



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 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**
(MAXIMUM CAPACITY)
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

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 **May 15, 2015** until **May 15, 2016**,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **443200**

Robert E. Robinson
ISSUING OFFICER

Theresa J.
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.



pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAY 18 2015

Mr. Yossie Zucker, CFO
Forbes Personal Care, LLC
105 River Avenue, Suite 202
Lakewood, New Jersey 08701

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

Dear Mr. Zucker:

As a result of the Department of Human Services' licensing inspection on November 7, 2014, November 14, 2014 and January 23, 2015 of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

A regular license is being issued based on the enclosed License Inspection Summary. Your license is enclosed.

Sincerely,

A handwritten signature in black ink that reads "Matthew J. Jones".

Matthew J. Jones
Director

3/4

Enclosures
License
License Inspection Summary

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

PCH Name: FORBES ROAD RESIDENCE		License Number: 44320
Address: 6665 FRANKSTOWN AVENUE, PITTSBURGH, PA 15208		County: Allegheny
Administrator: Eric Dudik		Region: WEST
Legal Entity Name: FORBES PERSONAL CARE LLC		

Legal Entity Address: 105 RIVER AVENUE SUITE 202, LAKEWOOD, NJ 08701

Certificate(s) of Occupancy
 1-1
 11/22/2002
 LAJ

APR 07 2015
 WEST VIRGINIA DEPARTMENT OF
 HUMAN SERVICES LICENSING

Staffing Hours		
Resident Support: 0	Total Daily Staff: 35	Waking Staff: 26
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced

Reason(s) for Inspection(s)
 Provisional, Fine

On-Site Inspections Dates and Department Representatives On-Site
 11/07/2014: Cutter, Jan; Pfaff, Vicki
 11/14/2014: Cutter, Jan; Pfaff, Vicki

Off-Site Inspection Dates and Inspectors, if Applicable

Other Details
 Partial or Full Triggers: Random Indicators:

Resident Demographic Data as of Inspection Dates

Licensed Capacity: 36 Number of Residents Served: 30 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 2 Number of Hospice Residents in past year: 3	Number of Residents who: Receive Supplemental Security Income: 5 Are 60 Years of Age or Older: 29 Have Mental Illness: 4 Have an Intellectual Disability: 4 Have a Mobility Need: 5 Have a Physical Disability: 3
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APR 07 2015

Page 2 of 14

Violation Report 44320 - 11/07/2014 - Cutler, Jan
PCM Name: FORBES ROAD RESIDENCE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.25(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

2a. DESCRIPTION OF VIOLATION

Resident #1's contract, dated 8/4/14, was not signed by the resident.

Resident #2's contract was not dated and was signed by the resident, the administrator or a designee.

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.

Residents #1 AND 2 CONTRACTS ARE NOW SIGNED AND DATED.

Resident contracts ARE TO be Reviewed, Completed, SIGNED AND DATED UPON ADMISSION.

The Administrator AND PR Designer will Review for Completion within A WEEK OF ADMISSION.

A monitor will be in place to maintain

Compliance. Contracts will be Reviewed for Completion At Least weekly

By 5-10-15 - All STAFF PERSONS involved in completing resident-home contracts will be educated on required signatures in accordance with regulation 2600.25(b). Documentation of education will be kept. 4-7-15

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

E. Duda

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

Eric Duda, Admin.

Date

1-12-15

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

The above plan of correction is approved as of

4-7-15

(Date)

Plan of correction implementation status as of

4-7-15

(Date)

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

The above plan of correction was approved by

f
(Initials)

Violation Report: 44320 - 11/07/2014 - Cutler, Jan
PCH Name: FORBES ROAD RESIDENCE

APR 07 2015

Page 3 of 14

1. REGULATION 55 Pa.Code §2600
2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:
- (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
 - (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
 - (3) Resident rights.
 - (4) The Older Adult Protective Services Act (36 P. S. §§ 10225.101-10225.5102).
 - (5) Falls and accident prevention.
 - (6) New population groups that are being served at the home that were not previously served, if applicable.

WEST PENNSYLVANIA
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

Ancillary staff person A did not receive training in any of the required topics in 2013.

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.

ANCILLARY STAFF PERSON A HAS RECEIVED ALL
THE REQUIRED STAFF TRAINING completed 1-14-15
THE ADMINISTRATOR (DESIGNEE) WILL REVIEW ALL
ANNUAL STAFF TRAINING RECORDS TO ENSURE
ALL DIRECT STAFF AND ANCILLARY STAFF meet
THE ANNUAL REQUIREMENT

By 5-10-15 - The administrator or designated staffperson will review all
2014 training records to ensure all staff have completed
the required training in accordance with regulation
2600.65(g) during the 2014 training year 4-7-15

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

Signature of Legal Entity Representative (Required on EVERY Page) *E. Duda*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Eric Duda, Admin

Date 1-12-15

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

The above plan of correction is approved as of 4-7-15 (Date)

Plan of correction implementation status as of 4-7-15 (Date)

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

The above plan of correction was approved by *[Signature]* (Initials)

Violation Report 44320 - 11/07/2014 - Cutter, Jan
PCH Name: FORBES ROAD RESIDENCE

Page 4 of 14

1. REGULATION 55 Pa.Code §2600
2800.86(a) - Sanitary conditions shall be maintained.

APR 07 2015

WEST PHILADELPHIA
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

The bottom shelf of the ice cart in the hallway next to the lounge on the third floor was dusty and splattered with dirty spill marks.

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 Bottom shelf of the ICE CART in the hallway next to the LOUNGE on the THIRD floor AS BEEN CLEANED AND IS NOW FREE OF DUST AND SPLATTERED DIRTY SPILL MARKS.

A MONITOR IS IN PLACE TO ENSURE THE ICE CART REMAINS FREE OF DUST AND SPILLS. THE MONITOR WILL BE COMPLETED ON A DAILY BASIS FOR 11:00 AM - 12:00 PM THEN EVERY OTHER DAY.

THE ADMINISTRATION / DESIGNEE WILL REVIEW FOR COMPLIANCE.

ON 3-13-15 ALL STAFF PERSONS WERE EDUCATED ON MAINTAINING SANITARY CONDITIONS AND CORRECTING OR REPORTING ANY UNSANITARY CONDITIONS FOUND. DOCUMENTATION OF EDUCATION HAS BEEN KEPT. 4-7-15.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

E. D. Dzik

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

Eric Dzik, Admin

Date

1-12-15

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(Date)

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(Date)

- Fully Implemented
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- Not Implemented

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

Violation Report: 44920 - 11/07/2014 - Cutler, Jan
PCH Name: FORBES ROAD RESIDENCE

1. REGULATION 65 Pa.Code §2600
2600.95 - Furniture and equipment must be in good repair, clean and free of hazards.

APR 07 2015

2a. DESCRIPTION OF VIOLATION

The grab bars are loose on the bathtub/showers in the second bathroom of 4A West and 4B West. The grab bars wobble back and forth about 9 inches.

WEST PHOENIX HEALTH CARE
Human Services Licensing

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 GRAB BARS IN THE BATHROOM SHOWERS IN THE SECOND BATHROOM OF 4A WEST AND 4B WEST ARE NOW SECURE AND DO NOT Wobble back and forth. ALL STAFF WERE EDUCATED ON MONITORING EQUIPMENT UTILIZED BY RESIDENTS ON A DAILY BASIS AS PART OF THEIR

DAILY ROUNDS AND/OR DUTIES

THE ADMINISTRATOR ^{MS. SNEP} WILL MONITOR RESIDENT SHOWER AREA AT LEAST WEEKLY TO ENSURE EQUIPMENT IS REPAIRED, IF NEEDED IN A TIMELY MANNER.

ON 3-13-15 - ALL STAFF PERSONS WERE EDUCATED ON THE REQUIREMENTS OF REGULATION 2600.95 AND REPORTING OR CORRECTING FURNITURE AND EQUIPMENT WHICH IS IN POOR REPAIR, UNSANITARY OR IS HAZARDOUS. DOCUMENTATION OF EDUCATION HAS BEEN KEPT. 4-7-15

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

Signature of Legal Entity Representative (Required on EVERY Page) E. Dudik

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Eric Dudik, Admin Date 1/12/15

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Plan of correction implementation status as of 4-7-15 (Date)

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The above plan of correction was approved by 4 (Initials)

APR 07 2015

Page 6 of 14

Violation Report: 44520 - 11/07/2014 - Cullen, Jan
PCH Name: FORBES ROAD RESIDENCE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 85 Pa.Code §2600
2600.101(j)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.

2a. DESCRIPTION OF VIOLATION

The push button lights on the wall next to resident #3 and #4's beds are inoperable. There is no other lamp or source of light that can be turned on/off at either resident's bedside.

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.

RESIDENTS # 3 AND #4 NOW HAVE LAMPS
AT THE BEDSIDE AS A LIGHT SOURCE.
THE LAMP WERE PUT IN PLACE DURING THE
SURVEY
THE STAFF HAVE BEEN EDUCATED TO
CHECK FOR FUNCTIONING LIGHTS
DURING DAILY DUTIES
THE ADMINISTRATOR OR DESIGNATE WILL
MONITOR FOR COMPLIANCE AT LEAST WEEKLY

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

Signature of Legal Entity Representative
(Required on EVERY Page) *E. Dudik*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Eric Dudik, Admin* Date *1-12-15*

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

The above plan of correction is approved as of 4-7-15
(Date)

The above plan of correction was approved by *[Signature]*
(Initials)

Plan of correction implementation status as of 4-7-15
(Date)

- Fully Implemented
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- Not Implemented

Violation Report: 44320 - 11/07/2014 - Cutler, Jan
PCH Name: FORBES ROAD RESIDENCE

Page 7 of 14

1. REGULATION 55 Pa. Code §2600
2600.102(d)(2) - Bathtubs and showers must have slip-resistant surfaces.

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WEST CHESTER HEALTH SERVICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

The non-skid strips in the showers of the first bathrooms on 4A West and 4B West were worn off.

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 non-skid strips in the showers of the first bathroom on 4A West and 4B West have been replaced and are now in good repair. All staff have been educated re: the importance of maintaining a safe environment for all residents.

The administrator & designees will monitor the bathroom showers as a part of rounds or daily duties.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

E. Doherty

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

Eve Doherty, Admin

Date

1-12-15

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4-7-15
(Date)

Plan of correction implementation status as of

4-7-15
(Date)

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- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by

E
(Initials)

APR 07 2015

Violation Report: 44320 - 11/07/2014 - Cutler, Jan
PCH Name: FORBES ROAD RESIDENCE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa. Code §2600

2600.1D3(e) - Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

2a. DESCRIPTION OF VIOLATION

The following food items, located in the walk in coolers in the kitchen were not dated when opened:

- * A silver tray of 1/2 of a meatloaf, sliced.
- * A box of 28 small doughnuts.
- * Two large bags of pork chops which were thawing.
- * Three blocks of american sliced cheese.
- * A small piece of mozzarella cheese.
- * A small package of pancakes.
- * Four small packages of an unidentified sliced loaf of food which was also not labeled.

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 THE FOOD WITHOUT DATES OR LABELS WERE DISPOSED OF IMMEDIATELY FOLLOWING THE SURVEY. THE DIETARY STAFF INCLUDING THE SUPERVISORS HAVE BEEN REEDUCATED RE: THE IMPORTANCE OF LABELING AND DATING FOOD.

COMPLIANCE WILL BE MONITORED ON A REGULAR BASIS BY THE DIETARY SUPERVISOR. THE ADMINISTRATOR OR DESIGNEE WILL MONITOR FOR COMPLIANCE AT A MINIMUM OF TWICE A WEEK.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

E. Dudik

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

Eric Dudik, Admin

Date

1-12-15

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4-7-15
(Date)

Plan of correction implementation status as of

4-7-15
(Date)

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The above plan of correction was approved by

f
(Initials)

APR 3 7 2015

Violation Report 44320 - 11/07/2014 - Cutter, Jan
PCH Name: FORBES ROAD RESIDENCE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2800.103(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.

2a. DESCRIPTION OF VIOLATION

There was no thermometer in the freezer of the kitchenette on 4A West at 10:26 a.m. on 11/7/2014.

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 FREEZER OF the Kitchnette ON 4A WEST
NOW HAS A thermometer.
A monitor is in place TO ENSURE placement
OF the thermometer AND TO ENSURE
FROZEN Food will be kept AT 0°F or below
AT ALL TIMES.

Compliance will be monitored by the Administrator
OR Designee

On 3-17-15 - all staff were educated on storing food at safe temperatures
in accordance with regulations 2600.103(f) of 4-7-15

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

Signature of Legal Entity Representative
(Required on EVERY Page) *E. Duda*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Eric Duda, Admin* Date *1/12/15*

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(Date)

Plan of correction implementation status as of 4-7-15
(Date)

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- Not Implemented

The above plan of correction was approved by *[Signature]*
(Initials)

APR 07 2015

Violation Report: 44320 - 11/07/2014 - Cutter, Jan
PCH Name: FORBES ROAD RESIDENCE

1. REGULATION 55 Pa.Code §2800
2800.103(g) - Food shall be stored in closed or sealed containers,

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HUMAN SERVICES LICENSING

2. DESCRIPTION OF VIOLATION

The following food items, located in the walk in freezer in the dry storage pantry, were open and unsealed:
* The interior plastic bag of a 28 pound box of fully cooked breaded chicken, 1/3 full.
* A sleeve of 27 burger patties.
* A 2 pound bag of carrots.

The following food items, located in the walk in coolers in the kitchen, were open and unsealed:
* A box of 28 small doughnuts.
* Two large bags of pork chops.

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 opened AND unsealed food items were disposed of immediately following the survey.
The Dietary staff have been reeducated on the importance of resealing bags or boxes when items have been removed.
Compliance will be monitored on a daily basis by the Dietary supervisor.
The Admin or Designee will monitor for compliance at least twice a week.

By 5-10-15, a designated staff person will check all food storage areas after meals to ensure all food is stored in closed or sealed containers weekly.

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

Signature of Legal Entity Representative (Required on EVERY Page) *E. Dudik*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Eve Dudik, Admin* Date *1/12/15*

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Plan of correction implementation status as of 4-7-15 (Date)

- Fully Implemented
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- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by *f* (Initials)

Violation Report: 44820 - 11/07/2014 - Cutter, Jan
PCH Name: FORBES ROAD RESIDENCE

1. REGULATION 68 Pa.Code §2600
2800.103(i) - Outdated or spoiled food or dented cans may not be used.

2a. DESCRIPTION OF VIOLATION

The following food items, located in the walk in freezer in the dry storage pantry, were not dated when opened:
* A 26 pound box of fully cooked breaded chicken, 1/3 full.
* A re-wrapped package of approximately 60 meatballs.
* A sleeve of 27 burger patties.

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 outdated food was disposed of immediately following the survey.
The Dietary staff have been reeducated re: the importance of dating food when opened.
Compliance will be monitored on a daily basis by the Dietary supervisor.
The Administrator or Designer will monitor for compliance a minimum of 2 times a week.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

E. D. Dzik

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

Eric Dzik, Admin

Date

1/12/15

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(Date)

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(Initials)

Plan of correction implementation status as of 4-7-15
(Date)

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- Not Implemented

Violation Report: 44320 - 11/07/2014 - Cutter, Jan
PCH Name: FORBES ROAD RESIDENCE

1. REGULATION 55 Pa. Code §2608
2600.132(f) - A fire alarm or smoke detector shall be set off during each fire drill.

2a. DESCRIPTION OF VIOLATION

The fire alarm was not activated for the following fire drills:
* 8/18/2014 at 2:00 p.m.
* 9/30/2014 at 6:00 a.m.
* 10/30/2014 at 1:00 p.m.

APR 27 2015
MUNICIPALITY OF CHERRYTON
Human Services Licensing

Staff person B alerted the residents of the drill by shouting "fire" prompting residents and staff to evacuate to the fire safe stairwells.

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.

STAFF PERSON B WAS EDUCATED RE: THE IMPORTANCE OF ACTIVATING THE APPROPRIATE FIRE ALARM DURING THE FIRE DRILLS.

THE ADMINISTRATION OR DESIGNEE WILL BE PRESENT DURING FIRE DRILLS TO ENSURE PROTOCOL (ACTIVATING USING THE FIRE ALARM EQUIPMENT FOR A FIRE DRILL)

The fire alarm was activated for all fire drills since the time of inspection including 3/23/15, 7/14/15, 2/14/15 and 11/16/15. - 4-22-15

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

Signature of Legal Entity Representative (Required on EVERY Page) *E. Duda*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Eric Duda, Admin* Date *1/12/15*

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The above plan of correction is approved as of 4-27-15 (Date)

The above plan of correction was approved by [Signature] (Initials)

Plan of correction implementation status as of 4-27-15 (Date)

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- Not Implemented

APR 7 2015

Page 13 of 14

Violation Report: 44320 - 11/07/2014 - Cutter, Jan
PCH Name: FORBES ROAD RESIDENCE

WEST VIRGINIA FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa. Code §2500

2600.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- (1) The resident's name.
- (2) The name of the medication.
- (3) The date the prescription was issued.
- (4) The prescribed dosage and instructions for administration.
- (5) The name and title of the prescriber.

2a. DESCRIPTION OF VIOLATION

According to Resident #5's November medication administration record (MAR), the resident is ordered Clazapine 10mg take 1 tablet every night at bedtime; however, the medication label indicates Clazapine 20mg take 1/2 tablet at bedtime.

According to Resident #6's November MAR, the resident is ordered Mirtazapine 15mg take 1/2 tablet every night at bedtime; however, the medication label indicates Mirtazapine 7.5mg take 1 tablet by mouth every night at bedtime.

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 # 5's November MAR WAS CORRECTED DURING THE SURVEY

Resident # 6's November MAR WAS CORRECTED DURING THE SURVEY

MED TECHS AND NURSE WERE REEDUCATED

ON CHECKING MAR WITH PRESCRIPTION LABELS

FOR EACH MEDICATION.

by 5-10-15 - A designated staff person qualified to administer medication will conduct an initial and monthly review of all medications to ensure all prescription labels are complete and accurate in accordance with regulation 2600.184A. 4-7-15

1-27-15 - All medication labels and MARs were audited for accuracy. Clarifications from pharmacy/physicians for discrepancies include medications cited. 4-7-15

Repeat Violation: Yes	Date(s) of Previous Violation(s):	03/18/2014	09/25/2014
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Signature of Legal Entity Representative (Required on EVERY Page) *E. D. Admin*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Eric D. Admin* Date *1/12/15*

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

The above plan of correction is approved as of 4-7-15 (Date)

Plan of correction implementation status as of 4-7-15 (Date)

The above plan of correction was approved by *[Signature]* (Initials)

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

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APR 07 2015

Violation Report: 44320 - 11/07/2014 - Cutler, Jan
PCH Name: FORBES ROAD RESIDENCE

VIOLATION REPORT OFFICE
Human Services Licensing

1. REGULATION 55 Pa. Code §2800

2800.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

2a. DESCRIPTION OF VIOLATION

Resident #4's assessment, dated 8/28/14, does not include the diagnoses of hypertension, anemia, seizure disorder, history of respiratory failure and hyperlipidemia. Resident #2's assessment indicates that the resident requires limited physical or oral assistance to evacuate in an emergency; however, the medical evaluation, dated 8/8/2014, indicates that the resident is immobile.

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 #4 Assessment Now includes the
DX of Hypertension, Anemia, Seizure Disorder, Hx of
Respiratory Failure and Hyperlipidemia

Resident #2 Now has a updated medical
evaluation indicating the resident requires
limited physical or oral assistance to
evacuate in an emergency.

All assessments must address complete
information regarding resident diagnosis
and activity level

Assessments will be reviewed for compliance
and completion monthly by the Administrator
or Designee.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

E. Dzik

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

Eric Dzik, Admin

Date

1.12.15

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4-7-15
(Date)

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(Date)

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The above plan of correction was approved by

(Initials)

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

Page 1 of 5

PCH Name: FORBES ROAD RESIDENCE		License Number: 44320
Address: 6655 FRANKSTOWN AVENUE, PITTSBURGH, PA 15206		County: Allegheny
Administrator: Eric Dudik		Region: WEST
Legal Entity Name: FORBES PERSONAL CARE LLC		RECEIVED
Legal Entity Address: 105 RIVER AVENUE SUITE 202, LAKEWOOD, NJ 08701		MAR 17 2015
Certificate(s) of Occupancy I-1 11/22/2002 L&I		WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 26	Waking Staff: 20
Type of Inspection: Interim - POC	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Provisional		
On-Site Inspections Dates and Department Representatives On-Site 01/23/2015: Cutter, Jan; McConnell, Deb		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 38 Number of Residents Served: 26 Secured Dementia Care Unit In Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 0 Number of Hospice Residents In past year: 2		Number of Residents who: Receive Supplemental Security Income: 8 Are 60 Years of Age or Older: 1 Have Mental Illness: 2 Have an Intellectual Disability: 1 Have a Mobility Need: 0 Have a Physical Disability: 1

MAR 17 2015

Page 2 of 5

Violation Report: 44320 - 01/23/2015 - Cutter, Jan
PCH Name: FORBES ROAD RESIDENCE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa. Code §2600
2600.103(e) - Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

2a. DESCRIPTION OF VIOLATION
There were two large bags of open and resealed chicken breasts on the shelf in the large walk in kitchen cooler. The bags were not labeled with an open date.

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 Two LARGE BAGS of OPENED and RESEALED bags ARE NO LONGER on the shelf in the LARGE WALK IN COOLER. THE DIETARY SUPERVISOR AND DIETARY STAFF HAVE BEEN EDUCATED RE: WHEN MEAT/FOOD IS OPENED THE FOOD/MEAT MUST BE LABELED WITH AN OPENING DATE.

A Compliance monitor is in place, to ensure proper labeling when food is opened and resealed.

Compliance will be monitored on a daily basis by the Dietary supervisor/designee. The Administrator will monitor for compliance a minimum of twice a week.

The compliance monitor must be signed by the dietary supervisor as evidence of compliance.

Food items cited in violation were disposed of at time of inspection, 4-7-15

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

Signature of Legal Entity Representative (Required on EVERY Page) *[Signature]* consultant administrator

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Forbes PCH* Date *3/16/15*

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

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- Partially Implemented - Inadequate Progress
- Not Implemented

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MAR 17 2015

Violation Report: 44320 - 01/23/2015 - Cutter, Jan
PCH Name: FORBES ROAD RESIDENCE

WEST REGION FIELD OFFICE
Human Services Licensing

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.

2a. DESCRIPTION OF VIOLATION

There was no thermometer in the milk cooler in the main kitchen at 9:48 a.m.

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.

There is now a thermometer in the milk cooler in the main kitchen.

Staff have been educated re: the Regulation and the importance of foods being cooled @ the appropriate temp.

A monitor is now in place to ensure the continued placement of the thermometer in the refrigerator/freezer. The monitor will serve to ensure the thermometer stays in place and is functioning @ the correct temperature. Compliance will be monitored daily by the Dietary Supervisor with a minimum of two (2) days per week by the Administrator/Designee.

Repeat Violation: NO

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

[Handwritten Signature] Consultant Administrator

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

Forbes PCA

Date 3/16/15

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(Date)

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MAR 16 2015

Violation Report: 44320 - 01/23/2015 - Cutter, Jan
PCH Name: FORBES ROAD RESIDENCE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.103(g) - Food shall be stored in closed or sealed containers.

2a. DESCRIPTION OF VIOLATION

There was twenty pound box with a 1/2 full bag of green beans which was open and not resealed.

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 Twenty pound Box with a 1/2 Full Box of Green beans is no longer in use. The Dietary staff and Dietary Supervisor have been educated re. the Regulation and the importance of Resealing and Dating opened food.

A compliance monitor is in place to ensure all foods that are opened are to be immediately Resealed and dated. Compliance will be monitored daily by the Dietary Supervisor. The Administrator will monitor for compliance a minimum of

Twice a week.

Food cited in violation disposed of at time of inspection 4-7-15
By 5-10-15. A designated staff person will check all food storage areas after meals to ensure all food is stored in closed or sealed containers. 4-7-15

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

Signature of Legal Entity Representative (Required on EVERY Page) *[Signature]* consultant administrator

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Forbes RPH Date 3/16/15

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Violation Report: 44320 - 01/23/2015 - Cutler, Jan
 PCH Name: FORBES ROAD RESIDENCE

1. REGULATION 55 Pa.Code §2600

- 2600.225(c) - The resident shall have additional assessments as follows:
- (1) Annually.
 - (2) If the condition of the resident significantly changes prior to the annual assessment.
 - (3) At the request of the Department upon cause to believe that an update is required.

2a. DESCRIPTION OF VIOLATION

Resident #1's annual assessment, dated 10/1/14, was incomplete. The following sections under Personal Care needs were left blank: eating, drinking, ambulating and personal hygiene.

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.

Whenever assessment and care plan's are completed, the administrator and designee will complete an overview to ensure that all questions and necessary sections have been completed in an appropriate manner

By 5-10-15 - The Administrator or designee will review all resident assessments for accuracy and completion. 4-1-15

By 5-10-15 - All staff persons involved in the assessment process will be educated on the proper completion of assessments. Documentation of education will be kept. 4-7-15

Resident #1's assessment was updated. 4-7-15

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Eric D. Dzik*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Eric D. Dzik* Date *3-16-15*

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 (Date)

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 (Initials)

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