



SENT VIA EMAIL: swatson@cornerviewnursing.com

MAILING DATE: April 9, 2020

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 Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on February 24, 2020, of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

Jon Kimberland
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

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: *4126653232ext3011*

Email: *SWATSON@CORNERVIEWNURSING.COM*

Legal Entity

Name: *FORBES PERSONAL CARE LLC*

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

Certificate(s) of Occupancy

Type: *I-1*

Date: *11/22/2002*

Issued By: *City of Pgh*

Staffing Hours

Resident Support Staff:

Total Daily Staff: *38*

Waking Staff: *29*

Inspection

Type: *Full*

BHA Docket #:

Notice: *Unannounced*

Reason: *Renewal*

Inspection Dates and Department Representative

02/24/2020 - On-Site: Karen Georgoulis, Lauren Spagna

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *44*

Residents Served: *38*

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: *37*

Diagnosed with Mental Illness: *2*

Diagnosed with Intellectual Disability: *1*

Have Mobility Need: *0*

Have Physical Disability: *0*

17 - Record Confidentiality

Regulations

2600.

17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

On 2/24/2020, the Licensing Inspection Summary, dated 7/12/19, was posted on the bulletin board on third floor hallway with the residency privacy coding document identifying residents #1, #2 and #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.)

In order to remain compliant with regulation 2600.17, the privacy coding document was immediately removed from bulletin board and placed in a secure folder within the administrator's office. To ensure compliance is met moving forward, all staff will be be educated on regulation 2600.17 to guarantee that all resident records shall be confidential, and except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff person's for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

All documents posted in public areas will be checked monthly to ensure that compliance is intact.

Legal Entity Representative


Signature


Printed Name and Title


3/30/2020
Date

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The above plan of correction is approved as of 3/31/2020
(Date)

Plan of correction implementation status as of 3/31/2020
(Date)

- Implemented
- Not Implemented

The above plan of correction was approved by 
(Initials)

18 - Compliance With Laws

Regulations

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

According to the Care Facility Carbon Monoxide Alarms Standards Act of June 23, 2016, an approved carbon monoxide alarm shall be installed within close proximity of, but not less than 15 feet from, any fossil fuel-burning device or appliance. The home has not installed a carbon monoxide alarm within close proximity of the gas stove/oven located in the kitchen on the first 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.)

To ensure that compliance was in place with regulation 2600.18, a carbon monoxide detector was placed within the mandated 15 feet of the gas stove/oven found in the first floor kitchen of the facility. For continued compliance, all kitchen and maintenance staff will be educated on the PA Carbon Monoxide Alarms Standard Act (2016 Act 48).. Maintenance department will check carbon monoxide detector monthly for proper placement and functionality of device. Batteries will be labeled, dated, and changed every six months. Maintenance department and administrator or designee will ensure compliance moving forward.

Legal Entity Representative



Signature

Shannon K. Watson 3/30/2020
Printed Name and Title Date

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65i - Training Record

Regulations

2600.

65.i. A record of training including the staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.

Description of Violation

Direct care staff person A, hired 7/16/19, completed the direct care staff competency test; however, the document was not available in the home.

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 immediate compliance with regulation 2600.65i, staff member A immediately completed the direct care staff competency test again. The document had been received upon hire but staff member A removed the document and placed it with his other pre-hire documents. Staff member A was present during time of survey and could not leave the facility to retrieve the original documentation so a new certificate was printed during survey.

To remain compliant and guarantee that a record of training which includes the staff person trained, date, source, content, length of each course and copies of any certificate of any certificates received are maintained, a human resources checklist has been created and will be checked before the first official day of work and quarterly thereafter by administrator or designee.

Legal Entity Representative

Shannon Watson

Signature

Shannon K. Watson 3/31/20

Printed Name and Title

Date

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66b - Training Plan Content

Regulations

2600.

66.b. The plan must include training aimed at improving the knowledge and skills of the home's direct care staff persons in carrying out their job responsibilities. The staff training plan must include the following:

- 2. The required training courses for each staff person.

Description of Violation

The home's staff training plan for the 2020 training year does not include the required training topics, to include:

- * Medication self-administration
- * Meeting the needs of residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
- * Fire safety training by a fire safety expert.

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 meet compliance with regulation 2600.66.b., a staff plan for 2020 was created to include training aimed at improving the knowledge and skills of the home's direct care staff persons in carrying out their job responsibilities. The staff training plan includes; Medication self administration, Instructions on meeting the needs of the resident per the preadmission screen and support plan, Care for residents with dementia and cognitive impairments, Infection control and general hygiene principals, Personal care service needs of the resident, Safe management techniques, Care for residents with mental illness or intellectual disability, Fire Safety, Emergency preparedness procedures, Resident rights, The Older Protective Services Act, Falls and accident prevention, and New population groups being sered in the home, if applicable.

Staff education will be reviewed quartely and a staff education plan will developed prior to January 31st each calendar year.

Legal Entity Representative


Signature


Printed Name and Title


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88a - Surfaces

Regulations

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

On 2/24/20, there were numerous water leak issues in the basement and boiler room, to include:

* At the foot of the steps to the boiler room, there was approximately a 3' by 1' area of standing water approximately of 1/4" deep.


* Beneath the entrance platform to the boiler room, a pipe was leaking with a continuous stream of water onto the floor. The water was covering an area measuring approximately 6' by 2' and was approximately 1" deep.

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 is maintained, ESI was called in to keep compliance with regulation 2600.88.a. Boiler system was shut off and is no longer leaking. Water was cleaned up and compliance is intact.

Legal Entity Representative



Signature

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91 - Telephone Numbers

Regulations

2600.

91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

Description of Violation

On 2/24/2020, none of the required telephone numbers were posted on or by the telephone in the dining room on the second 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.)

To make sure that the facility is in compliance with Regulation 2600.91, emergency telephone numbers for the nearest hospital, police /fire department, ambulance, poison control, local emergency management, and personal care home complaint hotline was posted in the dining room for personal care on the second floor.

Moving forward, the administrator or designee will check all phones monthly to ensure lists are in place.

Legal Entity Representative

Shannon K. Watson
Signature

Shannon Watson
Printed Name and Title

3/30/20
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101r - Bedroom - shades/drapes/window covering

Regulations

2600.

101.r. There must be drapes, shades, curtains, blinds or shutters on the bedroom windows. Window coverings must be clean, in good repair, provide privacy and cover the entire window when drawn.

Description of Violation

On 2/24/2020, there were no shades, blinds, or shutters to provide privacy on the window in bedroom 3W-8.

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 remain compliant with Regulation 2600.101.r, privacy curtains were placed on the bedroom window in 3 west room 8. Moving forward, the administrator or her designee will check rooms monthly to verify that there are drapes, shades, curtains, blinds, or shutters on the bedroom windows. Window coverings must be clean, in good repair, provide privacy and cover the entire window when drawn.

Legal Entity Representative

Shannon K. Watson

Signature

Shannon K. Watson

Printed Name and Title

3/31/20

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121a - Unobstructed Egress

Regulations

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

On 2/24/2020, the emergency exit door in staircase #3, could not be opened without numerous attempts and the use of considerable force to open. The bottom edges of the door frame are rusted.

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.)

ESI was brought into the building to ensure compliance with regulation 2600.121.a was initiated. ESI made repairs to door to allow for it to be opened with ease. As soon as permissible, company will return to replace the entire door frame.

The administrator or designee will check all emergency doors to ensure that egress routes from rooms and from the building are unlocked and unobstructed weekly.

Legal Entity Representative

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Signature

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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

The initial assessment for resident #4, dated 6/3/19, does not include an assessment for Dental, Dietary, Sensory needs (vision, hearing, communication, olfactory/smell. Page #7 of the assessment is incomplete and blank.

Repeat 7/12/19

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 compliance was kept with regulation 2600.225.a, the assessment for Resident four was completed during survey. Administrator will review all current assessments for accuracy and completion. To verify that all residents have a written initial assessment that is documented on the Department's assessment from within 15 days of admission which will be completed by the designee or the administrator.

To monitor for compliance, two people, the administrator and a designee will check the support plans seperately, quarterly, to ensure plans are complete.

Legal Entity Representative

Shawn Watson
Signature

Shawn Watson
Printed Name and Title

3/30/20
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