



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

APR 23 2014

Mr. Akhil Sharma, Authorized Officer
Grainger AID OPCO LLC
10960 Frankstown Road
Penn Hills, Pennsylvania 15235

RE: Allegheny Place
License #: 444890

Dear Mr. Sharma:

As a result of the Department of Public Welfare's licensing inspection on December 16, 2013, December 17, 2013, December 19, 2013, and March 25, 2014, of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

The license indicates the home's recent change in the name from Grainger House to Allegheny Place.

A regular license is being issued based on the enclosed License Inspection Summary. Your license is enclosed.

Sincerely,

Matthew Jones / JG
Matthew J. Jones
Director

Enclosures
License
License Inspection Summary

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WEST REGION FIELD OF
Human Services License

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

Page 1 of 7

PCH Name: GRAINGER HOUSE		License Number: 44489
Address: 10960 FRANKSTOWN ROAD, PENN HILLS, PA 15235		County: Allegheny
Administrator: Special Master - Marianne Dougherty		Region: WEST
Legal Entity Name: GRAINGER AID OPCO LLC		
Legal Entity Address: 10960 FRANKSTOWN ROAD, PENN HILLS, PA 15235		
Certificate(s) of Occupancy C-2 LP 09/24/1997 Labor & Industry		
Staffing Hours Resident Support: 0 Total Daily Staff: 18 Waking Staff: 14		
Type of Inspection: Full BHA Docket Number: Notice: Unannounced		
Reason(s) for Inspection(s) Provisional, Complaint, Incident		
On-Site Inspections Dates and Department Representatives On-Site 12/16/2013: Whitney, Diane; Mandock, Nancy 12/17/2013: Whitney, Diane; Mandock, Nancy 12/19/2013: Whitney, Diane; Glidden, Michelle		
Off-Site Inspection Dates and Inspectors, if Applicable 12/18/2013: Whitney, Diane 12/20/2013: Whitney, Diane		
Other Details Partial or Full Triggers: Random Indicators:		
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 47 Number of Residents Served: 12 Secured Dementia Care Unit in Home: NO Aros: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 2 Number of Hospice Residents in past year: 4	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 11 Have Mental Illness: 2 Have an Intellectual Disability: 0 Have a Mobility Need: 6 Have a Physical Disability: 0	

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Human Services License

Violation Report: 44489 - 12/16/2013 - Whitney, Diane PCH Name: GRAINGER HOUSE	
1. REGULATION 55 Pa.Code §2600 2600.25(c)(13) - The contract shall include written information on the resident's rights and complaint procedures as specified in § 2600.41 (relating to notification of resident rights and complaint procedures).	
2a. DESCRIPTION OF VIOLATION The contract, dated 11-15-11, for resident #4, does not include complaint procedures.	
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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.</i>	
<i>See page 2A of 7</i>	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative <i>Veronica Presdehon</i>	
Printed Name and Title of Legal Entity Representative <i>Veronica Presdehon</i>	ASST. RESIDENCE DIRECTOR Date <i>02/05/2014</i>
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of <i>4/10/14</i> (Date)	Plan of correction implementation status as of <i>4/10/14</i> (Date)
The above plan of correction was approved by <i>[Signature]</i> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <i>2</i> <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

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Grainger AIB OPCO LLC—License #444891

2600.25(c)(13) Plan of Correction

Resident #4 was presented with the complaint procedure for Grainger House.

Attachment A: signed receipt for complaint procedure signed by Resident #4 and her husband

The contracts for the current residents of Grainger House were audited by the Residence Director to assure compliance with regulation 2600.25(c)(13) on January 29, 2014.

Attachment B: audit results for compliance with this regulation

To assure ongoing compliance upon execution of the resident's contract by resident and/or resident's legal representative and a representative of Grainger House, the Residence Director and/or designee will verify the contract has the complaint procedure included with the contract.

The Residence Director and/or designee will verify the complete contract is maintained in the resident's record at Grainger House. Staff members authorized to execute a resident contract received education to assure that they understand the current required elements of a resident contract, including the complaint procedures.

Attachment C & D: verification of staff education

at least quarterly or 4/10/14

The Residence Director and/or designee will randomly audit residents' records to verify the complete contract is maintained in the residents' permanent record. The Residence Director and/or designee will randomly interview residents and/or resident's legal representation to verify that the resident and/or resident's legal representative understand complaint procedure.

Veronica Predebon 02/05/2014
Veronica Predebon
Asst. Residence Director

Ju 4/10/14

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Human Services Lt

Violation Report: 44489 - 12/16/2013 - Whitney, Diana	
PCH Name: GRAINGER HOUSE	
1. REGULATION 55 Pa.Code §2600 2600.52 - Hiring, retention and utilization of staff persons shall be in accordance with the Older Adult Protective Services Act (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (relating to protective services for older adults) and other applicable regulations.	
2a. DESCRIPTION OF VIOLATION On 8-6-2013, the home requested a criminal background check for staff person A, hired 8-12-2013. The background check was returned on 8-20-2013 indicating the possibility of a criminal background. Staff person A began to perform unsupervised direct care work on 8-18-2013 without verification that the staff person does not have prohibitive offenses.	
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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.</i>	
<p style="font-size: 2em; font-family: cursive;">See Page 3A of 9</p>	
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Grainger AID OPCO LLC---License #444891

2600.52 Plan of Correction

Staff Person A is no longer employed by Grainger House.

An audit of current employee files was completed on January 31, 2014 to assure each employee meets the employment eligibility requirements as defined by regulation 2600.52.

Attachment A: results of audit

The Residence Director and/or designee will complete the request for the criminal background check, review the results of the criminal background check, and assure that the individual is eligible for employment in accordance with the Older Adult Protective Services Act.

Attachment B: New Employee X criminal background check

Attachment C: New Employee Y pending criminal background check (disseminated on 01/27/2014)

Attachment D: Task sheet with New Employee Y's signature along with another employee's for their shadow training day

Attachment E: New Employee Y's criminal background check

Employee Y was not scheduled to work until the background check was received and it was verified that the employee was eligible for employment in accordance with the Older Adult Protective Services Act.

An employee will not be placed on the schedule to work without supervision until it is verified that the employee meets the eligibility requirements according to the Older Adult Protective Services Act.

The Residence Director developed a list to verify all regulatory required documents are obtained and verified prior to an individual working unsupervised with the residents of Grainger House.

The Residence Director and/or designee will audit employee records prior to employee working unsupervised to assure ongoing compliance with the Older Adult Protective Services Act.

Current administrative staff was educated as to the requirements of the Older Adult Protective Services Act to assure any employee of Grainger House meets the requirement prior to working unsupervised at Grainger House.

Attachments F & G: verification of staff education

Residence Director and/or designee will randomly audit new employee records periodically to assure the employee record contains the required documentation to meet regulation 2600.52 and the Older Adult Protective Services Act.

Veronica Predebon 02/05/2014
Veronica Predebon
Asst. RESIDENCE DIRECTOR

Jh 4/10/14

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Violation Report: 44489 - 12/16/2013 - Whitney, Diane	
PCH Name: GRAINGER HOUSE	
1. REGULATION 66 Pa.Code §2600 2600.54(a) - Direct care staff persons shall have the following qualifications: (1) Be 18 years of age or older, except as permitted in § 2600.54(b). (2) Have a high school diploma, GED diploma, or active registry status on the Pennsylvania nurse aide registry. (3) Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.	
2a. DESCRIPTION OF VIOLATION Direct care staff person A, hired 8-12-2013, does not have a high school diploma, GED, or active registration status on the Pennsylvania nurse aide registry.	
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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.</i>	
<p>See Page 4A of 7</p>	
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Page 4A of 7

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Grainger AID OPCO LLC—License #444891

2600.54(a) Plan of Correction

Staff Person A is no longer employed by Grainger House.

An audit of current employee files was completed on January 31, 2014 to assure each employee meets the requirements of regulation 2600.54(a).

Attachment A: demonstrates the result of the audit and shows new employee checklist

The Residence Director and/or designee will verify each employee hired meets the requirements of regulation 2600.54(a).

Attachment B: New Employee X diploma

Attachment C: New Employee Y diploma

The Residence Director developed a list to verify all regulatory required documents are obtained and meet the requirements as set forth by 2600.54(a) prior to 1st day of employment.

Current administrative staff was educated on the requirements of 2600.54(a) to assure ongoing compliance with this regulation.

Attachment D & E: verification of staff education


Residence Director and/or designee will randomly audit new employee records to assure ongoing compliance with regulation 2600.54(a).

Veronica Predobon 02/05/2014
Veronica Predobon
Asst. Residence Director

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WEST REGION FIELD OFFICE
Human Services Licensing Page 6 of 7

Violation Report: 44489 - 12/16/2013 - Whitney, Diane PCH Name: GRAINGER HOUSE	
1. REGULATION 55 Pa. Code §2600 2600.100(b) - The home shall ensure that ice, snow and obstructions are removed from outside walkways, ramps, steps, recreational areas and exterior fire escapes.	
2a. DESCRIPTION OF VIOLATION On 12-16-2013, at approximately 10:40 A.M., the horizontal cross section of the sidewalk in the courtyard was covered with approximately 1/4" of ice. It was not snowing that morning. At 11:05 A.M., ice remained on the sidewalk.	
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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.</i>	
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Grainger AID OPCO LLC--License #444891

2600.100(b) Plan of Correction

On December 16, 2013 the ice was removed from the horizontal cross section of the sidewalk.

At the conclusion of an active snowfall the residence director will assure that staff members of Grainger House are assigned to remove ice and snow from outside walkways, ramps, steps and recreational areas.

Current staff will be educated on the procedure for snow removal by February 6, 2014 and ongoing with new hires.

Attachment A: Procedure with sign off section

The Residence Director and/or designee will visually verify all snow and ice has been removed from the outside walkways, ramps, steps, and recreational areas at the conclusion of an active snowfall.

Veronica Predelom 02/05/2014
Veronica Predelom
ASST. RESIDENCE DIRECTOR

Immediately - The administrator will ensure that staff are instructed to monitor walkways, ramps and steps daily and on each shift, to ensure there are no types of obstructions, including snow and ice.

By 5/15/14 - The administrator will monitor exterior ramps, walkways, steps and fire escapes at least monthly to ensure they are not obstructed by any objects, including snow and ice.

J 4/15/14

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Violation Report: 44489 - 12/16/2013 - Whitney, Diane PCH Name: GRAINGER HOUSE	
1. REGULATION 55 Pa. Code §2600 2600.132(c) - A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.	
2a. DESCRIPTION OF VIOLATION The fire drill record for the drill conducted on 9-18-2013 indicates 17 residents were present in the home; however, only 16 residents evacuated. A new resident did not evacuate.	
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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.</i>	
<p>Fire drills conducted at following dates and times:</p> <p>10/25/13 at 1:30pm 11/28/13 at 3:53 p.m. 12/30/13 at 1:05 a.m. 1/15/14 at 8:55 a.m. 2/10/14 at 3:29 p.m.</p> <p>All residents evacuated to fire safe areas.</p> <p>Immediately - In the event all residents are not evacuated during a fire drill, a second fire drill will be held during the same month, and the administrator or designee will ensure all residents are evacuated.</p> <p><i>J</i> 4/16/14</p> <p>See Page 6A of 7</p>	
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Veronica Presdebon</i>	ASST. RESIDENCE DIRECTOR Date 02/05/2014
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Human Services

Gralinger AID OPCO LLC—License #444891

2600.132(c) Plan of Correction

Upon audit it was determined the September 18, 2013 fire drill did not meet the requirements of 2600.132(c) due to only 16 residents being evacuated. Another fire drill for September was conducted on September 29, 2013 to assure the facility met the requirements of 2600.132(c).

Attachments A1, A2, A3: fire drill record for Sept.

Attachments B1, B2, B3, B4, B5: fire drill records for Oct., Nov., Dec., and Jan.

The maintenance technician received education regarding completion of the fire drill records to assure accuracy of records.

Attachment C: verification of staff education

Residence Director and/or designee will review the fire drill records after each fire drill to assure ongoing compliance with 2600.132(c).

By 4/30/14 - All staff will be instructed to ensure all residents evacuate and are accounted for during fire drills.

By 5/31/14 - The administrator will observe a fire drill to ensure proper procedures, including evacuating all residents, are followed.

Veronica Predebon 02/05/2014
Veronica Predebon
ASST. RESIDENCE DIRECTOR

day 4/10/14

4/10/14

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WEST REGION FIELD OFFICE
Human Services Licen

Violation Report: 44489 - 12/16/2013 - Whitney, Diane PCH Name: GRAINGER HOUSE	
1. REGULATION 55 Pa.Code §2600 2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.	
2a. DESCRIPTION OF VIOLATION The preadmission screening form, dated 4-8-13, for resident #3, does not include a determination that the home can meet the service needs of the resident. The preadmission screening form, dated 8-30-12, for resident #5, does not include a determination that the home can meet the service needs of the resident.	
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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.</i> <p style="text-align: center; font-size: 2em;">See 7A of 7</p>	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page) <i>Veronica Predelbon</i>	
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Page 1A-P7

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WEST REGIONAL
Human Services

Grainger AID OPCO LLC—License #444891

2600.2224(a) Plan of Correction

The service needs of resident #3 and Resident #5 can be met at Grainger House. The box on the pre-admission screen indicating yes the service needs of resident #3 and #5 should have been checked "yes" by the person completing the pre-admission screen. This was verified on January 31, 2014.

An audit of the current residents' pre-admission screens was completed on January 31, 2014 and the pre-admission screens were in compliance.

Attachment A: audit results

The Residence Director, Wellness Director, and/or designee will complete the pre-admission screen for a potential admission to Grainger House. Upon completion of the pre-admission screen, the Residence Director, Wellness Director, and/or designee will audit the pre-admission screen for completion, including the determination that the needs of the resident can be met by the services provided by the home.

The Residence Director educated the Wellness Director and Residence Sales Manager on January 31, 2014, on how to accurately complete a pre-admission screen.

Attachment B & C: verification of staff education

Veronica Predobon 02/05/2014
Veronica Predobon
Asst. RESIDENCE DIRECTOR

Q 4/16/14