

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to GRAINGER AID OPCO LLC  
LEGAL ENTITY

To operate GRAINGER HOUSE  
NAME OF FACILITY OR AGENCY

Located at 10960 FRANKSTOWN ROAD, PENN HILLS, PA 15235  
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE \_\_\_\_\_ ADDRESS OF SATELLITE SITE \_\_\_\_\_

ADDRESS OF SATELLITE SITE \_\_\_\_\_ ADDRESS OF SATELLITE SITE \_\_\_\_\_

ADDRESS OF SATELLITE SITE \_\_\_\_\_ ADDRESS OF SATELLITE SITE \_\_\_\_\_

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 47  
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.  
(MAXIMUM CAPACITY)

Restrictions: \_\_\_\_\_

This certificate is granted in accordance with the Public Welfare 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 July 11, 2013 until January 11, 2014,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 444891

*Robert E. Robinson*

ISSUING OFFICER

*[Signature]*

DIRECTOR

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.

PW 628 - 01/11



**pennsylvania**  
DEPARTMENT OF PUBLIC WELFARE

JUL 1 1 2013

Mr. Daniel M. Guill, Authorized Representative  
Grainger AID OPCO, LLC  
301 Commerce Street, Suite 3300  
Fort Worth, Texas 76102

RE: Grainger House  
1090 Frankstown Road  
Penn Hills, Pennsylvania 15235

Dear Mr. Guill:

As a result of the Department of Public Welfare's (Department) licensing inspection on June 19, 2013, of the above personal care home, we have found that your personal care home is in substantial compliance with the regulations, set forth in 55 Pa.Code Ch. 2600 (related to Personal Care Homes), that can be adequately assessed at this time. The licensing inspector was unable to complete a full inspection because this is a new legal entity operating the home.

During the inspection, violations on the enclosed Violation Report were found. All violations specified on the Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Adult Residential Licensing so that compliance can be verified.

Your PROVISIONAL license is enclosed, based on substantial but not complete compliance with 55 Pa.Code Ch. 2600.

Sincerely,

A handwritten signature in black ink that reads "Ronald Melusky" followed by a stylized flourish or initials.

Ronald Melusky  
Director

Enclosures  
License  
Violation Report

RECEIVED

VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa. Code Chapter 2600

PCH Name: GRAINGER HOUSE		JUN 24 2013	License Number: 43174	44489 ⑧
Address: 10960 FRANKSTOWN ROAD, PENN HILLS, PA 15235		WEST REGION FIELD OFFICE Human Services Licensing	County: Allegheny	
Administrator: MARIANNE DOUGHTERTY			Region: WEST	
Legal Entity Name: ASSISTED LIVING CONCEPTS INC Grainger AID OPCO, LLC				
<del>Legal Entity Address: W140 N8881 LILLY ROAD, MENOMONEE FALLS, WI 53051</del> 301 Commerce Street, Suite 3300 Fort Worth, TX 76102 ⑧				
Certificate(s) of Occupancy C-2 LP 09/24/1997 Labor & Industry				
Staffing Hours Resident Support: 16.5      Total Daily Staff: 39      Waking Staff: 29				
Type of Inspection: Partial      BHA Docket Number:      Notice: Announced				
Reason(s) for Inspection(s) Change Legal Entity				
On-Site Inspections Dates and Department Representatives On-Site 06/19/2013: Flinner-Alman, Lisa; Mazza, Larry				
Off-Site Inspection Dates and Inspectors, if Applicable				
Other Details Partial or Full Triggers:      Random Indicators:				
Resident Demographic Data as of Inspection Dates				
Licensed Capacity: 47		Number of Residents who:		
Number of Residents Served: 16		Receive Supplemental Security Income: 0		
Secured Dementia Care Unit in Home: No		Are 60 Years of Age or Older: 14		
Area:		Have Mental Illness: 3		
Secured Dementia Unit Capacity, if Applicable:		Have an Intellectual Disability: 0		
Number of Residents Served in Secured Dementia Care Unit, if applicable:		Have a Mobility Need: 6		
Number of Current Hospice Residents: 3		Have a Physical Disability: 1		
Number of Hospice Residents in past year: 4				

44489 (B)

JUN 24 2013

Violation Report: 43477 - 06/19/2013 - Finner-Alman, Lisa  
PCH Name: GRAINGER HOUSE

WEST REGION FIELD OFFICE  
Human Services Liaison

1. REGULATION 55 Pa.Code §2600

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.

2a. DESCRIPTION OF VIOLATION

There was an unlabeled and undated bag of chicken breasts and a large unlabeled bag of breaded chicken in the double freezer located in the kitchen.

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.

On June 19, 2013 at 12:02 pm the administrator verified the breaded chicken breast and chicken breast were labeled and dated. (Pictures have been attached to this Violation Report.

The kitchen staff was reeducated on all kitchen tasks. They have been made aware that all food items placed in the refrigerator or freezer must have a label and a date throughout the food's existence. The kitchen staff are now required to complete self audits a minimum of three times per week for four weeks then once the first audit is complete they will be required to perform the second audit two times a week for four weeks to assure food is labeled and dated correctly.

The Quality Management Plan review team will review the findings of the audits after eight weeks and then determine the continuing frequency of the audits to maintain on-going compliance.

The administrator will complete a random verification audit of the kitchen staff self audits a minimum of once a week for 8 weeks and then randomly unannounced audits to assure on-going compliance.

A copy of the audit for June 21, 2013 is attached to this violation report.

Attachment A  
Attachment B  
Attachment C

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Veronica Prederson*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *VERONICA PREDERSON, ARD* Date *6/24/13*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 6-26-13 (Date)

Plan of correction implementation status as of 6-26-13 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *6-26-13*
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by *[Signature]* (Initials)

JUN 24 2013

44489  
②

Violation Report: 43174 - 06/19/2013 - Flinner-Alman, Lisa  
PCH Name: GRAINGER HOUSE  
WEST MICHIGAN HEALTH SERVICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.183(e) - Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

2a. DESCRIPTION OF VIOLATION  
A bottle of Lantus insulin, two bottles of Tuberculin, Purified Protein Derivative, Diluted Aplisol and five bottles of Norvir soft gel caps, with manufacturers' labels indicating "Store in refrigerator between 36 - 46 degrees Fahrenheit" were stored in a small refrigerator in the medication room. The temperature of the refrigerator was 48 degrees Fahrenheit.

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.

On June 19, 2013 at 2:48 pm the administrator verified the maintenance department replaced the small refrigerator in the medication room and the temperature of the small refrigerator was 42 degrees Fahrenheit.

In order to assure the small refrigerator in the medication room maintains at the acceptable temperatures the refrigerator temperature will be checked and recorded each shift. Instructions have been posted on the temperature record sheet and staff has been instructed by the Wellness Director specifically what actions should be taken in the event that the temperature of the refrigerator is not within the acceptable parameters. The acceptable temperature range is as well printed on the refrigerator temperature record sheet.

Continuation  
Attachment A  
Attachment B  
Attachment C

See page 3 A

Repeat Violation: No      Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *Veronica Predebon*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) **VERONICA PREDEBON, ARD**      Date *06/24/13*

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(Date)

Plan of correction implementation status as of 6-26-13  
(Date)

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The above plan of correction was approved by *[Signature]*  
(Initials)

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RECEIVED

JUN 24 2013

2600.183(e) continued

WEST REGION FIELD OFFICE  
Human Services Licensing

The Wellness Director or designee will verify a minimum of five times weekly for one month that the refrigerator temperatures are within the acceptable parameters or appropriate action has been taken to assure refrigerator temperatures are within acceptable parameters to meet the manufactures recommendations for the medication contained within the refrigerator.

The administrator or designee will verify a minimum of two times weekly for one month that the refrigerator temperature is within acceptable parameter to meet the temperature recommendations for the medications contained within the refrigerator.

At the end of the one month the Quality Management Review Team will assess the outcome of the audits and determine the frequency of the on going audits to assure on going compliance that the refrigerator temperatures are maintained per the manufactures recommendations for the medications contained within the refrigerator.

A copy of the refrigerator temperature log and the purchase order for a new refrigerator are attached to the violation report.

VERONICA PREDEBON  
Veronica Predelbon

06-24-13

6-26-13

4448988

JUN 24 2013

Violation Report: 43474 - 06/19/2013 - Pflinner-Alman, Lisa  
 PCH Name: GRAINGER HOUSE

WEST VIRGINIA FIELD OFFICE  
 Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- (1) The resident's name.
- (2) The name of the medication.
- (3) The date the prescription was issued.
- (4) The prescribed dosage and instructions for administration.
- (5) The name and title of the prescriber.

2a. DESCRIPTION OF VIOLATION

The label for Resident #1's prescription bottle of Brimonidine Tartrate-Ophthalmic Solution 0.2% does not include the resident's name.

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.*

On June 19, 2013 at 1:45 pm the administrator verified a new label has been placed on the residents' #1's prescription bottle of Brimonidine Tartrate-Ophthalmic Solution 0.2%.

The Wellness Director instructed staff on what steps are to be taken in the event of a labels falling off a medication.

A complete audit of all medications was completed by a licensed nurse on June 21, 2013. A random audit was subsequently performed by the administrator to assure all medications were labeled to comply with regulation 2600.184(a).

Medication label audits will be completed by a licensed nurse three times a week for one week, a minimum of one time a week for one month. At the end of one month based on the random audit findings of the audits completed by the licensed nurse the quality management team will determine the frequency of the on-going audits to maintain compliance.

Attachment A  
 Attachment B  
 Attachment C

Repeat Violation: No      Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *Veronica Predelben*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *VERONICA PREDERON, ARD*      Date *06/24/13*

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 (Initials)