

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

April 28, 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 03/25/2026 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]
Human Services Licensing Supervisor

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: *22* Waking Staff: *17*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Complaint, Incident* Exit Conference Date: *03/25/2026*

Inspection Dates and Department Representative

03/25/2026 - 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: *22*
 Diagnosed with Mental Illness: *2* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

03/25/2026 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *04/12/2026*

04/17/2026 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *04/27/2026*
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *04/27/2026*

Inspections / Reviews *(continued)*

04/28/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/27/2026

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] the home lost hot water to resident bathrooms and shower rooms due to malfunctioning mixing valve for the hot water heater. The home did not report the incident to the Department's regional office until [redacted].

Plan of Correction

Accept [redacted] - 04/17/2026)

- 1. Current staff were re-educated on 3/20/2026 regarding reportable incidents.
- 2. Reportable incidents or conditions will be reported within 24 hours, to the Department's Regional office.
- 3. Reportable incidents or conditions may be reported by staff and/or Administrator.

Licensee's Proposed Overall Completion Date: 04/17/2026

Implemented [redacted] - 04/28/2026)

89a - Water Pressure

2. Requirements

2600.

89.a. The home must have hot and cold water under pressure in each bathroom, kitchen and laundry area to accommodate the needs of the residents in the home.

Description of Violation

On [redacted] at 7:00 a.m. the home's resident bathrooms and shower rooms did not have hot water due to a malfunctioning mixing valve for the hot water heater. The hot water heater was not repaired as of [redacted].

Plan of Correction

Accept [redacted] - 04/17/2026)

- 1. Hot water was restored on 3/31/26.
- 2. Water temperatures are checked 3x daily, in different locations of the building.
- 3. Hot water heater and mixing valves will be checked by maintenance weekly.

Licensee's Proposed Overall Completion Date: 06/15/2026

Implemented [redacted] - 04/28/2026)