

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

February 2, 2026

[REDACTED]  
FCNRC LP  
[REDACTED]

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

[REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 12/29/2025 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 CITY PERSONAL CARE* License #: *22349* License Expiration: *06/06/2026*  
 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: [REDACTED]  
 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: *25* Waking Staff: *19*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
 Reason: *Complaint, Incident* Exit Conference Date: *12/29/2025*

**Inspection Dates and Department Representative**

*12/29/2025 - On-Site:* [REDACTED]

**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: *0*  
 Diagnosed with Mental Illness: *2* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *3* Have Physical Disability: *0*

**Inspections / Reviews**

*12/29/2025 Partial*  
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *01/24/2026*

*01/22/2026 - POC Submission*  
 Submitted By: [REDACTED] Date Submitted: *02/02/2026*  
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *02/01/2026*

Inspections / Reviews (*continued*)

## 02/02/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 02/02/2026

Reviewer: [REDACTED]

Follow Up Type: *Bypass Document  
Submission*

## 02/02/2026 Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/02/2026

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

224a - Preadmission Screen Form

1. Requirements

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident [redacted] was admitted to the home on [redacted]; however, the resident's preadmission screening form was not completed.

Plan of Correction

Accept [redacted] - 02/02/2026)

- 1. Upon survey conducted on 12/29/25, correction was made immediately by the Administrator to complete preadmission screening form.
- 2. An audit will be conducted by the Administrator of current resident preadmission screenings by 1/28/26 to ensure same are complete.
- 3. Starting 1/28/26, the Administrator will compose a running list of pending home applicants, including potential admission dates to ensure preadmission screenings are completed within 30 days prior to admission. This list will be audited 2x per month for 3 months to ensure compliance is being maintained.

Licensee's Proposed Overall Completion Date: 02/20/2026

Implemented [redacted] - 02/02/2026)