



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**MAILING DATE: May 22, 2018**

Ms. Shannon Watson  
Administrator  
Forbes Personal Care, LLC  
105 River Avenue, Suite 202  
Lakewood, New Jersey 08701

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

Dear Ms. Watson:

As a result of the Department's Bureau of Human Services Licensing inspection on February 28, 2018, 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, appearing to read "Janine Wenzig".

Janine Wenzig  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary

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

PCH 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		
Certificate(s) of Occupancy		<b>RECEIVED</b>
I-1 11/22/2002 L&I		MAY 02 2018 WEST REGION FIELD OFFICE Human Services Licensing
<b>Staffing Hours</b>		
Resident Support: 20	Total Daily Staff: 44	Waking Staff: 33
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Incident		
On-Site Inspections Dates and Department Representatives On-Site 02/28/2018: Mulick, Cindy		
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: 2 Number of Hospice Residents in past year: 2		Number of Residents who: Receive Supplemental Security Income: 5 Are 60 Years of Age or Older: 18 Have Mental Illness: 2 Have an Intellectual Disability: 0 Have a Mobility Need: 4 Have a Physical Disability: 0

RECEIVED

Violation Report: 44320 - 02/28/2018 - Mulick, Cindy  
PCH Name: FORBES ROAD RESIDENCE

MAY 02 2018

1. REGULATION 55 Pa.Code §2600  
2600.42(c) - A resident shall be treated with dignity and respect.

WEST REGION FIELD OFFICE  
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

On 2/20/18, at approximately 5:00 p.m. dinner was being served. Staff person A asked resident #1 a question regarding the menu selection. Resident #1 has significant hearing loss, and did not hear the question. The resident turned to look at staff person A, to read his/her lips. Staff person A said to resident #1 "Why are you looking at me stupid?" Resident #1 heard this comment and was "very upset."

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.

An investigation was initiated by administrator, all residents within earshot were interviewed as well as staff. Staff person A, who was still in her probationary period, admitted to using inappropriate speech towards resident 2 and was terminated immediately. The same day the report was made by the resident. The Area Agency on Aging and the office of the Ombudsman were also notified of the above incident. A mandatory inservice/education was held for all remaining staff about resident rights and verbal abuse that was taught by our Ombudsman to ensure that all staff were made aware of the proper ways to engage with residents, visitors, and other co-workers.


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

Signature of Legal Entity Representative (Required on EVERY Page) *Shannon K. Weiden*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Shannon K. Weiden*      Date *5/2/18*

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

The above plan of correction is approved as of 5/3/18 (Date)

The above plan of correction was approved by  (Initials)

Plan of correction implementation status as of 5/3/18 (Date)

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