



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

~~JUL 13 2018~~

Ms. Shannon Watson  
Administrator  
Forbes Personal Care, LLC  
180 Sylvan Avenue, Suite 201  
Englewood Cliffs, New Jersey 07632

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 annual inspection on June 6, 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.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to [https://www.surveymonkey.com/r/BHSL\\_Inspection](https://www.surveymonkey.com/r/BHSL_Inspection).

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

Jacqueline L. Rowe  
Director

Enclosure  
License Inspection Summary



RECEIVED

Violation Report: 44320 - 06/06/2018 - Bartlett, Patricia  
PCH Name: FORBES ROAD RESIDENCE

1. REGULATION 55 Pa.Code §2600  
2600.66(a) - A staff training plan shall be developed annually.

JUL 05 2018

WEST REGION FIELD OFFICE  
Human Services Licensing

2a. DESCRIPTION OF VIOLATION  
The home has not developed a 2018 staff training plan.

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 2018 Staff training plan has been developed and has been broken down into monthly classes that will be done within the facility. A copy has been attached to ensure compliance with DHS standards and regulations.

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *Shannon Watson, M.A., PCMA*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Shannon Watson, PCMA*      Date *7-3-18*

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

The above plan of correction is approved as of 7-10-18  
(Date)

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

Plan of correction implementation status as of 7-10-18  
(Date)

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

Violation Report: 44320 - 06/08/2018 - Bartlett, Patricia  
PCH Name: FORBES ROAD RESIDENCE

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.96(a) - The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

2a. DESCRIPTION OF VIOLATION

The first aid kit in the office on 3 West did not contain medical tape. The second first aid kit in the office on 3 West did not contain scissors, breathing shield, bandages, gauze pads, or thermometer.

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.

To ensure compliance with DHS standards the home has combined our two first aid kits into one complete kit. Weekly checks will be done to ensure all items are in place and functioning properly. Staff has been educated to the importance of replacing and informing proper party of missing or malfunctioning items.

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *Shannon K. Stetson, MA PCMA*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Shannon K. Stetson, PCMA*      Date *7-3-18*

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Violation Report: 44320 - 06/06/2018 - Bartlett, Patricia  
PCH Name: FORBES ROAD RESIDENCE

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.1B4(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

Resident #1 is prescribed Ipratrop 0.06% nasal spray, administer 2 sprays into each nostril daily. However, the medication label indicates administer 2 sprays into each nostril daily for 2 weeks.

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.

During survey, the pharmacy was called to validate the E-mar order stating that the med was to continue past the initial two week deadline. Pharmacy confirmed that the ordering physician wrote for the nasal spray to be continued indefinitely. A "Change of Direction" sticker was placed on Resident 1's medication during survey to ensure that the prescribed dosage and instructions are followed and compliance is maintained. Med to Mar compliance will be checked weekly by administrator and daylight (7a-3pm) medtechs.

Repeat Violation: No	Date(s) of Previous Violation(s):	
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Signature of Legal Entity Representative (Required on EVERY Page)	Shannon Watson, M.A., PCMA
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Shannon Watson PCMA	7-3-18

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The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress ✓ <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 44320 - 08/08/2018 - Bartlett, Patricia

PCH Name: FORBES ROAD RESIDENCE

WEST REGION FIELD OFFICE

Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2800.185(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.

2a. DESCRIPTION OF VIOLATION

Residents' glucometers were not calibrated to the current date and time as follows:

\* Resident #1's glucometer indicated the date 6/10 at 10:40 p.m. However, the current date and time was 6/6 at 2:55 p.m.

\* Resident #2's glucometer indicated the date 6/8 at 1:15 p.m. However, the current date and time was 6/6 at 2:15 p.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.

Glucometers belonging to resident 1 and 2 have been reset and recalibrated to ensure that the proper date and time are displayed. Pharmacy and facility provided instruction manuals for administrator to educate MedTech staff on how to properly calibrate glucometers. A weekly check of the glucometers will occur to ensure that the proper dates and times are shown.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative

(Required on EVERY Page)

Shannon Watson, MA, PCMA

Printed Name and Title of Legal Entity Representative

(Required on EVERY Page)

Shannon Watson, PCMA

Date

7/3/18

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(Initials)

Violation Report: 44320 - 06/06/2018 - Bartlett, Patricia  
PCH Name: FORBES ROAD RESIDENCE

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.

2a. DESCRIPTION OF VIOLATION

Resident #2 June 2018 medication administration record was not initiated by the staff person administering medications on 6/3/18 at 9:00 a.m. as follows:

- \* Allopurinol 300 mg, take one tablet daily
- \* Chlorpromazine 50mg, take one tablet daily
- \* Citalopram HBR 20mg, take one tablet daily
- \* Ferrous Sulfate 325mg, take one tablet twice daily
- \* Pantoprazole Sod DR 40mg, take one tablet daily
- \* Tamsulosin HCl 0.4mg, take one capsule daily
- \* Ventolin HFA 90mcg, take 2 puffs by mouth, three times daily

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 member A and all other staff members were educated to the importance of following the medication administration cycle in the proper manner. Resident 2 stated that she did receive her meds during survey but education was still given about proper medication administration. Administrator and/or designee will review the E-MAR system weekly to ensure that all meds were administered and documented properly.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Shannon Watson, M.A., PCHA*

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

Shannon Watson, PCHA

Date 7/3/18

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