

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

September 19, 2025

[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 07/23/2025, 07/24/2025 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: *57* Waking Staff: *43*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal* Exit Conference Date: *07/24/2025*

Inspection Dates and Department Representative

07/23/2025 - On-Site: [REDACTED]
 07/24/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *54* Residents Served: *48*

Secured Dementia Care Unit

In Home: *No* Area: Capacity: Residents Served:

Hospice

Current Residents: *12*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *47*
 Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *1*
 Have Mobility Need: *9* Have Physical Disability: *1*

Inspections / Reviews

07/23/2025 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *08/14/2025*

Inspections / Reviews (*continued*)

08/14/2025 - POC Submission

Submitted By: [REDACTED] Date Submitted: 09/18/2025
Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 08/21/2025

08/25/2025 - POC Submission

Submitted By: [REDACTED] Date Submitted: 09/18/2025
Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 09/05/2025

09/19/2025 - Document Submission

Submitted By: [REDACTED] Date Submitted: 09/18/2025
Reviewer: [REDACTED] Follow-Up Type: Not Required

25c2 - Fee Schedule

2. Requirements

2600.

25.c. At a minimum, the contract must specify the following:

- 2. A fee schedule that lists the specify the following: actual amount of allowable resident charges for each of the home's available services.

Description of Violation

The resident-home contract, dated [REDACTED] for resident #2 does not include the fee charged for room and board nor does it contain a fee schedule of actual amounts charged for available services.

Plan of Correction

Accept ([REDACTED] - 08/25/2025)

On 7/26/25, a complete audit of all resident records was completed by the Compliance Officer. There were no other charts found to be lacking the fee data.

This is not a recurring or ongoing concern.

Therefore, we will continue to ensure all information is included on resident contracts going forward.

The administrator will continue to check for proper completion of the fee the day of admission. Effective date 7-26-25.

The compliance officer will serve as an additional safety net when the papers are assembled into the permanent chart. [REDACTED] will also check for the necessary information and signatures, This will be done within 24 hours of admission.

On 7-26-25, administrator met with compliance officer and provided education related to signatures and data points - including fees- needed on the contract.

Licensee's Proposed Overall Completion Date: 08/21/2025

Implemented ([REDACTED] - 09/19/2025)

82c - Locking Poisonous Materials

3. 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

Two cases containing 4 gallons each and 3 additional gallon containers of Chlor Aid Sanitizer, with a manufacture's label indicating call poison control was unlocked, unattended, and accessible to residents in the lower level of the home across from the elevator. Not all the residents of the home, including residents #1, 2, 3 and 4 have been assessed capable of recognizing and using poisons safely.

Repeated Violation - 7/16/24, et al

Plan of Correction

Accept ([REDACTED] - 08/25/2025)

These materials were in sealed cardboard containers as well as sealed with child safe caps. They were on a bottom storage shelf in the storage supply area.

82c - Locking Poisonous Materials (continued)

As of July 30, the items have been moved to a locked room. This was completed by maintenance staff and overseen by the kitchen manager.

We are currently purchasing a large locked cabinet to contain and secure the items. It was ordered by administrator on 8-6-25 and delivery is expected on 8-27-25. Once it arrives, maintenance staff will assemble and move materials to this space.

A staff meeting was held on Thursday July 24, 2025. The importance of keeping all unsafe materials secured from residents was discussed.

On the first calendar day of every month, the assistant administrator, will do a full tour of the building and inspect for any unsafe materials. This was initiated on August 1, 2025.

Licensee's Proposed Overall Completion Date: 08/21/2025

Implemented (█) - 09/19/2025)

103f - Refrigerator/Freezer Temps**4. Requirements**

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

On 7/24/25, at 12:01 PM, the temperature in Freezer #6 was 8 degrees Fahrenheit, and at 1:15 PM, it was 6 degrees Fahrenheit.

Plan of Correction

Accept (█) - 08/25/2025)

On the day of the survey, the food was transferred from freezer #6 to other freezers by the kitchen manager. The day following the survey, the temp of freezer #6 was back to -4 degrees.

Our current procedures include daily temp log checks. These are completed by the kitchen manager Monday through Friday and the day shift kitchen staff on the weekends. Freezer #6 had been maintaining proper temperatures up to and including July 23.

We continue to complete daily temp checks on each of our refrigerators and freezers to ensure compliance and food safety.

Should a freezer read higher than 0 degrees Fahrenheit, we will immediately make adjustments in the food storage and secure a new freezer as needed.

Staff meeting occurred on July 24, 2025. All kitchen staff were educated by administrator related to safe temp range for freezers and refrigerators. This information is also listed on the daily temp log sheets.

Licensee's Proposed Overall Completion Date: 08/21/2025

Implemented (█) - 09/19/2025)

103i - Outdated Food

5. Requirements

2600.

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

Description of Violation

The following outdated food items were stored in the lower-level pantry of the home:

- *Betty Crocker red velvet cake mix - best by 1/25/25*
- *Heinz cocktail sauce - best by 3/21/23*
- *2 cans of sweetened condensed milk - best by 5/31/25*
- *Giant Eagle zesty cocktail sauce - best if used by 10/28/22*
- *Shake N Bake - 2 boxes - best by 7/3/24 and 8/5/24*
- *One dented can of Lucky Leaf pineapple filling - best by 1/3/25*

The following outdated items were stored in the first-floor main kitchen pantry:

- *Pace chunky salsa - exp. date 11/4/24*
- *Kikkoman teriyaki sauce - exp. date 5/10/24*

Plan of Correction

Accept (█) - 08/25/2025)

All out of date items were removed and discarded on July 24, 2025 by the kitchen manager. .

Staff meeting occurred on July 24, 2025. All kitchen staff were educated by the administrator on the need to monitor expiration dates on all food items prior to serving. They were also instructed to immediately remove any items that they see have dates that are close to expiration and alert the kitchen manager so that they can be used within the proper time frame.

The kitchen manager will conduct a thorough assessment of all stored food each Friday beginning on July 25,2025. . Anything noted to be within 1 month of expiration, will be moved to a "use first" shelf area.

A verbal report will be provided to the administrator each Friday detailing any items that had to be discarded.

Licensee's Proposed Overall Completion Date: 08/21/2025

Implemented (█) - 09/19/2025)

132g - Fire Drills Days/Times

6. 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 home is routinely staffed with 3 staff persons during the sleeping hours. The fire drills conducted during the sleeping hours that were held on 1/29/25 at 10:35 PM and 6/19/25 at 5:24 AM, had 4 staff persons participating in the fire drill. There have been no sleeping hours drills conducted in the past year with only 3 staff persons present and participating.

Plan of Correction

Accept (█) - 08/25/2025)

We have a fire trained professional conduct each of our drills.

132g - Fire Drills Days/Times (continued)

The staff of FHPCH is aware that the night time fire drills are to be completed with three staff members. Only three staff members have been participating in the night shift drills.

I spoke with the fire safety service professional. He stated that he was counting visiting staff- from home health or hospice - as participants. They should have been noted as visitors. This has been addressed on July 23, 2025 and will be corrected on future fire drills.

Staff meeting occurred on July 24, 2025. Administrator reviewed fire drill regulations and stressed the importance of the correct number of staff participating in the drills.

Administrator will inspect paperwork filed after each night time drill to ensure compliance was achieved. This will begin 8-21-25.

Licensee's Proposed Overall Completion Date: 08/21/2025

Implemented (█ - 09/19/2025)