



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to **FORBES PERSONAL CARE LLC**
LEGAL ENTITY

To operate **FORBES ROAD RESIDENCE**
NAME OF FACILITY OR AGENCY

Located at **6655 FRANKSTOWN AVENUE, PITTSBURGH, PA 15206**
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

To provide **Personal Care Homes**
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed **44**
(MAXIMUM CAPACITY)
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

Restrictions: _____

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from **May 22, 2024** until **November 22, 2024**,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **443201**

Janette Biderup
ISSUING OFFICER

Juliet Marsala
ACTING DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.



CERTIFIED MAIL – RETURN RECEIPT
REQUESTED MAILING DATE: MAY 22, 2024

[REDACTED]
Forbes Personal Care LLC
[REDACTED]

RE: Forbes Road Residence
6655 Frankstown Avenue
Pittsburgh, Pennsylvania 15206
License/COC #: 443201

Dear [REDACTED]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) licensing inspections on December 4, 2023, December 5, 2023, and March 21, 2024, of the above facility, the violations specified on the enclosed Licensing Inspection Summary (LIS) were found.

Based on violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), failure to submit an acceptable plan to correct noncompliance items and failure to comply with the acceptable plan to correct noncompliance items, the Department hereby REVOKES your certificate of compliance (license number 443200) dated May 15, 2023 – May 15, 2024, and issues you a FIRST PROVISIONAL license to operate the above facility. A FIRST PROVISIONAL license is being issued based on your acceptable plan to correct the violations as specified on the LIS. This decision is made pursuant to 62 P.S. § 1026 (b)(1) and 55 Pa. Code § 20.71(a)(2); (3); (4) (relating to conditions for denial, nonrenewal or revocation). Your FIRST PROVISIONAL license is enclosed and is valid from May 22, 2024 to November 22, 2024.

All violations specified on the LIS must be corrected by the dates specified on the report and continued compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), must be maintained. Failure to implement the plan of correction or failure to maintain compliance may result in a revocation of the license.

If you disagree with the decision to issue a PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa. Code Part II, Chapters 31-35. If you decide to appeal your PROVISIONAL license, a written request for an appeal must be received within 10 days of the date of this letter by:

[REDACTED]
Pennsylvania Department of Human Services
Bureau of Human Services Licensing
Room 631, Health and Welfare Building
625 Forster Street
Harrisburg, Pennsylvania 17120
PH: 717-265-8942

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,



Juliet Marsala
Deputy Secretary
Office of Long-term Living

Enclosure
Licensing Inspection Summary

cc: [REDACTED]
[REDACTED]

Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY - PUBLIC

Facility Information

Name: *FORBES ROAD RESIDENCE* License #: *44320* License Expiration: *05/15/2024*
Address: *6655 FRANKSTOWN AVENUE, PITTSBURGH, PA 15206*
County: *ALLEGHENY* Region: *WESTERN*

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

Name: *FORBES PERSONAL CARE LLC*
Address: [REDACTED]
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *I-1* Date: *10/03/2002* Issued By: *City of Pittsburgh*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *28* Waking Staff: *21*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *12/05/2023*

Inspection Dates and Department Representative

12/04/2023 - On-Site: [REDACTED]
12/05/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *44* Residents Served: *28*

Secured Dementia Care Unit

In Home: *No* Area: Capacity: Residents Served:

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *11* Are 60 Years of Age or Older: *25*
Diagnosed with Mental Illness: *4* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

12/04/2023 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *01/22/2024*

01/25/2024 - POC Submission

Submitted By: [REDACTED] Date Submitted: *03/08/2024*
Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *02/01/2024*

02/14/2024 - POC Submission

Submitted By: [REDACTED] Date Submitted: *03/08/2024*
Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *02/21/2024*

05/06/2024 - Document Submission

Submitted By: [REDACTED] Date Submitted: *03/08/2024*
Reviewer: [REDACTED] Follow-Up Type: *Exception*

16c - Written Incident Report

1. Requirements

2600.

16.c. The home shall report the incident or condition to the Department’s personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

According to notification received by the Bureau of Human Services Licensing (BHSL) headquarters, a 37-day termination notice for electricity was issued to the home on 10/26/23 due to an outstanding balance. However, the incident was not reported to the Department's personal care home regional office or the personal care home complaint hotline.

Plan of Correction

Directed [redacted] - 02/14/2024)

To ensure continued compliance with regulation 2600.16.c, the home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law), the skilled nursing home administrator will collaborate with the personal care administrator monthly to monitor and review billing statements. If any terminations are received, the skilled administrator will immediately notify the personal care administrator, who will notify the Bureau of Human Services Licensing upon notification on the day of receipt.

A payment arrangement was made and the utility bill is current.

Beginning January 22, 2024, if a utility termination is received, the skilled nursing home administrator will notify the personal care home administrator within 12 hours of receipt. The PC administrator will then notify the Department of Human Services within 24 hours of receipt of the termination notice. The skilled and personal care administrator will monitor utility bills monthly.

Proposed Overall Completion Date: 02/11/2024

DIRECTED

Within 1 calendar day of receipt of the accepted plan of correction: The administrator shall audit all reportable incidents and conditions to ensure reporting in accordance with Regulation 2600.16(c).

Directed Completion Date: 02/15/2024

Licensee’s Proposed Date for POC Implementation

Implemented [redacted] 5/06/2024)

18 - Compliance With Laws

2. Requirements

2600.

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

Description of Violation

Certificates for all three of the home's elevators accessible to personal care residents expired 11/20/23. There are no inspections indicated on the certificates.

Both of the boiler certificates for the home's boiler system expired 11/4/22. There are no inspections noted on the certificates.

18 - Compliance With Laws (continued)

Plan of Correction

Accept [REDACTED] 02/14/2024)

To remain in compliance with regulation 2600.18, a home shall comply with applicable Federal, State, and local laws, ordinances, and regulations, elevator and boiler certificates will be checked monthly for continued compliance. Current certification is attached and elevator 3 will be inspected upon repair.

Beginning February 14th, 2024, the personal care administrator, [REDACTED] designee, or maintenance staff will monitor the elevator certificate compliance monthly. PC administrator and Director of maintenance conducted education on regulation 2600.18 which was attended by PC (med tech's, PCA's, housekeeping)and maintenance staff.

Licensee's Proposed Overall Completion Date: 02/14/2024
Licensee's Proposed Date for POC Implementation

Not Implemented [REDACTED] 5/06/2024)

82c - Locking Poisonous Materials

3. Requirements

2600.

82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

Description of Violation

On 12/4/23 at 12:10 p.m., there was a 21oz can of Ajax with Bleach powder cleaner with warning: if swallowed, rinse mouth and then drink 1-2 glasses of water. Contact a poison control center or a doctor immediately in the bathroom in resident room #1 on 3-West. Resident #1, who resides in this room, has not been assessed as safely able to use or avoid poisonous material.

On 12/4/23 at 2:45 p.m., there was ¼ full 128oz. jug of CLR with warning: "harmful if swallowed . . . if swallowed, drink glass of water followed by milk. Call a physician immediately" in the unlocked, unattended janitor closet #3516 on Floor 4a. Resident #1 has not been assessed as safely able to use or avoid poisonous material.

Plan of Correction

Accept [REDACTED] 02/14/2024)

To remain in compliance with regulation 82. c, poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home can safely use or avoid poisonous materials, housekeeping, and all staff were educated on the regulation and explained the detriment of such errors. Moving forward, housekeeping staff will monitor their carts after cleaning resident rooms and areas to ensure all chemicals are in their possession daily. *Violation was corrected during the survey on December 4th, 2023 by the PC Administrator who removed all chemicals from the resident's bathroom and the janitor's closet was locked. Resident 1's support plan and DME updated

Licensee's Proposed Overall Completion Date: 02/14/2024
Licensee's Proposed Date for POC Implementation

Implemented ([REDACTED] 05/06/2024)

85a - Sanitary Conditions

4. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On 12/4/23 at 2:11 p.m., there was a clear plastic lock box secured to the door of the Hotpoint Refrigerator/freezer that had an unidentifiable black, crusty, crumbly substance inside of it. The whereabouts of the key to unlock the box is unknown.

85a - Sanitary Conditions (continued)

On 12/4/23 at approximately 2:15 p.m., there was a rust-colored wet area measuring approximately 8"X5" under the left side of the drain on the floor of the base cabinet under the sink in the kitchen on 4B.

On 12/4/23 at approximately 2:15 p.m., there was an accumulation of brown and rust colored crumbs along the right interior wall of the base cabinet under the sink in the kitchen on 4B.

On 12/4/23 at approximately 2:30 p.m., there was an area approximately 8"X8" of what appears to be pink mold on the floor of the shower and extending up the wall in the bathroom in room #12 on floor 4B. There was also an area approximately 6"X2" of grey fuzz near the drain of the shower.

On 12/4/23 at 2:45 p.m., the shower curtain in the bathroom in resident room #3 on 4A has an area of mildew that runs from the top to the bottom of the folds.

On 12/4/23 at 2:45 p.m., there was a semi-circular area approximately 12" in diameter of what appeared to be pink and black mold-like substance below and around the capped pipe sticking out of the base of the shower wall in the bathroom in Room #3 on Floor 4A.

REPEAT VIOLATION 6/1/22 et al

Plan of Correction

Accept [REDACTED] - 02/14/2024)

To achieve compliance with regulation 85.a, sanitary conditions shall be maintained; the plastic lock box was removed from 4a and the area was cleaned. All rust stains were cleaned and areas were painted. The moldy areas were cleaned and disinfected in rooms 4A-3 and 4B-12 during the survey. The shower curtain in room 3-4a was replaced. To monitor compliance, weekly room cleanliness checks will be conducted by the administrator or her designee beginning February 14, 2024.

Personal care staff (med tech's, PCA's, housekeeping) were educated by the administrator on regulation 2600.85.a on January 19th, 2024.

Licensee's Proposed Overall Completion Date: 02/14/2024

Not Implemented [REDACTED] -05/06/2024)

Licensee's Proposed Date for POC Implementation

85b - Infestation

5. Requirements

2600.

85.b. There may be no evidence of infestation of insects or rodents in the home.

Description of Violation

On 12/4/23 at 12:27 p.m., mice droppings were observed in the cabinet under the sink in the kitchen on 3 [REDACTED]

On 12/4/23 at 2:30 p.m., a live bed bug was observed crawling on the bed in resident room [REDACTED]

On 12/5/23 at approximately 4:21 p.m., a live bed bug was observed on the pillowcase in resident room #3 on 4A. There were also several bed bug carcasses on the floor throughout the room.

Plan of Correction

Accept ([REDACTED] 02/14/2024)

Regulation 2600.85.b., which states; that there may be no evidence of infestation of insects or rodents in the home, will be enforced by having weekly Erlich pest control inspections and treatments. All rodent droppings/carcasses were swept up and sheets were changed during the survey. Resident rooms have been deep cleaned, mattresses replaced and new mattress covers put in place.

85b - Infestation (continued)

Personal care staff (med tech's, PCA's, housekeeping) was educated by the PC administrator and corporate infection control specialist on regulation 2600.85,b. on January 19th, 2024. Resident rooms and common areas will be monitored weekly for continued compliance by the administrator or her designee beginning February 14th, 2024

Licensee's Proposed Overall Completion Date: 02/14/2024
Licensee's Proposed Date for POC Implementation

Not Implemented [REDACTED] 05/06/2024)

86b - Bathroom

6. Requirements

2600.

86.b. A bathroom that does not have an operable, outside window shall be equipped with an exhaust fan for ventilation.

Description of Violation

The exhaust fan in the common bathroom on Floor 4A across from room #1 was inoperable. The window in this bathroom was unable to be opened by licensing representative or by maintenance staff person A.

Plan of Correction

Accept [REDACTED] 02/14/2024)

Regulation 2600.86.b, a bathroom that does not have an operable, outside window shall be equipped with an exhaust fan for ventilation, which was repaired in room 4a-1. Operable bathroom ventilation fans in the common bathroom will be monitored weekly by the administrator or her designee beginning February 14th, 2024.

Staff (med tech's, PCA's, housekeeping) was educated on regulation 2600.86.b by the PC Administrator and director of maintenance on January 19th, 2024

Licensee's Proposed Overall Completion Date: 02/14/2024
Licensee's Proposed Date for POC Implementation

Not Implemented [REDACTED] -05/06/2024)

88a - Surfaces

7. Requirements

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 12/4/23 at 2:40 p.m., there was an approximately 2"X12" area of peeling paint/plaster hanging down along side the exhaust fan in the common rest room on Floor 4A across from room [REDACTED]

Plan of Correction

Accept [REDACTED] - 02/14/2024)

Regulation 2600.88.a; floors, walls, ceilings, windows, doors, and other surfaces must be clean, in good repair, and free of hazards; was repaired, and peeling plant/paster was removed from along the exhaust fan in the common rest room across from 4A room 1. Moving forward bathrooms will be monitored weekly for compliance (cleanliness and paint intact) by the PC administrator or her designee beginning February 14th, 2024

PC staff members (med tech's, PCA's, housekeeping) were educated by PC administrator on 2600.88 a and cleanliness on January 18th, 2024

Licensee's Proposed Overall Completion Date: 02/14/2024
Licensee's Proposed Date for POC Implementation

Implemented [REDACTED] 05/06/2024)

89a - Water Pressure

8. Requirements

2600.

89a - Water Pressure (continued)

89.a. The home must have hot and cold water under pressure in each bathroom, kitchen and laundry area to accommodate the needs of the residents in the home.

Description of Violation

On 12/4/23 at 12:10 p.m., resident room #1 on 3-West has a half bathroom connected to it. The water temperature at the sink only reached 86 degrees Fahrenheit.

On 12/4/23 at 12:20 p.m., the hot water at the sink did not get warm in the common bathroom with shower across from room [redacted] on 3-West.

Plan of Correction

Accept [redacted] 02/14/2024)

Regulation 2600.89.a. ; The home must have hot and cold water under pressure in each bathroom, kitchen, and laundry area to accommodate the needs of the residents in the home will be monitored weekly by the administrator, [redacted] designee, and or members of the maintenance department beginning February 12th, 2024. The water temperature was adjusted to remain in compliance on December 7th, 2023.

PC (med tech's, PCA's, housekeeping)and maintenance staff were educated by the PC Administrator and director of maintenance on regulation 2600.89.a on January 19th, 2024.

Licensee's Proposed Overall Completion Date: 02/14/2024

Licensee's Proposed Date for POC Implementation

Implemented [redacted] 05/06/2024)

91 - Telephone Numbers

9. Requirements

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 12/4/23 at 1:40 p.m., none of the required emergency telephone numbers were posted on or near the land line telephone in the telephone room on Floor 4B.

On 12/4/23 at 2:38 p.m., none of the required emergency telephone numbers were posted on or near the land line telephone in the telephone room on Floor 4A.

REPEAT VIOLATION 6/1/22 et al

Plan of Correction

Accept [redacted] - 02/14/2024)

During the deep cleaning, remodeling, and painting of phone rooms on 4a and 4b, maintenance removed all postings from the walls. Resulting in emergency phone numbers not being in place. Numbers were replaced and are in view of the phone. The maintenance staff was educated on the importance of said numbers being in place by telephone. Emergency number placement in view of resident telephones will be monitored weekly by the administrator or her designee beginning February 12th, 2024.

Licensee's Proposed Overall Completion Date: 02/14/2024

Licensee's Proposed Date for POC Implementation

Not Implemented ([redacted] 5/06/2024)

95 - Furniture and Equipment

10. Requirements

2600.

95 - Furniture and Equipment (continued)

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

Description of Violation

There are three elevators (#3, #5 and #6) accessible to the home's residents that also service the attached skilled nursing facility. Throughout the days on 12/4/23 and 12/5/23, only elevator #3 was operational.

On 12/5/23 at 4:30 p.m., there was a drawer missing from the cabinet in the kitchen on 4A.

Plan of Correction

Accepted (redacted) 02/14/2024

Regulatory requirement 2600.95. requiring that all furniture and equipment must be in good repair, clean, and free of hazards was made compliant and the missing drawer on 4a was repaired in December of 2023. Elevator 6 has been repaired and Elevator 5 is being worked on by Hadfield Elevator Company. Elevator compliance (being in working order) will be monitored weekly by the PC administrator, her designee, and or a member of the maintenance department beginning February 14th, 2024.

Licensee's Proposed Overall Completion Date: 02/14/2024

Licensee's Proposed Date for POC Implementation

Implemented (redacted) 05/06/2024

101j7 - Lighting/Operable Lamp

11. Requirements

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

On 12/4/23 at 2:50 p.m., there was no operable lamp or other source of lighting that can be turned on at bedside in room #3 on Floor 4A.

REPEAT VIOLATION 6/1/22 et al

Plan of Correction

Accepted (redacted) 02/14/2024

Regulatory room requirement 2600.101.j. requiring an operable lamp or other source of lighting that can be turned on at the bedside was repaired during the survey on December 4th, 2023. The resident and family member changed the room around and removed the light from next to the resident's bed. Staff moved the lamp to the nightstand next to the resident's bed on December 4th, 2023. The family, the resident, and the staff were educated on the regulatory standards by the administrator. The administrator or her designee will monitor for there being an operable light next to the resident's bed weekly beginning February 14th, 2024

Licensee's Proposed Overall Completion Date: 02/14/2024

Licensee's Proposed Date for POC Implementation

Not Implemented (redacted) 05/06/2024

102d - Grab/Hand/Assist Bar/Slip-Resistant Surface

12. Requirements

2600.

102.d. Toilet and bath areas must have grab bars, hand rails or assist bars. Bathtubs and showers must have slip-resistant surfaces.

Description of Violation

At 12:15pm, there was not a slip-resistant surface in the shower in the common bathroom across from room (redacted) on 3-West.

102d - Grab/Hand/Assist Bar/Slip-Resistant Surface (continued)

Plan of Correction

Accept [redacted] 02/14/2024)

To ensure compliance with requirement 2600.102.d., toilet and bath areas must have grab bars, handrails or assist bars. Bathtubs and showers must have slip-resistant surfaces; a weekly monitor will be put in place on February 14th, 2024, and monitored by the administrator or [redacted] designee to ensure slip-resistant strips remain within the shower. PC administrator educated PC staff (med tech's, PCA's, housekeeping) on January 19th, 2024 on regulation 2600.102.d on how to check for proper strip placement. The resident bathroom on 3west now has slip-resistant strips in place.

Licensee's Proposed Overall Completion Date: 02/14/2024

Licensee's Proposed Date for POC Implementation

Implemented [redacted] - 05/06/2024)

103f - Refrigerator/Freezer Temps

13. Requirements

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

On 12/4/23 at 2:00 p.m., the only thermometer in the freezer section of the white Hotpoint refrigerator/freezer in the kitchen on 4B was broken.

On 12/5/23 at 9:45 a.m., there was no thermometer in the stainless-steel lift top milk cooler in the home's main kitchen.

Plan of Correction

Accept ([redacted] 02/14/2024)

Regulatory standard 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, which were repaired during the survey on December 5th, 2023 and new thermometers were put in place on 4B and in the main kitchen. Education of regulation 2600.103.f was completed on January 18th, 2024 by PC administrator with PC staff members (med tech's, PCA's, housekeeping) and Kitchen staff. The administrator, kitchen supervisor, or designee will monitor for working thermometers weekly beginning February 14th, 2024

Licensee's Proposed Overall Completion Date: 02/14/2024

Not Implemented [redacted] -05/06/2024)

121a - Unobstructed Egress

15. Requirements

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 12/5/23, at 12:15 p.m., the second-floor emergency exit door to the stairwell across from elevator that is used by personal care home residents was locked and required a code to be entered into the keypad to exit. The personal care home residents eat in the dining room located on the second-floor below 3-West and the resident laundry room for personal care home residents to use is also located in this second-floor hall.

On 12/5/23 at approximately 4:00 p.m., the glass door exit at the West end of the second-floor hallway was locked and required a code to be entered into the keypad to exit. The personal care home residents eat in the dining room located on the second-floor below 3-West and the resident laundry room for personal care home residents to use is also located in this second-floor hall.

Plan of Correction**Accept** [REDACTED] 02/14/2024)

Regulation 121.a., which states Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed, will be held in compliance by ensuring that all residents have been educated on how to utilize keyed access areas that are shared by the skilled nursing and assisted living residents. Due to Department of Health regulations, those shared residential doors must be locked to ensure safety and remain in compliance with their elopement and safety policies. The continuing Care retirement community status of the building leads us to ensuring that all residents are safe while making sure they can exit the building safely. To do so, PC and AL residents have been educated and given access to the passcode to exit the doors at their leisure. The codes have also been written at the top of the key lock box for residents to see. The initial Assessment was completed on January 15th, 2024 by the PC Administrator and will be monitored monthly by the administrator and or [REDACTED] designee. Continued monitoring of the resident ability to utilize the code box will begin monthly on February 14th by PC administrator or her designee.

Licensee's Proposed Overall Completion Date: 02/14/2024

Licensee's Proposed Date for POC Implementation

Implemented [REDACTED] 05/06/2024)

123b - Emergency Procedures Posted

16. Requirements

2600.

123.b. Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

Description of Violation

On 12/5/23 at 2:45 p.m., the home's emergency preparedness plan was not posted in a public and conspicuous place. The plan was located in the Director of Wellness' office.

123b - Emergency Procedures Posted (*continued*)**Plan of Correction****Accept** [REDACTED] - 02/14/2024)

Continuing compliance with regulatory standard 2600.123.b. , Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept was corrected during the survey on December 5th, 2023 by moving the emergency preparedness manual back into the hallway on 3 west. Moving forward, the manual will be kept in the residential hallway on 3 west and the administrator or her designee will monitor it weekly to ensure the manual is in a conspicuous spot starting February 14th, 2024

Licensee's Proposed Overall Completion Date: 02/14/2024

Licensee's Proposed Date for POC Implementation

Implemented [REDACTED] - 05/06/2024)

127a - Portable Space Heaters

17. Requirements

2600.

127.a. Portable space heaters are prohibited.

Description of Violation

On 12/4/23 at 11:50 a.m., there was a portable space heater in the conference room in the Legends area of the building.

Plan of Correction**Accept** [REDACTED] 02/14/2024)

To ensure compliance with regulatory code 2600.127.a., portable space heaters are prohibited, and the device was removed immediately. PC staff (med tech's, PCA's, housekeeping) was educated on January 18th by PC administrator on the danger of portable heaters within the Personal Care Setting and regulation 2600.127.a. The administrator and or [REDACTED] designee will monitor the south wing weekly to ensure that no heaters are present beginning February 14th, 2024.

Licensee's Proposed Overall Completion Date: 02/14/2024

Licensee's Proposed Date for POC Implementation

Implemented [REDACTED] - 05/06/2024)

131f - Fire Extinguisher Inspection

18. Requirements

2600.

131.f. Fire extinguishers shall be inspected and approved annually by a fire safety expert. The date of the inspection shall be on the extinguisher.

Description of Violation

On 12/4/23 at approximately 2:45p.m., there was a fire extinguisher with inspection tag dated "2011" in the closet across from the toilet in the common rest room across from Room [REDACTED] on Floor 4a.

Plan of Correction**Accept** [REDACTED] - 02/14/2024)

Regulation 2600.131.f. , Fire extinguishers shall be inspected and approved annually by a fire safety expert and the date of the inspection shall be on the extinguisher was corrected during survey and the extinguisher was removed. The extinguisher was not replaced as it was placed in the closet after all extinguishers were updated and hung up in the proper areas and was no longer needed.

Eduation of regulation 2600. 131.f was conducted by PC administrator and maintenance director for PC and maintenance staff. Moving forward extinguishers will be monitored monthly for compliance with the inspection date by PC Administrator, her designee, and or maintenance staff beginning February 14th, 2024.

131f - Fire Extinguisher Inspection (continued)

Licensee's Proposed Overall Completion Date: 02/14/2024
Licensee's Proposed Date for POC Implementation

Implemented [REDACTED] 05/06/2024)

187a - Medication Record

20. Requirements

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

6. Dose.

Description of Violation

Resident #2 is ordered insulin aspart 100 unit/ML Soln – Inject 8 units subcutaneously before meals with sliding scale if blood sugar: less than 130=0, 131-180=2, 181-240=4, 241-300=6, 301-350=8, 351-400=10, greater than 400=12 & Call MD. There is only one entry on the resident's December 2023 medication administration record (MAR) for both the straight order and sliding scale coverage of the insulin to be recorded. On the following dates and times, the 8 units straight order insulin were not documented as being administered:

- 12/1/23 7:00 a.m.
- 12/1/23 4:00 p.m.
- 12/2/23 7:00 a.m.
- 12/2/23 4:00 p.m.
- 12/3/23 4:00 p.m.
- 12/4/23 7:00 a.m.
- 12/4/23 11:00 a.m.
- 12/4/23 4:00 p.m.
- 12/5/23 7:00 a.m.

Plan of Correction

Accept ([REDACTED] 02/14/2024)

To ensure that regulation 2600.187.a, medication record shall be kept to include the following for each resident for whom medications are administered : dose, the administrator or her designee will monitor and educate staff that insulin orders that require both a straight order and a sliding scale will be transcribed in medication records as two separate orders. The first for straight orders and the 2nd for sliding scale coverage. Certified diabetic training will be scheduled by PC administrator and the PC Administrator or her designee will ensure medication is being documented correctly by matching meter and mar weekly beginning February 14th, 2024.

Licensee's Proposed Overall Completion Date: 02/14/2024
Licensee's Proposed Date for POC Implementation

Not Implemented [REDACTED] 05/06/2024)

187d - Follow Prescriber's Orders

21. Requirements

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #2 is ordered insulin aspart 100 unit/ML Soln – Inject 8 units subcutaneously before meals with sliding scale if blood sugar: less than 13=0, 131-180=2, 181-240=4, 241-300=6, 301-350=8, 351-400=10, greater than 400=12 & Call MD.

*On 12/1/23 at 11:00 a.m., the resident's blood glucose measured 174 which requires 2 units of insulin to be administered per sliding scale in addition to the 8 units straight order for a total of 10 units. However, 12 units were

187d - Follow Prescriber's Orders (continued)

administered as documented on the resident's December 2023 medication administration record (MAR) for this reading. * On 12/4/23 at 11:00 a.m., the resident's blood glucose measured 401 which requires 12 units of insulin to be administered per sliding scale in addition to the 8 units straight order insulin for a total of 20 units. However, 10 units were administered as documented on the resident's December 2023 MAR for this reading.

Plan of Correction

Accept [REDACTED] 02/14/2024)

To ensure compliance with regulation 2600.187.d., the home shall follow the directions of the prescriber, staff was immediately educated on proper medication administration by [REDACTED] RN and [REDACTED] DON. Moving forward, all staff will receive certified diabetic training with [REDACTED] on March 4th 2024. Mars will be monitored weekly by the administrator or her designee to ensure that physician orders are being followed correctly beginning February 14th, 2024.

Licensee's Proposed Overall Completion Date: 03/04/2024
Licensee's Proposed Date for POC Implementation

Not Implemented [REDACTED] -05/06/2024)

225c - Additional Assessment

23. Requirements

- 2600. 225.c. The resident shall have additional assessments as follows: 1. Annually.

Description of Violation

The annual assessment completed [REDACTED] 1/23 for resident #2, admitted [REDACTED] /19, does not include the following diagnoses as indicated on the resident's medical evaluation (DME) completed 6/1/23:

- * Anxiety
- * Hypertension

225c - Additional Assessment (continued)

- * Benign Prostatic Hyperplasia
- * Schizophrenia – (Assessment only indicates “psychosis”)

Plan of Correction **Accept** [REDACTED] 02/14/2024)

To remain compliant with regulation 2600.225.c., the resident shall have additional assessments annually, resident 2's assessment was updated during the survey with the correct diagnoses listed on their DME. Moving forward, the administrator or her designee will review assessments monthly to ensure their DME diagnosis' are properly listed on the support plan beginning February 14th, 2024.

Licensee's Proposed Overall Completion Date: 02/14/2024 Not Implemented [REDACTED]-05/06/2024)
Licensee's Proposed Date for POC Implementation

227a - Support Plan 30 Days

24. Requirements

- 2600.
- 227.a. A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

Description of Violation

Resident #3's assessment completed [REDACTED] 7/23 indicates in the Dietary Need section that resident is on a pureed diet. However, the support plan does not indicate the plan to meet the dietary need. This section is blank.

Plan of Correction **Accept** [REDACTED] - 02/14/2024)

To remain in compliance with regulatory code 2600.227.a., a resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.; the resident's support plan was updated during the survey by the PC administrator to include the resident's dietary needs on December 5th, 2023. To ensure continued compliance, the administrator or her designee will monitor support plans to ensure completed and correct diagnoses and needs monthly for continued compliance beginning January 14th, 2024

Licensee's Proposed Overall Completion Date: 02/14/2024 **Implemented** ([REDACTED] 05/06/2024)
Licensee's Proposed Date for POC Implementation

228c - Closure of Home

25. Requirements

- 2600.
- 228.c. A home shall give the Department written notice of its intent to close the home, at least 60 days prior to the anticipated date of closing.

Description of Violation

According to documentation provided by the Bureau of Human Services Licensing (BHSL) headquarters, "the home's administrator notified BHSL in writing on 10/30/23, of the legal entity's intent to voluntarily close by 11/30/23. No reason was provided. ... The residents and families were given a 30-day notice on 10/30/23. ... " The home did not provide 60-day notice to BHSL as required. Without explanation, the legal entity later rescinded the intent to close the home.

Plan of Correction **Accept** ([REDACTED] 01/25/2024)

To ensure compliance with regulation 2600.228.c., A home shall give the Department written notice of its intent to close the home, at least 60 days prior to the anticipated date of closing, the administrator will have a monthly conversation with corporate leadership to ensure that if any major changes are occurring within our facility that do

228c - Closure of Home (continued)

not align with the department regulations and alert DHS immediately if there are any notable changes.

Licensee's Proposed Overall Completion Date: 01/22/2024

Licensee's Proposed Date for POC Implementation

Implemented [REDACTED] **05/06/2024)**

Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY - PUBLIC

Facility Information

Name: *FORBES ROAD RESIDENCE* License #: *44320* License Expiration: *05/15/2024*
Address: *6655 FRANKSTOWN AVENUE, PITTSBURGH, PA 15206*
County: *ALLEGHENY* Region: *WESTERN*

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

Name: *FORBES PERSONAL CARE LLC*
Address: [REDACTED]
Phone [REDACTED] Email [REDACTED]

Certificate(s) of Occupancy

Type: *I-1* Date: *10/03/2002* Issued By: *City of Plttsburgh*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *25* Waking Staff: *19*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Complaint, Interim* Exit Conference Date: *03/21/2024*

Inspection Dates and Department Representative

03/21/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *44* Residents Served: *25*

Secured Dementia Care Unit

In Home: *No* Area: Capacity: Residents Served:

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *12* Are 60 Years of Age or Older: *25*
Diagnosed with Mental Illness: *23* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

03/21/2024 - Partial

Lead Inspector [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *04/20/2024*

04/16/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/02/2024

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 04/23/2024

04/16/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/02/2024

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 05/02/2024

05/06/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/02/2024

Reviewer: [REDACTED]

Follow-Up Type: Exception

85b - Infestation

1. Requirements

2600.

85.b. There may be no evidence of infestation of insects or rodents in the home.

Description of Violation

At 11:57 a.m., there were mice droppings in the cabinet under the sink in the kitchen on 4A.

At approximately 1:45 p.m., there were numerous bed bug carcasses on the floor along the wall adjacent to the hallway in room [REDACTED] on 4A.

Plan of Correction

Accept [REDACTED] 04/16/2024)

To ensure continued compliance with regulation 2600.85.b., there may be no evidence of infestation of insects or rodents in the home, the administrator or [REDACTED] designee will ensure that Eurlich pest control continues to treat the areas as scheduled and as needed. Although the housekeeping staff was trained and explained the importance of regulation 2600.85.b. previously, the housekeeper was found to be inefficient in [REDACTED] duties and was terminated. Staff will be re-trained on April 18th, 2024 on cleanliness procedures and a new housekeeper is being sought. The hallway and the kitchen on 4A were cleaned and sanitized on 3/21/24 by the administrator and housekeeper. Daily monitoring will be done by the administrator or [REDACTED] designee beginning May 1st, 2024.

Licensee's Proposed Overall Completion Date: 05/01/2024

Not Implemented [REDACTED] -05/06/2024)

Licensee's Proposed Date for POC Implementation

89b - Hot Water Temperature

2. Requirements

2600.

89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

Description of Violation

At 11:55 a.m., the water temperature at the kitchen sink on 4A measured 128.2 degrees Fahrenheit.

Plan of Correction

Accept [REDACTED] 04/16/2024)

To obtain compliance with regulation 2600.89b, hot water temperature in areas accessible to the resident may not exceed 120 degrees Fahrenheit, maintenance staff immediately adjusted the mixing valve to ensure that water temperatures were in safe ranges for residents. Water temperatures will be monitored daily by the maintenance department using the attached monitor beginning May 1st, 2024. All PC and maintenance will be educated on DHS water temperature regulations on 4/18/2024 by PC administrator and head of maintenance

Licensee's Proposed Overall Completion Date: 05/01/2024

Not Implemented [REDACTED] -05/06/2024)

Licensee's Proposed Date for POC Implementation

101j7 - Lighting/Operable Lamp

3. Requirements

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

At approximately 1:30 p.m., there was no operable lamp or other source of lighting that could be turned on at bedside in room [REDACTED] on 4A. The light nearest the bed was a floor lamp approximately three feet away from the bed which the resident was unable to reach from bedside.

Repeat Violation 6/1/22 et al

101j7 - Lighting/Operable Lamp (continued)

Plan of Correction

Accept [redacted] 04/16/2024)

To obtain and remain in compliance with regulation 2600.101.j., each resident shall have the following in the bedroom: an operable lamp or other source of lighting that can be turned on at the bedside, the administrator and staff will be placing battery-operated push-lights on the wall nearest to each resident's bed. Residents and their families have continued to move the lamps/nightstands that staff have set in place even after being educated about the regulation.

The resident had a lamp placed on the nightstand on March 21st by the administrator.

Staff and residents will be re-educated on April 18th by the administrator. weekly monitoring will begin by the administrator or her designee on May 1st, 2024 when the lamps are in place.

Licensee's Proposed Overall Completion Date: 05/01/2024
Licensee's Proposed Date for POC Implementation

Not Implemented [redacted] -05/06/2024)

103f - Refrigerator/Freezer Temps

4. Requirements

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 11:47 a.m., there was a basket with eight 1-ounce containers of cream cheese in the top drawer under the microwave in the kitchen on 4A. The containers indicate "keep refrigerated."

Plan of Correction

Accept [redacted] 04/16/2024)

To remain in compliance with regulation 2600.103.f., food requiring refrigeration shall be stored at or below 40 degrees Fahrenheit. Frozen food shall be kept at below zero. Thermometers are required in refrigerators and freezers; the administrator will educate staff and residents on proper food safety procedures on April 17th and 18th. Signage of what perishable items should be refrigerated will also be placed in resident kitchens. Resident kitchen areas will be monitored daily for compliance (perishable items being properly refrigerated) beginning May 1st, 2024 by the administrator or her designee.

The cream cheese in question was disposed of by the administrator on March 21st, 2024.

Licensee's Proposed Overall Completion Date: 05/01/2024
Licensee's Proposed Date for POC Implementation

Not Implemented [redacted] -05/06/2024)

141b1 - Annual Medical Evaluation

6. Requirements

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident #1's annual medical evaluation (DME), dated [redacted] 1/24, indicates "See attached" in Section (7) Medication Addendum. However, there was nothing attached to the DME.

Resident #2's annual DME, dated [redacted] 20/24, did not indicate whether resident #2 has special health or dietary needs, that section was left blank on both page one and page two of the DME.

Repeat Violation 6/1/22 et al

Plan of Correction

Accept ([redacted] 04/16/2024)

To ensure compliance with regulation 2600.141.b1., a resident shall have a medical evaluation; at least annually, the administrator will train a specific staff person to assist in completing annual support plans and supporting documents to ensure for completion. A separate staff person will then review the completed documents for any errors or missing information (3 total people checking). Training will occur on April 24 and reviewing and completion of DME/ Support Plans will begin on May 1st.

Both DME were corrected 4/15/24

Licensee's Proposed Overall Completion Date: 05/01/2024
Licensee's Proposed Date for POC Implementation

Not Implemented ([redacted] -05/06/2024)

185a - Implement Storage Procedures

7. Requirements

2600.

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.

Description of Violation

Resident #3 is ordered insulin Aspart 100unit/ml solution – Inject 8 units subcutaneously before meals with sliding scale if blood sugar: less than 130=0, 131-180=2, 181-240=4, 241-300=6, 351-400=10, greater than 400=12 & call MD.

The home tracks the resident's blood glucose values and amount of insulin administered on both an electronic medication administration record (eMAR) and on a paper medication administration record (MAR). There were discrepancies between the resident's March 2024 eMAR and March 2024 paper MAR as follows:

* 3/3/24 at 11:00 a.m. - eMAR entry was 381 (requiring 10 units of sliding scale insulin coverage); paper log entry was 361 (requiring 10 units of sliding scale insulin coverage); 10 units of sliding scale coverage were administered per the eMAR; 8 units of sliding scale coverage were administered per the paper log.

* 3/5/24 at 7:00 a.m. - eMAR entry was 101 (requiring 0 units of sliding scale insulin coverage); paper log entry was 245 (requiring 6 units of sliding scale insulin coverage); 0 units of sliding scale coverage were administered per the eMAR; 6 units of sliding scale coverage were administered per the paper log.

* 3/6/24 at 7:00 a.m. - eMAR entry was 252 (requiring 6 units of sliding scale insulin coverage); paper log entry was 224 (requiring 4 units of sliding scale insulin coverage); 6 units of sliding scale insulin coverage were administered per the eMAR; 4 units were administered per the paper log.

* 3/9/24 at 4:00 p.m. - eMAR entry was 343 (requiring 8 units of sliding scale insulin coverage); paper log entry was 362 (requiring 10 units of sliding scale insulin coverage); unclear how many units administered per the eMAR; 8 units were administered per the paper log.

185a - Implement Storage Procedures (continued)

* 3/12/24 at 11:00 a.m. – eMAR entry was 371 (requiring 10 units of sliding scale insulin coverage); paper log entry was 364 (requiring 10 units of sliding scale insulin coverage); 10 units were administered per the eMAR; 8 units were administered per the paper log.

Repeat violation 6/1/22 et al

Plan of Correction

Accept [REDACTED] 04/16/2024)

To remain in compliance with regulation 2600.185.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; diabetic retraining with [REDACTED] occurred on April 2nd, 2024. In order for the med techs to be on the same page or readings to be uniform, Lost and Found Pharmacy has agreed to implement paper MAR's starting May 1st, 2024. Monitors will be in place for each shift, with narc count, to ensure proper dosages are being given.

Licensee's Proposed Overall Completion Date: 05/01/2024

Licensee's Proposed Date for POC Implementation

Implemented [REDACTED] 05/06/2024)

187a - Medication Record**8. Requirements**

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

6. Dose.

Description of Violation

Resident #3 is ordered insulin glargine 100unit/ml solutions – inject 45 units subcutaneously at bedtime. However, at 2:03 p.m., the resident's March 2024 electronic medication administration record (eMAR) indicated Insulin Glargine YFGN 100 unit/ml solution – Inject 40 units subcutaneously at bedtime.

Plan of Correction

Accept [REDACTED] 04/16/2024)

To ensure compliance with regulation 2600.187.a., a medication record shall be kept to include the following for each resident for whom medications are administered: Dose, will be maintained by making certain that VA meds will be added and updated to paper MARs immediately upon receipt. MAR's will be changed from electronic to paper to ensure continued compliance on May 1st.

Resident 3's MAR was updated to match the medication label.

Resident 3's MAR was corrected on March 21st, 2024, and updated according to the medication list received from the VA hospital by the administrator and designee.

MAR's will be checked monthly against physician orders for compliance by the Administrator or [REDACTED] designee beginning May 1st, 2024.

Licensee's Proposed Overall Completion Date: 05/01/2024

Licensee's Proposed Date for POC Implementation

Not Implemented [REDACTED] -05/06/2024)

187d - Follow Prescriber's Orders**9. Requirements**

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

According to the medical evaluation signed 2/22/24, resident #4 is ordered Vitamin B-12 100mcg – take 1 tablet orally daily. However, there was a bottle of medication with pharmacy label that indicates Vitamin B-12 1,000 mcg – take 1

187d - Follow Prescriber's Orders (continued)

tablet by mouth daily. The medication was administered at 9:00 a.m. on the following dates: 3/1/24-3/7/24, 3/9/24, 3/10/24 and 3/12/24-3/21/24.

Plan of Correction

Accept [REDACTED] 04/16/2024)

In an effort to remain in compliance with regulation 2600.187.d., the medical evaluation was compared with the written orders prescribed by the physician. It was found that there had been a typo by the writing physician on the medical evaluation, but the prescribed and administered medication was correct.

Evaluations will go through a three-point checking system once a month, beginning May 1st, 2024, to ensure completion and correctness by the administrator and her designees.

Licensee's Proposed Overall Completion Date: 05/01/2024

Not Implemented [REDACTED] -05/06/2024)

Licensee's Proposed Date for POC Implementation

225c - Additional Assessment

10. Requirements

2600.

225.c. The resident shall have additional assessments as follows:

- 1. Annually.

Description of Violation

Resident #1's annual assessment, dated [REDACTED] 24, did not include a diagnosis of mood disorder as indicated on the resident's medical evaluation, dated [REDACTED] 31/24.

Resident #2's annual assessment, dated [REDACTED] 3/24, did not include a history of vertebral compression fracture as indicated on the resident's medical evaluation, dated 2/20/24.

Plan of Correction

Accept [REDACTED] - 04/16/2024)

To ensure compliance with regulation 2600.225.c., the resident shall have additional assessments as follows; annually, the evaluations will go through a three-point checking system once a month, beginning May 1st, 2024, to ensure completion and correctness by the administrator and her designees.

Resident 1 and 2 had their evaluations updated on 4/15/2024.

Licensee's Proposed Overall Completion Date: 05/01/2024

Not Implemented [REDACTED] -05/06/2024)

Licensee's Proposed Date for POC Implementation

227c - Support Plan Revision

11. Requirements

2600.

227.c. The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

Description of Violation

Resident #5's assessment dated [REDACTED] /24, indicates the resident has a diagnosis of atrial fibrillation, has a dental need related to being edentulous, the resident has a dietary need for pureed foods. However, resident #5's support plan, dated 2/6/24, did not indicate a plan to meet these needs; these sections were blank.

Plan of Correction

Accept [REDACTED] - 04/16/2024)

To ensure continued compliance with regulation 2600.227.c., the support plan shall be revised within 30 days upon completion of the annual assessment or changes in the resident's needs as indicated on the current assessment, the Evaluations will go through a three-point checking system once a month, beginning May 1st, 2024, to ensure completion and correctness by the administrator and [REDACTED] designees.

The resident's support plan was updated on April 15, 2024

227c - Support Plan Revision (*continued*)

Licensee's Proposed Overall Completion Date: 05/01/2024

Not Implemented (05/06/2024)

Licensee's Proposed Date for POC Implementation