



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: March 22, 2016

Mr. Cody Swartz, Administrator
Grainger AID OPCO, LLC
10960 Frankstown Road
Penn Hills, Pennsylvania 15235

RE: Allegheny Place
#444890

Dear Mr. Swartz:

As a result of the Department of Human Services' licensing inspection on August 3, 2015 and August 6, 2015, 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.

Sincerely,

A handwritten signature in black ink that reads "Jason Williams" followed by a stylized flourish.

Jason Williams
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

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

PCH Name: ALLEGHENY PLACE		License Number: 44489
Address: 10960 FRANKSTOWN ROAD, PENN HILLS, PA 15235		County: Allegheny
Administrator: Cody Swartz		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 02/02/1998 Labor & Industry		RECEIVED MAR 2 2016 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 50	Waking Staff: 38
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Complaint, Incident		
On-Site Inspections Dates and Department Representatives On-Site 08/03/2015: Whitney, Diane 08/06/2015: Whitney, Diane		
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 Served: 36 Secured Dementia Care Unit in Home: No Area: 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: 3		Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 35 Have Mental Illness: 3 Have an Intellectual Disability: 0 Have a Mobility Need: 14 Have a Physical Disability: 0

MAR 11 2016

Violation Report: 44489 - 08/03/2015 - Whitney, Diane
PCH Name: ALLEGHENY PLACE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.42(b) - A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

2a. DESCRIPTION OF VIOLATION

Resident #1 was admitted to the home on [redacted]-15. The resident's medical evaluation, dated 4-30-15, indicates that the resident has a diagnosis of dementia and poor cognitive functioning. The resident's assessment, dated 5-15-15, indicates that the resident is unable to ambulate due to weakness of the legs, is unsteady on his/her feet requiring assistance with toileting, and requires one person to assist with all transfers.

The home's service notes indicate that resident #1 had multiple falls in the home as follows:

5-2-15 - Resident #1 fell in the morning sustaining a skin tear to the left elbow and left knee.

5-3-15 - Resident #1 fell with no injury.

6-5-15 - Resident #1 fell trying to transfer from a wheelchair to a chair unassisted and sustained a cut above the left eye and a skin tear on the left elbow.

6-15-15 - Resident #1 fell out of bed in the early morning and sustained a 3 inch skin tear to the right elbow area.

7-2-15 - Resident #1 fell in the bathroom with no staff persons present. The resident sustained a lump and bleeding on the forehead and bleeding from the bridge of the nose.

7-9-15 - Resident #1 was found on the floor in the activities room and was sent to the hospital for evaluation.

7-18-15 - Resident #1 fell to the floor in front of the hydration station hitting his/her head on the ground. Resident #1 sustained a subdural hematoma, an acute rib fracture, an acute pelvic fracture, an acute orbital fracture and was unresponsive before being sent to the hospital. The resident was placed on hospice care on 7-22-15 with a traumatic brain injury and ceased to breathe on 7-26-15. The resident's death certificate lists "Blunt force trauma of the head" and "Fall" as the causes of death.

Staff interviews and the resident's record indicate that resident #1 frequently attempted to get up from his/her wheelchair and ambulate without staff assistance.

Resident #1's support plan, dated 5-15-15, indicates that the home will use verbal reminders to the resident that he/she requires assistance with transfers and ambulation; however, the resident was unable to benefit from these reminders due to a dementia diagnosis and poor cognitive functioning. The home's service notes indicate that the resident was given a pendant call button but was unable to consistently use it.

The home failed to provide adequate supervision and fall risk precautions to resident #1.

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.

See attached

See pages 2^a and 2^b of 3

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Cody Swartz

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

CODY SWARTZ, Executive Director

Date 03/11/2016

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

The above plan of correction is approved as of 3/21/16
(Date)

Plan of correction implementation status as of 3/21/16
(Date)

The above plan of correction was approved by CS
(Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress *CS*
- Partially Implemented - Inadequate Progress
- Not Implemented

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Violation Report: 44489 - 08/03/2015 - Whitney, Diane

PCH Name: ALLEGHENY PLACE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.42(b) - A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Within 15 days of receipt of the plan of correction - The home will develop a multidisciplinary risk assessment committee that includes at a minimum the administrator, a nurse and at least one direct care staff person. *7/12/16 Attachment A*

Within 45 days of receipt of the plan of correction - The risk assessment committee will develop an assessment tool and assess each current resident to determine if a resident is at risk for falls. *7/12/16 Attachment B*

If identified as being at risk for falls, the resident's assessment and support plan will be immediately updated to identify the fall risk and include fall risk precautions. Supervision needs and staff assistance with ambulation and transfers will be detailed. *7/12/16*

Within 15 days of receipt of the plan of correction - The administrator or designated person will develop a policy and procedure to ensure any changes to the resident assessment and support plan (RASP) are communicated to all staff providing services to the resident. *7/12/16 Attachment C*

Within 30 days of receipt of the plan of correction - All staff will be educated to this policy and procedures. Documentation of training will be kept. *7/12/16*

Within 45 days of receipt of the plan of correction - If a resident has been assessed as needing excessive supervision which the home cannot provide, the administrator or designated staff person will notify the physician who will then assess the level of care needed. If a higher level of care is needed, the administrator or designated staff person will assist the resident in finding a placement that will meet their needs in accordance with regulation 2600.228h. *7/12/16*

By 7/1/18 - Residents who are at risk for falls will be assessed at least every three months. *7/12/16*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Intervium Executive Director

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

Intervium Executive Director

Date *3-17-16*

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(Date)

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(Date)

The above plan of correction was approved by _____
(Initials)

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WEST REGION FIELD OFFICE
Human Services Licensing

Submission of this response and Plan of Correction is NOT a legal admission that a deficiency exists or, that this Statement of Deficiencies was correctly cited, and is also NOT to be construed as an admission against interest by the residence, or any employees, agents, or other individuals who drafted or may be discussed in the response or Plan of Correction. In addition, preparation and submission of this Plan of Correction does NOT constitute an admission or agreement of any kind by the facility of the truth of any facts alleged or the correctness of any conclusions set forth in this allegation by the survey agency.

2 b of 3

2600.42(b)

Immediately, Executive Director (ED), Care Services Manager (CSM), or designee will review support plans of all residents to ensure appropriate support plans are in place to meet resident needs. ED, CSM, or designee will review resident support plans to ensure they are complete by 4/15/16.

Staff will be educated on fall prevention to help them identify fall risks and strategies to prevent falls from occurring. ED, CSM, or designee will complete training by 4/15/16.

DHS reportable incidents will be reviewed weekly at community leadership meetings, and at least quarterly in QI/Safety committee meetings by ED, CSM, and staff to ensure appropriate interventions are put in place, and updated on support plan accordingly.

J.W. 3/21/16

Cody Swartz

Cody Swartz, Executive Director

3/11/2016

Violation Report: 44489 - 08/03/2015 - Whitney, Diane
PCH Name: ALLEGHENY PLACE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

2a. DESCRIPTION OF VIOLATION

The support plan, dated 5-15-15, for resident #1, does not include the resident's use of a pendant call button; and was not updated to include pool noodles installed 7-2-15 along the resident's mattress as a fall precaution.

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.

See page 3^o of 3

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

Signature of Legal Entity Representative (Required on EVERY Page) *Cody Swartz*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *CODY SWARTZ, Executive Director* Date *3/11/2016*

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

The above plan of correction is approved as of 3/21/16
(Date)

The above plan of correction was approved by DW.
(Initials)

Plan of correction implementation status as of 3/21/16
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *DW.*
- Partially Implemented - Inadequate Progress
- Not Implemented

Page 3^a of 3
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WEST REGION FIELD OFFICE
Human Services Licensing

2600.227(d)

Resident #1 passed away.

Resident support plans will be audited by ED, CSM or designee to ensure appropriate resident care needs are identified and accurate for each resident by 4/30/2016, and on-going.

Staff will be educated by ED, CSM, or designee on the support plan and what should be on it no later than 4/30/2016.

Support plans to be reviewed for completeness and accuracy by ED, CSM, or designee prior to being finalized.

Cody Swartz

Cody Swartz, Executive Director
03/11/2014

D.W. 3/21/16