking Staff: *38*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
 Reason: *Renewal* Exit Conference Date: *07/17/2024*

**Inspection Dates and Department Representative**

07/16/2024 - On-Site: [REDACTED]  
 07/17/2024 - 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: *13*

**Number of Residents Who:**

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *43*  
 Diagnosed with Mental Illness: *23* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *8* Have Physical Disability: *0*

**Inspections / Reviews**

**07/16/2024 - Full**

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *08/04/2024*

Inspections / Reviews (*continued*)

## 08/22/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/27/2024

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 08/29/2024

## 09/19/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/27/2024

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 09/27/2024

## 10/01/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/27/2024

Reviewer: [REDACTED]

Follow-Up Type: Not Required

3c - Post Current License

1. Requirements

2600.

3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

On 7/16/24 at approximately 9:30 AM, the Chapter 2600 regulations were not posted in a conspicuous and public place in the home.

Plan of Correction

Accept (█ - 09/19/2024)

Chapter 2600 Regulations were posted on 7-16-24. Administrator will monitor for continued compliance on the first business day of every month beginning 10-1-24.

Proposed Overall Completion Date: 10/01/2024

Proposed Overall Completion Date: 10/01/2024

Licensee's Proposed Overall Completion Date: 10/01/2024

Implemented (█ - 10/01/2024)

82c - Locking Poisonous Materials

2. Requirements

2600.

82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

Description of Violation

Hand sanitizer, laundry detergent and spray disinfectant, all with manufacturer's labels indicating "poisonous if swallowed", were unlocked, unattended, and accessible to residents in the laundry room. Not all the residents in the home, including Resident #1, have been assessed capable of recognizing and using poisons safely.

Plan of Correction

Accept (█ - 09/19/2024)

Laundry room door locks automatically when the door closes. A sign was posted on 7-18-24 to remind all staff and visiting care associates that the door must remain locked at all times. Staff meeting on 7-25-24 included instruction related to regulation 2600 82C. Specifically, that all poisonous materials must be inaccessible to residents at all times. This training was provided by the Administrator .

The med tech will check to ensure that the door remains locked during their rounds at the beginning of each shift.

Licensee's Proposed Overall Completion Date: 09/18/2024

Implemented (█ - 10/01/2024)

183b - Meds and Syringes Locked

3. 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.

183b - Meds and Syringes Locked (continued)

**Description of Violation**

On 7/17/24 at 12:25 PM, the following medications were observed in an unlocked medicine cabinet in Resident #2's bedroom: chloraseptic, hemorrhoidal ointment possessing a pharmacy label, antifungal foot powder, nystatin ointment, barrier cream possessing a pharmacy label, and 17 tubes of triamcinolone acetonide ointment. This resident is not assessed as capable for self administering medications.

**Plan of Correction**

Accept (█) - 09/19/2024)

All medications were removed from the cabinet in the resident's room on 7-16-24.

Training was provided at the staff meeting on 7-25-24 to reinforce that all medications are to be secured in a locked space.

Medication technician will confirm that all meds are correctly stored at the beginning of each shift. This will be documented on their shift report.

Licensee's Proposed Overall Completion Date: 09/18/2024

Implemented (█) - 10/01/2024)

185a - Implement Storage Procedures

**4. 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**

On 7/17/24 at 10:53 AM, Resident #3's glucose monitor read "7/15/24 2:53pm."

Blood sugar readings were not documented on Resident #3's medication administration record for the following dates: 7/16/24, 7/15/24, 7/14/24, 7/12/24, 7/11/24, and 7/10/24.

**Plan of Correction**

Accept (█) - 09/19/2024)

The pharmacy was contacted on 7-17-24 to modify the current format on the MAR to include a field to record the actual blood sugar reading. The current format allowed for a check that it was taken, but not a place to enter the reading.

That format was modified on 7/18/24 and the medication technicians were all instructed on the proper documentation at the staff meeting on 7/25/24.

**185a - Implement Storage Procedures (continued)**

*The night med tech now checks all glucometers and calibrates as needed on a daily basis.*

*The med room supervisor checks daily, Monday through Friday, to ensure that the med staff is correctly documenting blood sugar results.*

**Licensee's Proposed Overall Completion Date: 09/18/2024**

**Implemented (█ - 10/01/2024)**