

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

May 18, 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 04/23/2026 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: *24* Waking Staff: *18*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Complaint* Exit Conference Date: *04/23/2026*

Inspection Dates and Department Representative

04/23/2026 - 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: *2* Have Physical Disability: *0*

Inspections / Reviews

04/23/2026 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/17/2026*

05/18/2026 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *05/18/2026*
 Reviewer: [REDACTED] Follow-Up Type: *Bypass Document Submission*

Inspections / Reviews (*continued*)

05/18/2026 Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/18/2026

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

141b1 - Annual Medical Evaluation**1. Requirements**

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident [REDACTED]'s medical evaluation did not include whether the resident needed secured dementia care and had no medication addendum attached.

Plan of Correction**Accept [REDACTED] - 05/18/2026)**

1. Resident's medical evaluation was immediately corrected to reflect that he does not need secured dementia care. A medication addendum was also attached at this time.

2. Administrator will conduct monthly DME Audits to make sure the DMEs are completely and correctly filled out, and medication records are attached.

Licensee's Proposed Overall Completion Date: 06/05/2026**Implemented [REDACTED] - 05/18/2026)**