

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

December 17, 2025

[REDACTED]  
FORBES PERSONAL CARE LLC  
[REDACTED]

RE: FORBES ROAD RESIDENCE  
6655 FRANKSTOWN AVENUE  
PITTSBURGH, PA, 15206  
LICENSE/COC#: 44320

[REDACTED],  
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/29/2025, 09/30/2025 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,  
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

**Facility Information**

Name: FORBES ROAD RESIDENCE License #: 44320 License Expiration: 12/19/2025  
 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: 1 1 Date: 10/03/2002 Issued By: City of Pittsburgh

**Staffing Hours**

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

**Inspection Information**

Type: Full Notice: Unannounced BHA Docket #:  
 Reason: Renewal Exit Conference Date: 09/30/2025

**Inspection Dates and Department Representative**

09/29/2025 On Site: [REDACTED]  
 09/30/2025 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: 16 Are 60 Years of Age or Older: 23  
 Diagnosed with Mental Illness: 25 Diagnosed with Intellectual Disability: 0  
 Have Mobility Need: 0 Have Physical Disability: 0

**Inspections / Reviews**

09/29/2025 - Full  
 Lead Inspector: [REDACTED] Follow Up Type: POC Submission Follow Up Date: 10/25/2025

Inspections / Reviews (*continued*)

## 10/28/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/21/2025

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 11/03/2025

## 11/03/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/21/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 11/22/2025

## 12/17/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/21/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

85a - Sanitary Conditions

1. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On [redacted] at 10:15am, there was a brown dried substance present on the bottom right crisper drawer of the refrigerator located in the resident dining room.

On [redacted] at 10:16am, there were numerous food crumbs and dried food substances splattered on the top, bottom and sides of the inside of the microwave in the resident dining room. Also, there was a dried yellow substance present on the turntable inside of the microwave.

Plan of Correction

Directed [redacted] - 11/03/2025)

In an effort to remain in compliance with DHS Regulation 2600.85.a (Sanitary conditions), the affected refrigerator and microwave were immediately cleaned by staff during the survey. The food supervisor on the 11:00 p.m. to 7:00 a.m. shift will implement a daily sanitation audit of the entire home, ensuring all areas are clean. (DIRECTED: The daily audits of the home shall begin on 11/10/25 to ensure sanitary conditions are maintained. [redacted] 11/3/25). Also, the Food Supervisor and/or designated employees will check and record refrigerator and freezer temperatures daily with the first opening and closing in the evening. All staff will be formally educated on this regulation and new procedures by 10/16/2025. (DIRECTED: Documentation of the staff education shall be kept in accordance with 2600.65i. [redacted] 11/3/25). The PC Administrator will complete a Quality Management Review (QMR), which will include an evaluation of our new system as required by 2600.26.b, by the overall completion date of 11/22/2025. (DIRECTED: The quality management review shall include a review of all items specified in 2600.26b. Documentation of the quality management review shall be kept. [redacted] 11/3/25).

Proposed Overall Completion Date: 11/22/2025

Directed Completion Date: 11/22/2025

Implemented [redacted] - 12/17/2025)

91 - Telephone Numbers

2. 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 [redacted] there were no emergency telephone numbers posted on or by the following telephones:

- The telephone on the top of the buffet in the [redacted] lounge
- The telephone hanging on the wall between bedrooms [redacted] and [redacted] located on [redacted]

Plan of Correction

Directed [redacted] - 11/03/2025)

In an effort to remain in compliance with DHS standard 2691, all new phones that were being installed on the day of survey were given emergency numbers placed above them. All existing phone lines were already in compliance with the relating regulation. The phone's in questions were new phone lines that were being put in place in the building

91 Telephone Numbers (continued)

on the day of survey. These phone lines had not been utilized by the residents and were not in service at the time of survey. Staff were educated on regulation 2600.91 and weekly monitoring will begin on 11/03/2025 (DIRECTED: Documentation of the staff education shall be kept in accordance with 2600.65i. The weekly monitoring shall include a weekly audit of at least 3 different telephones to ensure compliance with 2600.91. [REDACTED] 11/3/25).

Proposed Overall Completion Date: 11/03/2025

Directed Completion Date: 11/03/2025

Implemented [REDACTED] - 12/17/2025)

95 - Furniture and Equipment

3. Requirements

2600.

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

Description of Violation

On [REDACTED] a piece of the porcelain sink was broken and missing around the drain of the sink in the [REDACTED] shower room.

Plan of Correction

Directed [REDACTED] - 11/03/2025)

In an effort to remain in compliance with DHS Regulation 2600.95 (Furniture and equipment shall be free of hazards), the Maintenance Department immediately replaced the broken piece of porcelain sink around the drain in the 4B shower room on 9/29/25. Moving forward, the PC administrator or designated staff person will inspect the 4B shower room sink on a weekly basis, starting on 11/03/2025, to ensure it remains in good repair and free of hazards. All staff will be formally educated on this regulation and new procedures by 10/23/2025, with the training documented as required by 2600.65.i.

DIRECTED: Beginning on 11/10/25: The maintenance supervisor/designee shall inspect the entire home weekly to ensure all furniture and equipment is clean, in good repair and free of hazards. [REDACTED] 11/3/25).

Proposed Overall Completion Date: 11/03/2025

Directed Completion Date: 11/10/2025

Implemented [REDACTED] 12/17/2025)

103d - Storing Food Off Floor

4. Requirements

2600.

103.d. Food shall be stored off the floor.

Description of Violation

On [REDACTED] a 1 gallon bottle of Kikkoman soy sauce was present on the floor, which was being used to prop open the door to the dry goods room.

Plan of Correction

Accept [REDACTED] 11/03/2025)

In an effort to remain in compliance with DHS Regulation 2600.103.d (Food shall be stored off the floor), the Kikkoman soy sauce was immediately removed from the floor during the survey on 9/30/25. To ensure ongoing compliance, the Food Service Supervisor or [REDACTED] designees will monitor the kitchen daily at the opening and close of their shift. These enhanced daily audits will officially begin on 11/03/2025 to ensure all food items are stored in

103d Storing Food Off Floor (continued)

their proper placement and off the floor. Furthermore, the Food Service Supervisor provided education on this regulation to the kitchen staff on 10/18/2025, and documentation of this education will be kept in accordance with 2600.65.i.

Licensee's Proposed Overall Completion Date: 11/03/2025

Implemented (redacted) - 12/17/2025)

103e - Left Overs

5. Requirements

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

On (redacted), there was an undated package of american cheese and an undated package of swiss cheese present in the kitchen's dry goods refrigerator.

On (redacted) there was an undated 15 quart plastic container of cooked pasta and a large undated metal pan of cooked pasta present in the kitchen's deep freezer.

On (redacted) there was an unlabeled and undated 15 quart plastic container of tomato soup and an unlabeled and undated 20 quart plastic container of beet salad present in the kitchen's walk in freezer.

Plan of Correction

Accept (redacted) - 11/03/2025)

In an effort to remain in compliance with DHS Regulation 2600.103.e (Leftover food shall be labeled and dated), all undated and unlabeled food (cheese, cooked pasta, tomato soup, and beet salad) was disposed of immediately during the survey on 9/30/25. To ensure sustained compliance, the Food Service Supervisor or (redacted) designees will begin daily monitoring on 11/03/2025 at the opening and close of their shift. This monitoring will ensure all food in storage is properly labeled and dated. Furthermore, the Food Service Supervisor provided education on proper food labeling and storage to the kitchen staff on 10/18/2025, and documentation of this education will be kept in accordance with 2600.65.i.

Licensee's Proposed Overall Completion Date: 11/03/2025

Implemented (redacted) 12/17/2025)

103g - Storing Food

6. Requirements

2600.

103.g. Food shall be stored in closed or sealed containers.

Description of Violation

On (redacted) there was an uncovered 15 quart plastic container of cooked pasta and a large uncovered metal pan of cooked pasta present in the kitchen's deep freezer.

REPEAT VIOLATION: (redacted)

103g Storing Food (continued)

Plan of Correction

Accept [REDACTED] - 11/03/2025)

In an effort to remain in compliance with DHS Regulation 2600.103.g (Food shall be stored in closed or sealed containers), the uncovered cooked pasta was immediately disposed of during the survey on 9/30/25. Due to this being a repeat violation, we have strengthened our monitoring. The Food Service Supervisor or [REDACTED] designees will begin daily monitoring on 11/03/2025 at the opening and close of their shift to ensure all food items are stored in sealed containers. Furthermore, the Food Service Supervisor provided education on proper covered food storage to the kitchen staff on 10/18/2025, and documentation of this education will be kept in accordance with 2600.65.i.

Licensee's Proposed Overall Completion Date: 11/03/2025

Implemented [REDACTED] - 12/17/2025)

132f - Alternate Exit Routes

7. Requirements

2600.132.f. Alternate exit routes shall be used during fire drills.

Description of Violation

The home's "3 west" stairwell was the only exit route used during 11 of the past 12 fire drills conducted from [REDACTED] through [REDACTED].

Plan of Correction

Accept [REDACTED] - 11/03/2025)

In an effort to assure compliance with DHS Regulation 2600.132.f (Alternate exit routes shall be used during fire drills), all PC Staff (including Med Techs and Personal Care Aides) and maintenance staff were educated on the importance of using alternate routes by the Personal Care Administrator on 10/20/2025. Documentation of this education will be kept in accordance with 2600.65.i. Moving forward, the Personal Care Administrator is responsible for conducting the monthly fire drills, ensuring alternating exit routes are utilized every time. Additionally, the Personal Care Administrator will begin monthly monitoring of all fire drill records on 11/03/2025 to ensure long term compliance with the alternating route requirement.

Licensee's Proposed Overall Completion Date: 11/03/2025

Implemented [REDACTED] - 12/17/2025)

183b - Meds and Syringes Locked

8. Requirements

2600.183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

On [REDACTED], there were numerous blister packages containing several medications for numerous residents unlocked, unattended and accessible in bags on top of a red tote bin located in the 4B resident lounge, which included the following resident medications:

- 4 capsules of resident [REDACTED] and 2 capsules of resident [REDACTED]
- 2 tablets of resident [REDACTED]

Plan of Correction

Directed [REDACTED] - 11/03/2025)

In an effort to ensure compliance with DHS Regulation 2600.183.f (Medications shall be kept locked and secured),

183b - Meds and Syringes Locked (continued)

the unsecured medications were immediately removed and placed in a secure location on 9/29/2025. The courier from Lincoln Pharmacy picked up these medications for disposal on the evening of 9/29/2025. Furthermore, all staff persons were educated on this regulation by the Personal Care Home Administrator on 10/20/2025, and documentation of this education will be kept in accordance with 2600.65.i. To ensure long-term compliance, long-term monitoring of this procedure will be done by the Personal Care Home Administrator or [redacted] designee monthly beginning 11/03/2025 when cycle fill occurs to verify that all unused and discontinued medications are secured for disposal by the pharmacy. Additionally, Lincoln Pharmacy will now complete the entire cycle fill process, which includes disposing of all old medication blister packages.

DIRECTED: Beginning on 11/10/25: The administrator/designee shall inspect the home daily for 1 week then weekly thereafter to ensure all prescription medications, OTC medications, CAM and syringes are kept in an area or container that is locked. [redacted] 11/3/25

Proposed Overall Completion Date: 11/03/2025

Directed Completion Date: 11/10/2025

Implemented ([redacted] 12/17/2025)

184a - Resident's Meds Labeled

9. Requirements

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- 4. The prescribed dosage and instructions for administration.

Description of Violation

The pharmacy label for resident [redacted] does not include instructions for administration.

Plan of Correction

Directed ([redacted] - 11/03/2025)

To remain in compliance with DHS regulation 184a the medication in question did have a photo copy instructional page from the medication administration record. Surveyor Aaron didn't know that the medication administration record photocopy of the instructions were visible in place on the medication bag during service. As there was no correction that needed to take place, the medication is still labeled correctly and will continue to be monitored daily by medication technician staff

DIRECTED: Within 24 hours of receipt of the plan of correction: The administrator shall ensure a current pharmacy label is present on resident [redacted] in accordance with 2600.184a. [redacted] 11/3/25

DIRECTED: By 11/13/25: The administrator shall re-educate all current staff persons qualified to administer medications on regulation 2600.184a, which includes the home's procedures for updating resident pharmacy labels upon receipt of new or change orders from the prescriber. Documentation of the staff education shall be kept in accordance with 2600.65i. [redacted] 11/3/25

Beginning on 11/10/25: The administrator/designee shall review the medications and pharmacy labels for at least 3 different residents weekly for 1 month then monthly thereafter to ensure accuracy and completeness in accordance

184a - Resident's Meds Labeled (continued)

with 2600.184a. [REDACTED] 11/3/25

Proposed Overall Completion Date: 11/03/2025

Directed Completion Date: 11/13/2025

Implemented [REDACTED] 12/17/2025)

187b - Date/Time of Medication Admin.

10. Requirements

2600.

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

Description of Violation

Resident [REDACTED] September 2025 medication administration record (MAR) does not include the initials of the staff person who administered the following medications to resident #5:

- [REDACTED] tablet on [REDACTED] and [REDACTED]
- [REDACTED] tablet on [REDACTED] at 9:00am
- [REDACTED] tablet on [REDACTED]

Plan of Correction

Directed [REDACTED] - 11/03/2025)

In an effort to remain in compliance with DHS Regulation 2600.184.a.4 (Prescribed dosage and instructions for administration must be on the pharmacy label), we took several steps. First, the pharmacy was immediately contacted on 9/29/25 and a new label was placed on resident [REDACTED] [REDACTED] that includes the prescribed instructions for administration. Second, the Personal Care Home Administrator or [REDACTED] designee conducted a full audit of all resident medications on 10/20/2025 to ensure every pharmacy label is accurate and complete. Third, all staff persons qualified to administer medications were educated on this regulation by the Personal Care Home Administrator on 10/20/2025, with the training documentation kept in accordance with 2600.65.i. For long-term monitoring, the Personal Care Home Administrator or [REDACTED] designee will review all new and refill pharmacy labels for complete instructions and accuracy monthly during the cycle-fill process to ensure continued compliance beginning 11/03/2025

DIRECTED: By 11/13/25: The administrator shall re-educate all current staff persons qualified to administer medications on the home's medication administration procedures, which includes ensuring medication administration is documented on resident MAR's immediately following medication administration. Documentation of the staff education shall be kept in accordance with 2600.65i. [REDACTED] 11/3/25

Beginning on 11/10/25: The administrator/designee shall review the medications and MAR's for at least 3 different residents weekly for 1 month then monthly thereafter to ensure accuracy and completeness in accordance with 2600.187b. [REDACTED] 11/3/25

Proposed Overall Completion Date: 11/03/2025

Directed Completion Date: 11/13/2025

Implemented [REDACTED] - 12/17/2025)

254c - Records Storing

11. Requirements

2600.

254.c. Resident records shall be stored in locked containers or a secured, enclosed area used solely for record storage and be accessible at all times to the administrator or the administrator’s designee, and upon request, to the Department or representatives of the area agency on aging.

Description of Violation

On [redacted] at approximately 10:30am, the privacy coding document, which included numerous resident names, including residents [redacted] and [redacted] was attached to the license inspection summary, dated [redacted], and hanging on the wall in the resident telephone room on [redacted] as well as in the resident telephone room on [redacted]

On [redacted] at 11:15am, there was a folder labeled "pharmacy delivery sheets" unlocked, unattended and accessible on top of the buffet in the [redacted] resident lounge, which contained resident discharge summaries, medication lists and resident diagnoses for numerous residents, including resident [redacted].

On [redacted] at 11:24am, there were 2 large bags full of used medication blister packages unlocked, unattended and accessible on top of a red tote bin in the [redacted] resident lounge, which included the pharmacy labels for numerous residents, including residents [redacted] and [redacted]

Plan of Correction

Accept [redacted] - 11/03/2025)

In an effort to ensure compliance with DHS Regulation 2600.254.c (Resident records shall be stored in locked containers or a secured area), all unsecured documents (Privacy coding document, "pharmacy delivery sheets" folder, and bags of blister packages with labels) were immediately removed and placed in secure locations during the survey on 9/29/25. All staff persons were educated on this regulation by the Personal Care Home Administrator on 10/20/2025, and documentation of this education will be kept in accordance with 2600.65.i. To ensure sustained compliance, the Personal Care Home Administrator or [redacted] designee will inspect the entire home daily for one week starting 11/03/2025, and weekly thereafter, to verify that all resident-identifiable documents are stored securely and inaccessible to unauthorized persons.

Licensee's Proposed Overall Completion Date: 11/03/2025

Implemented ([redacted] - 12/17/2025)