

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

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

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

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 **38**
or the maximum capacity permitted by the Certificate of Occupancy, whichever is small.

(MAXIMUM CAPACITY)

Restrictions:

This certificate is granted in accordance with the Public Welfare 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 **October 3, 2012** until **October 3, 2013**,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 443200

Robert E. Robinson

ISSUING OFFICER

RC King

DIRECTOR

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.

PW 628 - 01/11



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

OCT 04 2012

Mr. Thomas Parsons, NHA
Forbes Personal Care LLC
105 River Avenue, Suite 202
Lakewood, New Jersey 08701

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

Dear Mr. Parsons:

As a result of the Department of Public Welfare's (Department) licensing inspection on August 17, 2012 of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.

All violations specified on the enclosed Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Human Services Licensing so that compliance can be verified.

A regular license is being issued based on the enclosed Violation Report. Your license is enclosed.

Sincerely,

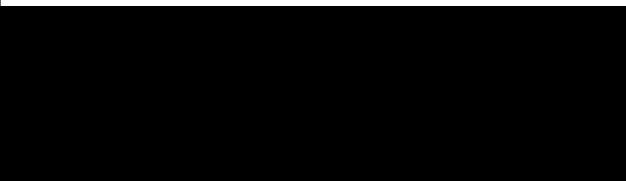
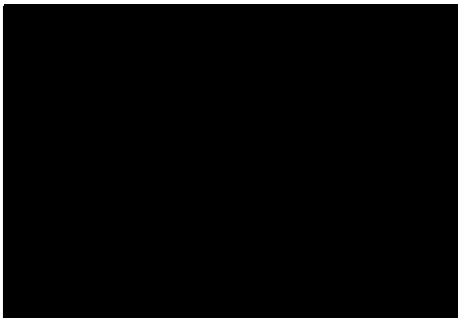
A handwritten signature in black ink, appearing to read "R Melusky".

Ronald Melusky
Director

Enclosures
License
Violation Report

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa. Code, Chapter 2600

RECEIVED

PCH Name: FORBES ROAD RESIDENCE		License Number: 443200
Address: 6655 FRANKSTOWN AVENUE, PITTSBURGH, PA 15206		County: Allegheny
Administrator: Virginia Whealdon		Region: WEST
Legal Entity Name: FORBES PERSONAL CARE LLC		Western Field Office Adult Residential Licensing
Legal Entity Address: 105 RIVER AVENUE SUITE 202, LAKEWOOD, NJ 8701		
Certificate(s) of Occupancy Other 11/22/2002 City of Pittsburgh		
Staffing Hours Resident Support: N/A Total Daily Staff: 33 Waking Staff: 25		
Type of Inspection: Full BHA Docket Number: N/A Notice: Unannounced		
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 08/17/2012: Mazza, Larry; Glidden, Michelle		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details Partial or Full Triggers: N/A Random Indicators: N/A		
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 38 Number of Residents Served: 30 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: 	Number of Residents who: 	

Violation Report: 44320 - 08/17/2012 - Mazza, Larry
 PCH Name: FORBES ROAD RESIDENCE

9/4/2012

1. REGULATION 55 Pa.Code §2600
 2600.25(a)(1) - Prior to admission, or within 24 hours after admission, a written resident-home contract (contract) between the resident and the home shall be in place.

Western Field Office

2a. DESCRIPTION OF VIOLATION
 Resident #1 was admitted to the home on 7/5/12; however, the resident's contract was not signed by the resident, administrator or payer until 7/9/12.

Resident #2 was admitted to the home on 4/10/12; however, the resident's contract was not signed by the resident or administrator until 4/12/12.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

All Contracts will be signed either prior to admission or within 24 Hr. of Admission.

Repeat Violation: No	Date(s) of Previous Violation(s):		
----------------------	-----------------------------------	--	--

Signature of Legal Entity Representative
 (Required on EVERY Page) *Virginia R. Whealdon*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Virginia R. Whealdon</i>	Date <i>9/13/12</i>
---	---------------------

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>9/15/12</u> (Date)	Plan of correction implementation status as of <u>9/15/12</u> (Date)
The above plan of correction was approved by <u>MS</u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <i>MS</i> <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 44320 - 08/17/2012 - Mazza, Larry
PCH Name: FORBES ROAD RESIDENCE

4 2012

1. REGULATION 55 Pa.Code §2600

2600.26(b) - The quality management plan shall address the periodic review and evaluation of the following:

Western Field Office
Adult Residential Licensing

- (1) The reportable incident and condition reporting procedures.
- (2) Complaint procedures.
- (3) Staff person training.
- (4) Licensing violations and plans of correction, if applicable.
- (5) Resident or family councils, or both, if applicable.

2a. DESCRIPTION OF VIOLATION

The home has not had a quality management review since 6/28/11. Also, the following topics were not addressed in this review:

- * Complaint procedures
- * Staff person training
- * Licensing violations and plans of correction

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Quality management review Revised to include all listed above - Review conducted on 9/12/2012 with all scheduled staff. This review will be conducted yearly.

Repeat Violation: No	Date(s) of Previous Violation(s):		
----------------------	-----------------------------------	--	--

Signature of Legal Entity Representative
(Required on EVERY Page) *Virginia R. Wheaton*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Virginia R. Wheaton* Date *9/13/12*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>9/15/12</u> (Date)	Plan of correction implementation status as of <u>9/15/12</u> (Date)
The above plan of correction was approved by <u>MS</u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <i>MS</i> <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 44320 - 08/17/2012 - Mazza, Larry
PCH Name: FORBES ROAD RESIDENCE

1. REGULATION 55 Pa.Code §2600
2600.82(c) - Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.
Western Field Office
Adult Residential Licensing

2a. DESCRIPTION OF VIOLATION
A bottle of hydrogen peroxide, with a manufacture's label indicating, "If ingested, contact a physician," was unlocked and accessible in the bathroom of unlocked bedroom #14. All residents of the home have not been assessed capable of recognizing and using poisons safely.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Hydrogen Peroxide had been brought in by resident's family. I have explained to them that it is not permitted. They have agreed not to bring it to [redacted]

By 10/15/12 - All staff persons will be educated concerning the safe storage of poisonous materials and the risks to residents. Documentation will be kept MS 9/19/12

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *Virginia R. Wheaton*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Virginia R. Wheaton* Date *9/13/12*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

<p>The above plan of correction is approved as of <u>9/18/12</u> (Date)</p> <p>The above plan of correction was approved by <u>MS</u> (Initials)</p>	<p>Plan of correction implementation status as of <u>9/18/12</u> (Date)</p> <p><input type="checkbox"/> Fully Implemented</p> <p><input checked="" type="checkbox"/> Partially Implemented - Adequate Progress MS</p> <p><input type="checkbox"/> Partially Implemented - Inadequate Progress</p> <p><input type="checkbox"/> Not Implemented</p>
--	---

Violation Report: 44320 - 08/17/2012 - Mazza, Larry
 PCH Name: FORBES ROAD RESIDENCE

1. REGULATION 55 Pa.Code §2600
 2600.89(b) - Hot water temperature in areas accessible to the resident may not exceed 120°F.
 Western Field Office
 Adult Residential Licensing

2a. DESCRIPTION OF VIOLATION
 At approximately 2:30 pm, the water temperature was 123.4 degrees Fahrenheit in the 4B shower room.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Maintenance was notified of increased water temp. Increase was found to be from a problem with the "mixing valve". This problem was corrected by Barack Plumbing. water temp. is being checked daily & has been within set limit.

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page) *Virginia R. Wheatdon*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Virginia R. Wheatdon* Date *9/13/12*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>9/15/12</u> (Date)	Plan of correction implementation status as of <u>9/18/12</u> (Date) <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Fully Implemented <i>MS</i> <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented
The above plan of correction was approved by <u>MS</u> (Initials)	

Violation Report: 44320 - 08/17/2012 - Mazza, Larry
PCH Name: FORBES ROAD RESIDENCE

4 2012

1. REGULATION 55 Pa.Code §2600

2600.92 - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.
Adult Residential Licensing

2a. DESCRIPTION OF VIOLATION

There was no screen in the opened window of the bathroom in bedroom #3. The window was open approximately 12".

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

All windows have either an air conditioner in place or a lock affixed to the window. The Bathroom window has a lock in place, it cannot lift more than 6 inches. The screen was there - it had been raised out of position by the resident so [redacted] "could get more air" It is in place + I have asked that it remain in place.

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page) *Virginia R. Whealden*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Virginia R. Whealden* Date *9/13/12*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>9/19/12</u> (Date)	Plan of correction implementation status as of <u>9/17/12</u> (Date)
The above plan of correction was approved by <u>MS</u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <i>MS</i> <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 44320 - 08/17/2012 - Mazza, Larry
 PCH Name: FORBES ROAD RESIDENCE

4 2012

1. REGULATION 55 Pa.Code §2600
 2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F.
 Thermometers are required in refrigerators and freezers. Adult Residential Licensing

2a. DESCRIPTION OF VIOLATION
 There was no thermometer in the refrigerator located in the home's main dining room.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Thermometer is in place in D.R. refrigerator. Log is posted on Refrigerator door & Temp. is recorded daily.

Repeat Violation: No	Date(s) of Previous Violation(s):
----------------------	-----------------------------------

Signature of Legal Entity Representative
 (Required on EVERY Page) *Virginia R. Whealdon*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Virginia R. Whealdon</i>	Date <i>9/13/12</i>
---	---------------------

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 9/18/12
 (Date)

Plan of correction implementation status as of 9/18/12
 (Date)

The above plan of correction was approved by ms
 (Initials)

- Fully Implemented *ms*
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 44320 - 08/17/2012 - Mazza, Larry
PCH Name: FORBES ROAD RESIDENCE

4 2012

1. REGULATION 55 Pa.Code §2600

2600.183(f) - Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

2a. DESCRIPTION OF VIOLATION

Resident #1's Senna Laxative-8.6 mg was discontinued; however, the medication was still present in the medication cart.

Resident #3's Novolin R-100 units was dated as opened on 7/3/12. According to the manufacture's instructions, the medication should be discarded 28 days after opening.

Resident #4's Mucinex-600 mg was discontinued; however, the medication was still present in the medication cart.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

All medication carts have been checked. Any discontinued medication has been removed. All current medications, routine or PRN, are in place.

Novolin R for resident #3 should have been changed on 8/14/12. The date an insulin is opened will be recorded on the mar & the date it is to be replaced will be noted. Novolin R expiration is 42 days after opening - Refrigerated or not refrigerated.

Carts will be checked weekly. Routine medication is monitored on a daily basis!

Repeat Violation: Yes Date(s) of Previous Violation(s): 09/21/2011

Signature of Legal Entity Representative (Required on EVERY Page) *Virginia R. Wheeler*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Virginia R. Wheeler* Date *9/13/12*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 9/15/12 (Date)

The above plan of correction was approved by MS (Initials)

Plan of correction implementation status as of 9/15/12 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *MS*
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 44320 - 08/17/2012 - Mazza, Larry
 PCH Name: FORBES ROAD RESIDENCE

7 4 2012

1. REGULATION 55 Pa.Code §2600

2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Western Field Office
 Adult Residential Licensing

2a. DESCRIPTION OF VIOLATION

Resident #3's August 2012 medication administration record (MAR) includes "Meclizine-25mg-take 1 tablet 3 times a day as needed for dizziness." However, this medication was not available in the home. Staff member B, the home's administrator, indicated the medication was discontinued; however, the home did not have a physician's order to discontinue this medication.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The Meclizine 25mg Tab was an order from 12/09, it has not been needed for several months & was not reordered MD notified & med had been discontinued. It is no longer noted on the MAR.

Meclizine was discontinued 8/17/12
 ms 9/18/12

Repeat Violation: No	Date(s) of Previous Violation(s):		
----------------------	-----------------------------------	--	--

Signature of Legal Entity Representative
 (Required on EVERY Page) *Virginia R Whealdon*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Virginia R. Whealdon</i>	Date <i>9/12/12</i>
---	---------------------

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>9/18/12</u> (Date)	Plan of correction implementation status as of <u>9/18/12</u> (Date)
The above plan of correction was approved by <u>ms</u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <i>ms</i> <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 44320 - 08/17/2012 - Mazza, Larry
PCH Name: FORBES ROAD RESIDENCE

14 2012

1. REGULATION 55 Pa.Code §2600

2600.187(c) - If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

2a. DESCRIPTION OF VIOLATION

According to staff member B, resident #2 refused his/her "Novolin R-100 units/ml-Inject 5 units sub-q 3 times daily before meals" on the following occasions:

*8/10/12 and 8/15/12 at 8:00 am

*8/1/12, 8/7/12 and 8/8/12 at 12:00 pm

According to staff member B, resident #2 refused his/her "Lantus-100 ults/ml-Inject 35 units sub-q every night" on the evenings of 8/13/12 and 8/14/12.

These refusals were not documented on resident #2's MAR and the prescriber was not notified.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Resident was recently admitted to The VA Hospital for a urinary Tract infection. During this admission [redacted] was able to see a dr. concerning [redacted] insulin dose - lantus 35u s.q. at bedtime. The lantus has been changed to 12units s.q. at bedtime + [redacted] refusal is no longer a problem.

Refusal of any med or a missed dose of any medication documentation has been reviewed with staff - mals will be checked for proper documentation.

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *Virginia R. Whealdon*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Virginia R. Whealdon* Date *9/13/12*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>9/15/12</u> (Date)	Plan of correction implementation status as of <u>9/15/12</u> (Date)
The above plan of correction was approved by <u>ms</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>ms</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 44320 - 08/17/2012 - Mazza, Larry

PCH Name: FORBES ROAD RESIDENCE

1. REGULATION 55 Pa.Code §2600

2600.187(d) - The home shall follow the directions of the prescriber.

14 2012

Western Field Office
Adult Residential Licensing

2a. DESCRIPTION OF VIOLATION

Resident #3 is ordered blood sugar readings 4 times daily; however, blood sugar readings were not taken at 11:00 am on the following dates:

- *8/2/12
- *8/3/12
- *8/4/12
- *8/6/12
- *8/7/12
- *8/9/12
- *8/10/12
- *8/11/12

Also, resident #3 is ordered sliding scale insulin coverage as follows: Humulin R-100 units/ml- 200-250= 2 units, 251-300= 3 units, >300=call MD. According to the sliding scale insulin order, 2 units of Humulin R should have been administered on the following dates; however, 0 units were administered:

- *8/3/12 at 4:00 pm-blood sugar reading was 212
- *8/4/12 at 4:00 pm-blood sugar reading was 224
- *8/10/12 at 9:00 pm-blood sugar reading was 238

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Spoke with resident & staff. Resident will let staff person know when they are leaving the unit if they have not had the accu✓ or any insulin if needed as a result of the sliding scale coverage per PR order. Staff is responsible for doing accu✓ & insulin administration. If the resident is off the unit, staff is responsible for finding the resident.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Virginia R. Whealden

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

Virginia R. Whealden

Date *9/13/12*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 9/15/12
(Date)

Plan of correction implementation status as of 9/15/12
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *MS*
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by MS
(Initials)