

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

May 18, 2026

[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 04/21/2026 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: *12/19/2026*
 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

Staffing Hours

Resident Support Staff: Total Daily Staff: *23* Waking Staff: *17*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #: [REDACTED]
 Reason: *Complaint, Incident* Exit Conference Date: *04/21/2026*

Inspection Dates and Department Representative

04/21/2026 On Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *44* Residents Served: *23*

Secured Dementia Care Unit
 In Home: *No* Area: Capacity: Residents Served:

Hospice
 Current Residents: *0*

Number of Residents Who:
 Receive Supplemental Security Income: *17* Are 60 Years of Age or Older: *21*
 Diagnosed with Mental Illness: *23* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

04/21/2026 - Partial
 Lead Inspector: [REDACTED] Follow Up Type: *POC Submission* Follow Up Date: *05/15/2026*

05/12/2026 POC Submission
 Submitted By: [REDACTED] Date Submitted: *05/15/2026*
 Reviewer: [REDACTED] Follow Up Type: *POC Submission* Follow Up Date: *05/18/2026*

Inspections / Reviews *(continued)*

05/13/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/15/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 05/18/2026

05/18/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/15/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

15a - Resident Abuse Report

1. Requirements

2600.

15.a. The residence shall immediately report suspected abuse of a home served in the resident's in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

On [redacted] at approximately 4:15pm, resident [redacted] reported an allegation of sexual abuse to staff person A against resident [redacted]; however, this incident was not reported to the local Area Agency on Aging until [redacted]

Plan of Correction

Accept [redacted] - 05/13/2026)

To address the delayed reporting of the March 30, 2026 incident under regulation 2600.15(a), the allegation was officially reported to the local Area Agency on Aging on April 21, 2026. To ensure correction and continued compliance, Administrators [redacted] and [redacted] were educated by the surveyor on the day of survey and instructed to review the 2600 regulatory guide to ensure that all of the correct agencies were contacted and that moving forward, all of the correct agencies will be notified within the correct timeframe. To prevent future recurrence, the Administrators are completing immediate re-education for all facility staff on regulation 2600.15a on May 11th. Furthermore, Administrators [redacted] and [redacted] will maintain ongoing compliance by ensuring that every reportable event is thoroughly tracked. As a specific, monitorable deliverable to ensure this oversight, the facility has implemented a mandatory Incident Tracking Tool; the Administrator and/or [redacted] designee must complete, sign, and date this tool immediately following every reportable incident to formally certify that all required external agencies have been notified within their mandated timeframes. [redacted] [redacted] and/or an appointed designee in their absence are the designated persons responsible for overseeing this compliance and conducting weekly reviews of this Incident Tracking Tool beginning May 11, 2026.

Staff was educated on May 11th, 2026, and documentation of education will be kept by the administrator in [redacted] locked office closet.

Licensee's Proposed Overall Completion Date: 05/12/2026

Implemented [redacted] - 05/18/2026)

16c - Written Incident Report

2. 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

On [redacted] at approximately 4:15pm, resident [redacted] reported an allegation of sexual abuse to staff person A against resident [redacted] however, this incident was not reported to the Department until [redacted].

Plan of Correction

Accept [redacted] - 05/13/2026)

Regarding the delayed written report for the March 30, 2026 incident under regulation 2600.16(c), Administrator [redacted] verbally reported the incident to the Department on the same day, received surveyor guidance, initiated the investigation, and subsequently submitted the final written report via fax on April 1, 2026. To ensure strict adherence to the 24-hour written reporting requirement moving forward, Administrators [redacted] and [redacted]

16c Written Incident Report (continued)

██████████ have implemented a new protocol requiring all initial incident documentation to be faxed to the Department within the initial 24 hour timeframe, which will then be followed up with a final document upon the conclusion of the internal investigation. As a specific, monitorable deliverable to guarantee ongoing compliance, the Administrators have implemented a mandatory "Incident Reporting Fax Log"; for every future reportable incident, the Administrator and or ██████ designee must sign this log and physically attach the successful fax transmission receipt to the internal incident report prior to the expiration of the 24 hour deadline. Administrators ██████ ██████ and or the administrator's designee are the designated persons responsible for auditing this log weekly to ensure absolute compliance. Staff was re educated on May 11th, 2026, by administrators ██████ and ██████ and documentation will be kept by the administrator for recordkeeping purposes.

Licensee's Proposed Overall Completion Date: 05/12/2026

Implemented ██████ 05/18/2026)