

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

October 28, 2025

[REDACTED]  
FOREST HILLS CARE SERVICES LLC  
[REDACTED]

RE: FOREST HILLS PERSONAL CARE  
HOME  
313 HUMBERT ROAD  
SIDMAN, PA, 15955  
LICENSE/COC#: 33415

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/13/2025 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: 08/01/2025  
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: 64 Waking Staff: 48

**Inspection Information**

Type: Partial Notice: Unannounced BHA Docket #:  
Reason: Complaint Exit Conference Date: 05/13/2025

**Inspection Dates and Department Representative**

05/13/2025 On Site: [Redacted]

**Resident Demographic Data as of Inspection Dates**

General Information			
License Capacity:	54	Residents Served:	47
Secured Dementia Care Unit			
In Home:	No	Area:	Capacity:
Residents Served:			
Hospice			
Current Residents: 11			
Number of Residents Who:			
Receive Supplemental Security Income:	0	Are 60 Years of Age or Older:	46
Diagnosed with Mental Illness:	20	Diagnosed with Intellectual Disability:	0
Have Mobility Need:	17	Have Physical Disability:	0

**Inspections / Reviews**

05/13/2025 - Partial  
Lead Inspector: [Redacted] Follow Up Type: Document Submission Follow Up Date: 10/28/2025

Inspections / Reviews *(continued)*

10/28/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/27/2025

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

15a - Resident Abuse Report

1. Requirements

2600.

15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

On [redacted] resident [redacted] witnessed [redacted] roommate, resident [redacted] ask staff member A for assistance in using the bathroom. Staff A responded to this request by instructing resident [redacted] to urinate in their adult briefs and refused to assist resident [redacted] to use the bathroom. Resident [redacted] stated that this incident was reported to the home's Administrator. Following this incident, the home's Administrator no longer permitted staff member A to provide care to resident [redacted] or [redacted]. Later on [redacted] resident # [redacted] asked staff member [redacted] if they would refill their water cup, and staff member A refused to do this. The home failed to report these incidents to the Area Agency on Aging.

On [redacted], staff member B wrote a witness statement describing an incident which had occurred during their night shift on [redacted]. Staff member A stated that they watched resident [redacted] slide out of their wheelchair and then neglected to assist resident # [redacted] off the floor. Staff member A was observed laughing about this incident while resident [redacted] was on the floor. Staff member B wrote a witness statement describing this incident and submitted it to the Administrator following the incident, however, the home failed to report this incident to Area Agency on Aging.

Plan of Correction

Directed ([redacted] - 10/20/2025)

- The home's Administrator will receive training in reporting requirements no later than 7/1/25
- The Administrator will review any incidents of alleged abuse on a weekly basis to ensure that they are reported in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Directed Completion Date: 07/01/2025

Implemented ([redacted] - 10/28/2025)

16c - Written Incident Report

2. Requirements

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On [redacted] resident [redacted] witnessed [redacted] roommate, resident [redacted] ask staff member A for assistance in using the bathroom. Staff A responded to this request by instructing resident [redacted] to urinate in their adult briefs and refused to assist resident [redacted] to use the bathroom. Resident [redacted] stated that this incident was reported to the home's Administrator. Following this incident, the home's Administrator no longer permitted staff member A to provide care to resident [redacted] or [redacted]. Later on [redacted] resident [redacted] asked staff member [redacted] if they would refill their water cup, and staff member A

**16c Written Incident Report (continued)**

refused to do this. The home failed to report these incidents to the Department's personal care home regional office or personal care complaint hotline.

On [REDACTED] staff member B wrote a witness statement describing an incident which had occurred during their night shift on [REDACTED]. Staff member A stated that they watched resident [REDACTED] slide out of their wheelchair and then neglected to assist resident [REDACTED] off the floor. Staff member A was observed laughing about this incident while resident [REDACTED] was on the floor. Staff member B wrote a witness statement describing this incident and submitted it to the Administrator following the incident, however, the home failed to report these incidents to the Department's personal care home regional office or personal care complaint hotline.

**Plan of Correction**

Directed ([REDACTED] - 10/20/2025)

The home's Administrator will receive training in the Departments reporting requirements no later than 7/1/25  
The Administrator will review any/all reportable incidents incidents of alleged abuse on a weekly basis to ensure that they are reported in accordance 2600.16.

Directed Completion Date: 07/01/2025

Implemented ([REDACTED] - 10/28/2025)

**42b - Abuse****3. Requirements**

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

**Description of Violation**

On [REDACTED], resident [REDACTED] witnessed [REDACTED] roommate, resident [REDACTED] ask staff member A for assistance in using the bathroom. Staff A responded to this request by instructing resident [REDACTED] to urinate in their adult briefs and refused to assist resident # [REDACTED] to use the bathroom. According to resident # [REDACTED]'s most recent assessment dates [REDACTED], resident [REDACTED] requires prompting and cueing for toileting, and supervision/assistance will be provided upon the resident's request. Resident [REDACTED] stated that this incident was reported to the home's Administrator. Following this incident, the home's Administrator no longer permitted staff member A to provide care to resident [REDACTED] or [REDACTED]. Later on [REDACTED], resident [REDACTED] asked staff member [REDACTED] if they would refill their water cup, and staff member A refused to do this.

On [REDACTED], staff member B wrote a witness statement describing an incident which had occurred during their night shift on [REDACTED]. Staff member A stated that they watched resident [REDACTED] slide out of their wheelchair and then neglected to assist resident [REDACTED] off the floor. Staff member A was observed laughing about this incident while resident [REDACTED] was on the floor. Staff member B wrote a witness statement describing this incident and submitted it to the Administrator

**42b Abuse (continued)**

following the incident.

**Plan of Correction**

Directed (█) - 10/21/2025)

*Staff member A no longer works in the home*

*All staff will receive training in resident rights and reporting requirements by 7/1/25*

*The Administrator will review any/all reportable incidents incidents of alleged abuse on a weekly basis to ensure that they are reported in accordance with the regulation and that appropriate action is taking in accordance with the homes personnel policies*

Directed Completion Date: 07/01/2025

Implemented (█) - 10/28/2025)

**85a - Sanitary Conditions****4. Requirements**

2600.

85.a. Sanitary conditions shall be maintained.

**Description of Violation**

On (█) at 9:30 AM, fresh chicken eggs were observed on the kitchen Island where breakfast food had been prepared, and lunch was currently being prepared. The chicken eggs were observed having chicken feathers and feces on them.

**Plan of Correction**

Directed (█) - 10/21/2025)

*The soiled eggs were immediately removed by staff members and the area was disinfected*

*The Administrator will educate all staff that fresh eggs can not be cleaned and sanitized in the kitchen on the same surfaces where food is being prepared*

Directed Completion Date: 07/01/2025

Implemented (█) - 10/28/2025)