



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to **FORBES PERSONAL CARE LLC**

LEGAL ENTITY

To operate **FORBES ROAD RESIDENCE**

NAME OF FACILITY OR AGENCY

Located at **6655 FRANKSTOWN AVENUE, PITTSBURGH, PA 15206**

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

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To provide **Personal Care Homes**

TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed **44**

or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Restrictions:

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes

(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from **December 19, 2024** until **December 19, 2025**,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **443200**

Janette Biderup
ISSUING OFFICER

Juliet Marsala
DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable
and should be posted in a conspicuous place in the facility.

HS 628 – 04/23

Emailing Date: December 19, 2024

[REDACTED]
Forbes Personal Care LLC
[REDACTED]
[REDACTED]

RE: Forbes Road Residence
6655 Frankstown Avenue
Pittsburgh, Pennsylvania 15206
License #: 443200

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department), licensing inspections on September 9, 2024, and the corrections you have made after our inspection, we have found the above facility to be in compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes). Therefore, a regular license is being issued. Your license is enclosed.

Sincerely,



Juliet Marsala
Deputy Secretary
Office of Long-term Living

Enclosures
License
Licensing Inspection Summary

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

Facility Information

Name: *FORBES ROAD RESIDENCE* License #: *44320* License Expiration: *11/22/2024*
Address: *6655 FRANKSTOWN AVENUE, PITTSBURGH, PA 15206*
County: *ALLEGHENY* Region: *WESTERN*

Administrator

Name: [REDACTED]

Legal Entity

Name: *FORBES PERSONAL CARE LLC*

Address: [REDACTED]

Certificate(s) of Occupancy

Type: *I-1* Date: *10/03/2002* Issued By: *City of Pittsburgh*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *22* Waking Staff: *17*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal, Provisional* Exit Conference Date: *09/17/2024*

Inspection Dates and Department Representative

09/09/2024 - On-Site: Jan Cutter, cindy

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *44* 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: *10* Are 60 Years of Age or Older: *21*
Diagnosed with Mental Illness: *22* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

09/09/2024 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *10/17/2024*

10/23/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/01/2024

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 11/01/2024**11/06/2024 - Document Submission**

Submitted By: [REDACTED]

Date Submitted: 11/01/2024

Reviewer: [REDACTED]

Follow-Up Type: *Exception*

85a - Sanitary Conditions**1. Requirements**

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On 8/29/2024, at 11:04 am, there was brown fecal matter on the light switch on the wall, the bar of soap and a wash cloth at the sink in resident #1's bathroom. There were also multiple live insects on the washcloth. In addition, the inside sink bowl was coated with dirty soap scum.

At 11:30 am, there were 2 soiled briefs in resident #2's uncovered bathroom trash can.

At 11:53 am there were no paper towels or other sanitary means of drying hands in visitor common bathroom 4B 2.

At 12:30 pm, there were no paper towels or other sanitary means of drying hands in resident #4's bathroom.

Plan of Correction

Accept [REDACTED] - 10/17/2024)

To remain in compliance with regulation 2600.85a, sanitary conditions shall be maintained, the violations; were no paper towels in resident #4's bathroom and the common bathroom on 4B, and the soiled briefs in an uncovered trash can were corrected during the survey. Resident #1, who had become very violent and volatile with staff, would not allow us to clean [REDACTED] room immediately. Due to [REDACTED] continued verbal and physical resistance to staff (blocking the door), the resident was given a 30-day notice before the inspection date (7/26/2024). At the time of inspection, resident 1 did not have a sink in [REDACTED] room; [REDACTED] had previously knocked it off the wall and the staff was currently repairing it. While the staff would enter the room and clean when they could, it became a hazard for them and the ombudsman had been called and notified multiple times before the 30-day notice. Upon the resident's departure from the facility on 09/01/2024, the room was deep cleaned and all violations were corrected. Moving forward, residents will be supplied with trashcans with lids and daily checks will occur to ensure that all bathrooms have paper towels and sanitary conditions. The housekeeping staff was educated by the PC Administrator and the housekeeping supervisor on the importance of regulation 2600.85a on October 10th, 2024. Daily monitoring for cleanliness, paper towel availability, and proper trashcans will begin on 10/14/2024 by the administrator or her designee

Licensee's Proposed Overall Completion Date: 10/14/2024

Implemented [REDACTED] - 11/05/2024)

85e - Trash Outside Home**2. Requirements**

2600.

85.e. Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

Description of Violation

On 8/29/2024 at 10:48 am, the dumpster was uncovered and full of trash.

Plan of Correction

Accept [REDACTED] - 10/17/2024)

To ensure continued compliance with Regulation 2600.85e; trash outside the home shall be kept in covered

85e - Trash Outside Home (continued)

receptacles that prevent the penetration of insects and rodents, the dumpster lid was closed immediately and the company that serves the dumpster was called to empty it the following day. To ensure that this regulation is held in compliance, the housekeeping staff was educated by the PC administrator and the housekeeping supervisor on its importance. Daily monitoring will begin on 10/14/2024 to ensure the dumpster lids are closed and trash pick-up occurs weekly or as needed.

Licensee's Proposed Overall Completion Date: 10/14/2024

Implemented [REDACTED] - 11/05/2024)

89a - Water Pressure**3. 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 8/29/2024, the following water pressure issues were observed:

- * In bathroom #3518, no water came out of the left (hot) water faucet at the sink and there was very low pressure at the right (cold) faucet.
- * In bathroom #3518, no water came out of the shower nozzle.
- * No water came out of the faucet in the bathtub in bathroom #3517 and only cold water came out of the hot and cold faucets at the sink in this bathroom.

The Administrator confirmed that the home has been having water pressure issues on the personal care side of the building and that the residents must go to the nursing home side of the building to take showers.

Repeat Violation: 12/4/2023 et al.

Plan of Correction

Accept [REDACTED] - 10/17/2024)

To stay in compliance with regulation 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, a new mixing valve has been ordered and will be installed by a master plumber. When the part arrives, the master plumber will install it within two days. However, we can bypass the mixing valve for pressure and hot water. The maintenance supervisor and PA administrator educated the staff on the importance of regulation 2600.89a.

Water [pressure and temps will be monitored daily beginning 10/14/2024 and DHS will be notified by Jake Weinstein when repairs are complete.

Proposed Overall Completion Date: 10/31/2024

Licensee's Proposed Overall Completion Date: 10/31/2024

Implemented [REDACTED] - 11/05/2024)

101j7 - Lighting/Operable Lamp**4. Requirements**

2600.

101.j. Each resident shall have the following in the bedroom:

101j7 - Lighting/Operable Lamp (continued)

7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

On 8/29/2024, at 12:05 pm, resident #3 did not have access to a source of light that can be turned on/off at bedside.

Residents #4 and #5 share a lamp which is inoperable.

Repeat Violation: 12/4/2023 et al., 3/21/2024

Plan of Correction

Accept [REDACTED] - 10/17/2024)

Regulation 101j7, each resident shall have the following in the bedroom: an operable lamp or another source of lighting that can be turned on at the bedside, was in compliance during the time of the survey. A previous monitor was in place at the time, and 11 pm-7 am staff checks for inoperable lighting each shift/daily. The PC administrator was with the surveyor and personally pushed resident 4 and 5's lights and they were operable on the day of inspection. This is checked daily by the staff/PC Administrator and will continue to be done so. Staff was inserviced again on the matter on 10/10/2024.

Licensee's Proposed Overall Completion Date: 10/14/2024

Implemented [REDACTED] - 11/05/2024)

102i - Soap Dispenser**5. 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 8/29/2024, there was no soap at the sink in residents #5, #6 and #7's bathrooms.

Plan of Correction

Accept [REDACTED] - 10/17/2024)

In order to remain in compliance with regulation 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, staff was in-serviced on 10/10/24 by the PC administrator and housekeeping supervisor on its importance. Moving forward, the PC administrator and or her designee will check for continued compliance daily to ensure that soap is available for all residents beginning 10/14/2024. The violation was corrected during the survey.

Licensee's Proposed Overall Completion Date: 10/14/2024

Implemented [REDACTED] - 11/05/2024)

103g - Storing Food**6. Requirements**

2600.

103.g. Food shall be stored in closed or sealed containers.

Description of Violation

On 8/29/2024 at 4:06 pm, the following food items were unsealed and undated in the refrigerator in the 2nd floor dining room:

103g - Storing Food (continued)

- * a piece of fried chicken
- * a 5 quart container of pasta salad

There was an unsealed and undated half eaten banana in the refrigerator in the main kitchen.

Repeat Violation: 3/21/2024

Plan of Correction**Accepted** [REDACTED] - 10/17/2024)

Regulation 2600.103.g, food shall be stored in closed or sealed containers, will be maintained through education of the dietary staff that occurred on 10/09/2024 by the PC administrator and Kitchen supervisor, and the violation was corrected (food thrown away) during the survey. The housekeeping supervisor will check refrigerators daily for continued compliance with the regulation beginning 10/14/2024.

Licensee's Proposed Overall Completion Date: 10/14/2024

Implemented [REDACTED] - 11/05/2024)**121a - Unobstructed Egress****7. Requirements**

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

On 8/29/2024 at 3:21 pm, the emergency exit door for level 1 1/2 was very difficult to open.

On 8/29/2024 at 3:20 pm, the emergency exit door in the main kitchen was blocked by multiple crates.

Plan of Correction**Accepted** [REDACTED] - 10/17/2024)

Regulation 2600.121.a., stairways, hallways, doorways, passageways, and egress routes from the rooms and the building must be unlocked and unobstructed, was addressed and the staff was educated by the PC administrator and the dietary supervisor on 10/09/2024. The violation was corrected during the survey, crates were moved and the door hinges were sprayed with WD-40. Compliance will be monitored weekly beginning 10/18/2024 by the dietary supervisor and or her designee.

Licensee's Proposed Overall Completion Date: 10/18/2024

Implemented [REDACTED] 11/05/2024)**141b1 - Annual Medical Evaluation****8. Requirements**

2600.

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

Description of Violation

Resident #7's annual medical evaluation, dated [REDACTED] 2024, was missing documentation of [REDACTED] ability to self-administer medications, designation of health status and cognitive functioning. Those areas of the form were blank.

141b1 - Annual Medical Evaluation (continued)

Repeat Violation: 3/21/2024

Plan of Correction**Accept** [REDACTED] - 10/17/2024)

Regulation 141b1, which states, that a resident shall have a medical evaluation: at least annually was not in compliance for resident #7 on the date of the survey but was corrected within 24 hours of the survey by the medical doctor of record. The administrator and or designee will monitor evaluations monthly for compliance beginning 10/14/2024. PC administrator and designee were educated on regulation 2600.141b1.

Licensee's Proposed Overall Completion Date: 10/14/2024

Implemented [REDACTED] - 11/05/2024)**190c - Record of Training****9. Requirements**

2600.

190.c. A record of the training shall be kept including the staff person trained, the date, source, name of trainer and documentation that the course was successfully completed.

Description of Violation

The home's medication administration training record for staff person A, dated [REDACTED]/2023, does not include the staff person's name.

The home's medication administration training record for staff person B, dated [REDACTED] 2023, does not include the staff person's name or the date of completion.

Plan of Correction**Accept** [REDACTED] /17/2024)

Regulation 2600.190c., a record of the training shall be kept including the staff person trained, the date, source, name of trainer, and documentation that the course was successfully completed was corrected within 24 hours of the date of the survey. Moving forward, the PC administrator and med tech trainer will review the record of training monthly to ensure completion and compliance. PC administrator and designee were educated and reviewed the regulation on 10/10/2024

Licensee's Proposed Overall Completion Date: 10/16/2024

Implemented [REDACTED] - 11/05/2024)