



September 18, 2019

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 July 12, 2019, of the above facility, the violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All citations 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.

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,

A handwritten signature in black ink, appearing to read "Kevin Hancock", written over a white background.

Kevin Hancock  
Deputy Secretary  
Office of Long Term Living

Enclosure  
Violation Report

## Violation Report

### Facility Information

Name: *FORBES ROAD RESIDENCE*

License Number: *44320*

Address: *6655 FRANKSTOWN AVENUE, PITTSBURGH, PA 15206*

County: *ALLEGHENY*

Region: *WESTERN*

### Administrator

Name: *Shannon Watson*

Phone: *4126653165*

Email: *YZUCKER@CARERITELLC.COM*

### Legal Entity

Name: *FORBES PERSONAL CARE LLC*

Address: *180 SYLVAN AVENUE SUITE 201, ENGLEWOOD CLIFFS, NJ, 7632*

### Certificate(s) of Occupancy

Type: *I-7*

Date: *11/22/2002*

Issued By: *CITY OF PGH*

### Staffing Hours

Resident Support Staff: *0*

Total Daily Staff: *42*

Waking Staff: *32*

### Inspection

Type: *Full*

BHA Docket #:

Notice: *Unannounced*

Reason: *Renewal*

### Inspection Dates and Department Representative

*07/12/2019 - On-Site: Scott Klein*

### Resident Demographic Data as of Inspection Dates

#### General Information

License Capacity: *44*

Residents Served: *42*

#### Secured Dementia Care Unit

In Home: *No*

Area:

Capacity:

Residents Served:

#### Hospice

Current Residents: *0*

#### Number of Residents Who:

Receive Supplemental Security Income: *9*

Are 60 Years of Age or Older: *41*

Diagnosed with Mental Illness: *24*

Diagnosed with Intellectual Disability: *1*

Have Mobility Need: *0*

Have Physical Disability: *0*

51 - Criminal Background Check

Regulations

2600.

51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

Direct care staff person A was hired on 5/21/19; however, a criminal history background check was not requested until 7/11/19.

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 that regulation 2600.SI is kept in compliance, a Human Resources Checklist will be attached to all employee files. Said checklist will be reviewed by the Administrator; Director of Nursing Services, and the Human Resources department before any new employee is able to attend orientation classes. If any items are missing from said checklist, the administrator will ensure all required items are obtained before any employee begins orientation.

Legal Entity Representative

*Shannon K. Watson*  
Signature

Shannon K Watson, PCMA 8/5/19  
Printed Name and Title Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 8/9/19 (Date)

Plan of correction implementation status as of 8/9/19 (Date)

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

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

95 - Furniture and Equipment

Regulations

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

The radiator unit in the shared bathroom on floor 4a adjacent to the window is in disrepair. The control knob is broken off of the unit and laying on the floor of the bathroom underneath the radiator.

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.)

Violation 2600.95 was repaired during survey by the maintenance department. Moving forward, all heating and cooling units will be checked weekly by maintenance to ensure that all equipment is in good repair. A monitor has been put in place

Legal Entity Representative

*Shannon Watson*  
Signature

*Shannon K. Libster, PCHA*  
Printed Name and Title

*8/3/19*  
Date

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The above plan of correction is approved as of 8/9/19  
(Date)

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(Date)

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

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101J7 - Lighting/Operable Lamp

Regulations

2600.

101.j. Each resident shall have the following in the bedroom:

7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

Resident #3 in room #3 on floor 4b does not have a lamp on his bedside table.

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.)

Violation of regulation 2600.101-j. was rectified during survey. To make certain that each resident has an operable lamp or other source of lighting that can be turned on at bedside, a monitor will be put in place requiring housekeeping staff to check all rooms as they are doing their daily cleaning to ensure that all furniture is present, clean, and in good condition.

Legal Entity Representative

*[Handwritten Signature]*  
Signature

*Shannon Weston, PCMA*  
Printed Name and Title

8/5/19  
Date

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(Initials)

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103e - Left Overs

Regulations

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.

Description of Violation

At approximately 10:20 a.m. there was a plate of what appears to be dried out macaroni and cheese, coleslaw, and lunchmeat was found unwrapped, unlabeled, and undated in the cabinets on the left side of the sink of the 4b resident lounge kitchen.

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.)

Violation 2600.103.e. was corrected during survey.  
To assure that all meals that are served on the PC living area units are disposed of correctly, the PCA staff will check the kitchen areas after each meal time daily.  
A monitor has been put in place.

Legal Entity Representative

*Sharon K. White*  
Signature

Sharon K. White  
Printed Name and Title

8/5/19  
Date

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103f - Refrigerator/Freezer Temps

Regulations

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.

Description of Violation

At approximately 11:10 a.m. the thermometer in the refrigerator in the main dining area was not operational and read 80 degrees Fahrenheit.

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.)

Violation 2600.103f. was corrected during survey.

A monitor will be put in place that requires staff to check the kitchen refrigerator's to ensure that a working thermometer is in each section (refrigerator and freezer) and that the temperature is at or below 40°F daily.

Legal Entity Representative

*Shannon K. Wilson*  
Signature

Shannon K. Wilson PCHA  
Printed Name and Title

8/5/19  
Date

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132b - Safety Inspection/Fire Drill

Regulations

2600.

132.b. A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.


Description of Violation

The home had a fire safety inspection and fire drill completed by a fire safety expert on 8/27/17. However, the next fire safety inspection and fire drill completed by a fire safety was not completed until 10/17/18.

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.)

In order to remain in compliance with state regulations in regards to regulation 2600,132.b. the administrator will schedule all trainings for the next calendar year at the completion of each annual training with the training company. Reminders will be placed on digital and paper calendars as well

Immediately: The administrator shall develop a system to ensure a fire inspection and a fire drill are conducted at least annually by a fire safety expert. 8/9/19 

Legal Entity Representative


  
Signature

Shannon K Wilson, PCMA 8/5/19  
Printed Name and Title Date

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225a - Assessment 15 Days

Regulations

2600.

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.

Description of Violation

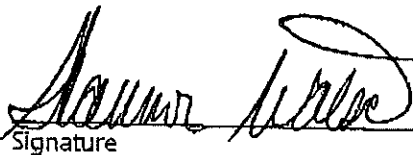
Resident #1's assessment, dated 12/11/18, does not identify the resident's needs related to the diagnoses of depression or anxiety which are indicated on the residents medical evaluation form dated 12/11/18.

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's assessment was updated to include her psychological diagnoses. Moving forward, all assessments will be checked by the administrator, Director of Nursing Services, and a med tech upon completion.

Legal Entity Representative



Signature

Shannon K. LeBlanc

Printed Name and Title

8/5/19

Date

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