



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: January 17, 2017

Mr. Jacob Weinstein, Controller
Forbes Personal Care, LLC
105 River Avenue, Suite 202
Lakewood, New Jersey 08701

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

Dear Mr. Weinstein:

As a result of the Department of Human Services' licensing inspection on November 7, 2016, 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.

Sincerely,

A handwritten signature in black ink that reads "Jason Williams".

Jason Williams
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

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

Name: FORBES ROAD RESIDENCE	License Number: 44320
Address: 6655 FRANKSTOWN AVENUE, PITTSBURGH, PA 15206	County: Allegheny
Administrator: Shannon Watson	Region: WEST

Legal Entity Name: FORBES PERSONAL CARE LLC

Legal Entity Address: 105 RIVER AVENUE SUITE 202, LAKEWOOD, NJ 8701

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Certificate(s) of Occupancy

12/22/2002

City of Pittsburgh

DEC 30 2016

WEST REGION FIELD OFFICE
Human Services Licensing

Working Hours	Total Daily Staff: 20	Waking Staff: 15
Resident Support: N/A	BHA Docket Number: N/A	Notice: Unannounced
Type of Inspection: Partial		

Reason(s) for Inspection(s)

Complaint

On-Site Inspections Dates and Department Representatives On-Site

1/07/2016: Park, Beth; Roser, Ashley

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: 20 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: 0	Number of Residents who: Receive Supplemental Security Income: 3 Are 60 Years of Age or Older: 16 Have Mental Illness: 0 Have an Intellectual Disability: 1 Have a Mobility Need: 0 Have a Physical Disability: 0
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DEC 30 2016

Violation Report: 44220 - 11/07/2016 - Park, 86th PCH Name: FORBES ROAD RESIDENCE		WEST REGION FIELD OFFICE Human Services Licensing	
1. REGULATION 85 Pa.Code §2600 2600.85(a) - Sanitary conditions shall be maintained.			
2a. DESCRIPTION OF VIOLATION The bathroom in bedroom #5 had feces smeared on the floor, on the toilet seat, and on the outside of the toilet bowl. The main kitchen had food particles, liquid spills and two used vinyl gloves on the floor.			
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.			
<p>• Bedroom #5 WAS previously occupied by A Resident who is now temporarily on the skilled side of the facility.</p> <p>ON OCCASION the Resident comes over to [redacted] Room to retrieve some of [redacted] belonging and to use the bathroom. Room #5 is clean.</p> <p>an inspection of Room #5 will occur on a daily basis to ensure cleanliness.</p> <p>• The main kitchen is cleaned after every meal by the Personal Care Aides. The main kitchen is now free of spills and gloves on the floor.</p> <p>The Administrator/Designer will examine the main dining room after each meal to ensure cleanliness.</p> <p>Within 15 days of receipt of the plan of correction, a designated staff person will monitor the home daily, including all kitchens & bathrooms to ensure sanitary conditions are maintained. <i>1/8/17</i></p>			
Repeat Violation No	Date(s) of Previous Violation(s)		
Signature of Legal Entity Representative (Required on EVERY Page) <i>William Wilson</i>			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>William Wilson PCMA</i>		Date <i>12/30/16</i>	
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!			
The above plan of correction is approved as of <u>1/6/17</u> (Date)		Plan of correction implementation status as of <u>1/6/17</u> (Date)	
The above plan of correction was approved by <u><i>JK</i></u> (Initials)		<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>JK</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented	

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JAN 06 2017

Violation Report: 44320 - 11/07/2016 - Park, Beth
PCH Name: FORBES ROAD RESIDENCE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.88(a) - Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION
The paint and drywall on the ceiling in resident #1's bedroom was blistered and peeling. Debris had fallen from the ceiling, and was present on the bedroom floor. In addition, the paint was peeled from the bottom edge of the lower half of the window, extending up at least one inch. The wood where the paint was missing was discolored and black.
Two ceiling tiles in the bathroom between bedroom #12 and bedroom #13 were stained and bowed from water damage.
There was a black substance along the bottom edge of the walls in the hallway outside the main kitchen entrance rising -2 inches from the floor up the wall.
The small kitchen on the 3 west wing had water dripping from the ceiling onto the floor.

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 #1 has been moved to another room while repairs are being made to room. The head of maintenance, [redacted], is currently doing repairs to the ceiling panels and ceiling. They are expected to be completely repaired by January 13th, 2017.
The black substance along the wall has been cleaned off and will be repainted.

The small kitchen on 3 west had the ceiling and leak repaired 11/09/16 within 15 days of receipt of the plan of correction: a designated staff person will check the home at least weekly to ensure floors, walls, ceilings, windows, doors and other surfaces are clean, in good repair and free of hazards. *JW. 1/6/17*

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative <i>Shannon Watson</i>			
Printed Name and Title of Legal Entity Representative <i>Shannon Watson PCHR</i>			Date <i>1/06/2017</i>

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above plan of correction is approved as of 1/6/17
(Date)

Plan of correction implementation status as of 1/6/17
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *JW.*
- Partially Implemented - Inadequate Progress
- Not Implemented

above plan of correction was approved by *JW.*
(Initials)