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

March 2, 2026

FCNRC LP

RE: FOREST CITY PERSONAL CARE
911 DELAWARE STREET
FOREST CITY, PA, 18421
LICENSE/COC#: 22349

,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 12/16/2025 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,

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *FOREST CITY PERSONAL CARE* **License #**: *22349* **License Expiration**: *06/06/2026*

Address: *911 DELAWARE STREET, FOREST CITY, PA 18421*

County: *SUSQUEHANNA* **Region**: *NORTHEAST*

Administrator

Name: **Phone**: **Email**:

Legal Entity

Name: *FCNRC LP*

Address:

Phone: **Email**:

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: *Partial* **Notice**: *Unannounced* **BHA Docket #**:

Reason: *Incident* **Exit Conference Date**: *12/16/2025*

Inspection Dates and Department Representative

12/16/2025 - On-Site

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *36* **Residents Served**: *22*

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**: *22*

Diagnosed with Mental Illness: *2* **Diagnosed with Intellectual Disability**: *0*

Have Mobility Need: *3* **Have Physical Disability**: *2*

Inspections / Reviews

12/16/2025 Partial

Lead Inspector: **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *01/17/2026*

01/22/2026 - POC Submission

Submitted By: **Date Submitted**: *02/05/2026*

Reviewer: **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *01/29/2026*

Inspections / Reviews *(continued)*

02/02/2026 POC Submission

Submitted By: [redacted] **Date Submitted:** *02/05/2026*

Reviewer: [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *02/06/2026*

03/02/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *02/05/2026*

Reviewer: [redacted] **Follow Up Type:** *Not Required*

16c - Written Incident Report

1. 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] at 6:30 p.m. staff person A made a derogatory comment toward Resident [redacted] which was overheard by the resident and Staff person B. The home did not report this incident to the Department until [redacted] at 4:00 p.m.

Plan of Correction ***Accept [redacted] 02/02/2026)***

1. On 11/30/25, Staff person A was placed on disciplinary leave for investigation to be done. On 12/01/25, Staff person A was terminated by the Administrator.
2. Staff we re-educated by the Administrator on 12/17/25 regarding reportable incidents and abuse policy.
3. The Administrator will provide education to new staff at orientation, current staff at annual in-servicing, and as needed, regarding important of reportable incidents and abuse to ensure compliance to being maintained

Licensee's Proposed Overall Completion Date: *02/06/2026*

Implemented [redacted] 03/01/2026)

42c - Treatment of Residents

2. Requirements

2600.
42.c. A resident shall be treated with dignity and respect.

Description of Violation

On [redacted] at approximately 6:30pm, Staff person B reported overhearing Staff person A mumble to resident [redacted], "I hope you [redacted] choke", after the resident got a snack from the home's snack basket at the front desk and turned around to go back down the hallway. The negative comment was also heard by Resident [redacted] who stated the staff member made the statement while walking past the back of the resident's wheelchair. Resident [redacted] reported the incident to Staff person C the following morning. Staff Person B also reported that Staff person A made the derogatory comment in front of other residents sitting in the common area of the home who could have easily overheard the negative interaction.

Plan of Correction ***Accept ([redacted] - 02/02/2026)***

1. Following reported incident, the Administrator talked with resident [redacted] on 11/30/25 to ensure the resident was okay and no other complaints were noted at that time.
2. Immediately following report, staff person A was put on disciplinary leave on 11/30/25 and was terminated on 12/01/25 by the Administrator.
3. Staff were educated by the Administrator on 12/17/25 regarding resident rights and reporting violations of those rights in a timely manner to the Administrator.
4. The Administrator will provide education of resident rights with new staff upon orientation, current staff at yearly in-servicing, and on an as needed basis to ensure compliance is being maintained.

Licensee's Proposed Overall Completion Date: *02/06/2026*

Implemented [redacted] - 03/01/2026)