

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

September 29, 2026

[REDACTED], ADMINISTRATOR/OWNER
FOREST HILLS CARE SERVICES LLC
[REDACTED]
[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 05/05/2026, 05/05/2026 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]
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: FOREST HILLS PERSONAL CARE HOME

License #: 33415

License Expiration: 08/01/2026

Address: 313 HUMBERT ROAD, SIDMAN, PA 15955

County: CAMBRIA

Region: CENTRAL

Administrator

Name:

Phone:

Email:

Legal Entity

Name: FOREST HILLS CARE SERVICES LLC

Address:

Phone:

Email:

Certificate(s) of Occupancy

Type: C 2 LP

Date: 10/15/2003

Issued By: Department of Labor and Industry

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 55

Waking Staff: 41

Inspection Information

Type: Full

Notice: Unannounced

BHA Docket #:

Reason: Renewal, Complaint

Exit Conference Date: 05/06/2026

Inspection Dates and Department Representative

05/05/2026 On Site:

05/05/2026 On Site:

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 54

Residents Served: 42

Secured Dementia Care Unit

In Home: No

Area:

Capacity:

Residents Served:

Hospice

Current Residents: 13

Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 41

Diagnosed with Mental Illness: 0

Diagnosed with Intellectual Disability: 1

Have Mobility Need: 13

Have Physical Disability: 1

Inspections / Reviews

05/05/2026 - Full

Lead Inspector:

Follow Up Type: POC Submission

Follow Up Date: 05/22/2026

Inspections / Reviews (*continued*)

06/09/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/29/2026

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 06/16/2026

06/24/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/29/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 07/01/2026

09/29/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/29/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

5a1 - DHS Access

1. Requirements

2600.

5.a. The administrator or a designee shall provide, upon request, immediate access to the home, the residents and records to:

1. Agents of the Department.

Description of Violation

On 5/5/26, at 9:45AM, an agent of the Department, requested access to resident records, staff records, policies, administrator record, maintenance records, and fire drills. The administrator was not present in the home, and there was not a designee with access to the requested information. Access was not provided until 5/6/26 at 9:15AM

Plan of Correction

Accept () - 06/24/2026)

A key pad lock box has been mounted outside of the office door. In the event that the office needs to be accessed for an emergency, The key pad code will be provided to the medication technician on duty as needed.

The med room supervisor has been educated on where to find documents required by the regulations in the absence of the administrator.

Licensee's Proposed Overall Completion Date: 06/16/2026

Implemented () - 09/29/2026)

51 - Criminal Background Check

2. Requirements

2600.

51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

Staff Member A was hired, and began working in the home on [REDACTED] The home did not request a Pennsylvania State Police Criminal Background for this staff member until [REDACTED]

Staff Member B was hired, and began working in the home on [REDACTED] The home did not request a Pennsylvania State Police Criminal Background for this staff member until [REDACTED]

Plan of Correction

Accept () - 06/09/2026)

The home's policy, which was approved by the department at the time of licensing in 2018 and every year thereafter, states that background checks will be completed within 30 days of the date of hire. We have had that policy reviewed and confirmed in multiple previous inspections.

If the department has since changed the regulations, we will comply as directed.

51 - Criminal Background Check (continued)

All new employees will receive a background check. They will function under direct supervision of their training partner until that background check is completed. The employee file will reflect the date of hire and the first date they worked without supervision.

The background check will be ordered by the assistant administrator on or before the first day of employment.

Licensee's Proposed Overall Completion Date: 06/09/2026

Implemented () - 09/29/2026)

85a - Sanitary Conditions**3. Requirements**

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On 5/5/26, at 9:20AM, there was feces on the floor in front of the toilet located in the bathroom of bedroom #1.

Plan of Correction

Accept () - 06/09/2026)

There are 15 bathrooms in the facility. They are deep cleaned and sanitized every night during the 10 pm to 6 am shift. It is common for senior care residents to experience a morning bowel movement after breakfast, which is served 7 am - 9:30am. It is possible that the one bathroom referenced in this report, which has a limited use of only 2 residents, was used for such a purpose immediately prior to this inspection at 9:20 am.

If the resident is assisted or attended during that occurrence, any hygiene issues would be addressed immediately. However, it is possible that a resident may toilet themselves and be unaware that a violation of sanitation has occurred.

Our medication staff currently performs two walk throughs of the building at the beginning and end of every shift to ensure that the environment is maintained in a clean and sanitized state. That is 6 times a day that entire building is assessed and monitored for cleanliness.

In this occurrence, a single bathroom was found to have a small marking of feces on the floor in front of the commode. Not in multiple bathrooms.....not in multiple locations within a bathroom... but rather a single mark in a single room. There was no mention of a lack of cleanliness throughout or in other areas. That does not meet the threshold to indicate a trend, or that sanitation is an overall concern.

Therefore, we will continue to monitor 2 times each shift for any areas that need attention or cleaning to maintain sanitation.

Licensee's Proposed Overall Completion Date: 06/09/2026

Implemented () - 09/29/2026)

88a - Surfaces**4. Requirements**

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

On 5/5/26, at 9:25AM, the basement bathroom used by the resident in bedroom #26 had a hole in the wall by the toilet with exposed wire mesh and water damage.

88a - Surfaces (continued)**Plan of Correction****Accept () - 06/09/2026)**

The "water damage" indicated in this violation is located directly behind the tank of the toilet. This requires that the tank must be removed, taken out of service for several days, and then resealed in order for the drywall patch to be completed. Please note that there is no "hole", but rather some damage to the drywall.

We will need to relocate the resident temporarily for this repair to be completed and the services of capable professionals secured. That is currently scheduled to occur on or before June 30

Licensee's Proposed Overall Completion Date: 06/30/2026

Implemented () - 09/29/2026)**102i - Soap Dispenser****6. Requirements**

2600.

102.i. A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.

Description of Violation

On 5/5/26 at approximately 9:07 AM there was no soap in the soap dispenser in the bathroom located by the home's front door.

Plan of Correction**Accept () - 06/09/2026)**

The dispenser in this bathroom was found to be not operational. A new dispenser was ordered and installed.

The med techs have been instructed to check each soap dispenser during their building rounds each shift.

Licensee's Proposed Overall Completion Date: 06/09/2026

Implemented () - 09/29/2026)**141b1 - Annual Medical Evaluation****7. Requirements**

2600.

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

Description of Violation

Resident #1's annual medication evaluation dated [REDACTED] did not identify whether the resident's needs can be met safely by the home

Resident #2's annual medication evaluation dated [REDACTED] did not identify whether the resident's needs can be met safely by the home.

Resident #3's annual medication evaluation dated [REDACTED] did not identify whether the resident's needs can be met safely by the home.

Resident #4's annual medication evaluation dated [REDACTED], did not identify whether the resident's needs can be met safely by the home.

141b1 - Annual Medical Evaluation (continued)

Plan of Correction

Accept () - 06/24/2026

Each of the residents did have a DME on file and within the correct time frame.

Per the regulations, that particular box MUST be completed by the physician, not the PCH staff.

The compliance officer has been trained to look for this box to be marked by the doctor when the form has been returned to us. If it is not properly filled out, () will resend the form to the physician with a note to complete as needed.

The compliance officer will not file the DME in the resident's record until it is properly filled out.

The DME's cited have been properly corrected to include the necessary information. This was completed by the administrator .

Licensee's Proposed Overall Completion Date: 06/16/2026

Implemented () - 09/29/2026

227d - Support Plan Medical/Dental

8. Requirements

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

Resident #5 has bilateral half-rails installed on () bed. The resident's support plan, dated (), does not include any risks associated with the use, the resident's ability to use the device safely for the purpose it was intended, identification of the specific device to be used and whether a cover is required to meet FDA guidelines.

Plan of Correction

Accept () - 06/24/2026

The resident's record included a care plan that indicated they had a bed rail in use. A doctor had also signed off on the need for the bed rail. A cover was in place to meet guidelines for safety.

If the state now requires extreme detail to be spelled out as indicated above, we will make the necessary adjustments.

The compliance officer was provided a full page summary of what is now required in the documentation to cover the use of siderails. This was provided by the survey team. We have added these details to our documentation as directed.

The care plan noted in this survey has been revised to be compliant.

When a resident is determined to have a need for siderails, the compliance officer will complete the required addition to the care plan and present it to the administrator for final review.

Proposed Overall Completion Date: 06/09/2026

Licensee's Proposed Overall Completion Date: 06/16/2026

Implemented () - 09/29/2026