

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

September 21, 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 09/03/2026 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: 06/06/2027

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: 29

Waking Staff: 22

Inspection Information

Type: Partial

Notice: Unannounced

BHA Docket #:

Reason: Monitoring

Exit Conference Date: 09/03/2026

Inspection Dates and Department Representative

09/03/2026 - On-Site:

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 36

Residents Served: 26

Secured Dementia Care Unit

In Home: No

Area:

Capacity:

Residents Served:

Hospice

Current Residents: 1

Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 26

Diagnosed with Mental Illness: 2

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 3

Have Physical Disability: 0

Inspections / Reviews

09/03/2026 Partial

Lead Inspector:

Follow-Up Type: POC Submission

Follow-Up Date: 09/20/2026

09/21/2026 - POC Submission

Submitted By:

Date Submitted: 09/21/2026

Reviewer:

Follow-Up Type: Bypass Document
Submission

Inspections / Reviews (*continued*)

09/21/2026 Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/21/2026

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

81b - Resident Personal Equipment**1. Requirements**

2600.

81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

Resident [REDACTED]'s bed is equipped with a bedside mobility device. At 9:20 a.m. the mobility device was uncovered at the top. The opening was approximately 9 inches x 3 inches.

Plan of Correction**Accept [REDACTED] - 09/21/2026)**

1. Administrator took current covering off on 09/03/26 and replaced it with a pillowcase to ensure the opening was completely covered.
2. DCS will do daily checks to make sure covering is in place and no openings.
3. Administrator will do weekly checks to make sure covering is in place and no openings.

Licensee's Proposed Overall Completion Date: 09/25/2026

Implemented [REDACTED] - 09/21/2026)**183e - Storing Medications****2. Requirements**

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

At 10:30a.m., the home's medication cart contained resident [REDACTED] prescription for [REDACTED] that did not have a date of opening listed on the medication. According to the manufacturer's instructions, the insulin pen is to be discarded 28 days after it is opened for use.

At 10:30a.m., the home's medication cart contained resident [REDACTED] prescription for [REDACTED] units/ml that did not have a date of opening listed on the medication. According to the manufacturer's instructions, the insulin pen is to be discarded 28 days after it is opened for use.

Plan of Correction**Accept [REDACTED] - 09/21/2026)**

1. Administrator immediately threw insulin pens away on 09/03/26 that were not dated.
2. Administrator in-serviced med techs on making sure that when an insulin pen is opened, a date must be put on the pen to indicate when it was open.
3. Med techs were also in-serviced on insulin storage and dispensing information. Showing expiration of insulin once opened.

Licensee's Proposed Overall Completion Date: 09/25/2026

Implemented [REDACTED] 09/21/2026)**225c - Additional Assessment****3. Requirements**

2600.

225c - Additional Assessment (continued)

225.c. The resident shall have additional assessments as follows:

3. At the request of the Department upon cause to believe that an update is required.

Description of Violation

Resident [REDACTED] uses a bedside mobility device. The resident's assessment dated [REDACTED] does indicate the resident utilizes a bedside mobility device. The Assessment does not indicate if there are any risks associated with the device, if the resident can use the device safely or if the FDA requires a covering of the device.

Plan of Correction

Accept [REDACTED] - 09/21/2026)

1. Administrator updated resident's RASP on 09/05/26 to indicate risks associated with the device. Risks include strangulation, suffocation and entrapment.
2. RASP was updated to indicate that the resident can safely use the mobility device.
3. The mobility device has a covering over it that complies with FDA guidelines.

Licensee's Proposed Overall Completion Date: 09/25/2026

Implemented [REDACTED] - 09/21/2026)