



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: November 29, 2016

Mr. Bob Ross, Administrator
Grainger AID OPCO, LLC
Allegheny Place
10960 Frankstown Road
Penn Hills, Pennsylvania 15235

RE: Allegheny Place
#444890

Dear Mr. Ross:

As a result of the Department of Human Services' licensing inspection on February 1, 2016, 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, appearing to read "Janine Wenzig".

Janine Wenzig
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 | | RECEIVED |
| Certificate(s) of Occupancy C-2 LP 02/02/1998 Labor & Industry | | NOV 18 2016 WEST REGION FIELD OFFICE Human Services Licensing |
| Staffing Hours | | |
| Resident Support: 0 | Total Daily Staff: 58 | Waking Staff: 44 |
| Type of Inspection: Partial | BHA Docket Number: | Notice: Unannounced |
| Reason(s) for Inspection(s) Incident | | |
| On-Site Inspections Dates and Department Representatives On-Site 02/01/2016: Flinner-Alman, Lisa; Knee, Donald | | |
| 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: 40 | Receive Supplemental Security Income: 0 | |
| Secured Dementia Care Unit in Home: No | Are 60 Years of Age or Older: 39 | |
| Area: | Have Mental Illness: 0 | |
| 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: 18 | |
| Number of Current Hospice Residents: 8 | Have a Physical Disability: 0 | |
| Number of Hospice Residents in past year: 17 | | |

Violation Report: 44489 - 02/01/2016 - Flinner-Alman, Lisa
PCH Name: ALLEGHENY PLACE

NOV 18 2016

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
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 section 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION
On 11/6/15, at 4:00 a.m., staff person A video recorded resident #1 because he/she was being combative. Staff person A proceeded to show the recording to other staff members. The home did not submit an incident report to the Department until 11/9/15.

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 2A of 5

Repeat Violation: Yes Date(s) of Previous Violation(s): 01/29/2015

Signature of Legal Entity Representative (Required on EVERY Page) *Gail Mertens Executive Director*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *GAIL MERTENS EXECUTIVE DIRECTOR* Date *11/17/16*

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

The above plan of correction is approved as of 11/22/16 (Date)
The above plan of correction was approved by *[Signature]* (Initials)

Plan of correction implementation status as of 11/22/16 (Date)

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

Submission of this response and Plan of Correction is NOT a legal admission that a deficiency exist or, that this Statement of Deficiency was correctly sighted, 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 maybe 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 fact alleged or the correctness of any conclusions set forth in this allegation by the survey agency.

Regulation 2600.16(c):

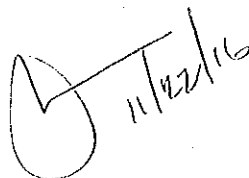
The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.1 (relating to abuse reporting covered by law).

- Incident regarding staff person A video recording resident was reported to DHS on 11/9/2015. Staff Person A's employment was terminated on [REDACTED] 2015.
- Going forward reportable incidents will be reported to the Department within 24 hours, via phone and/or fax.
- Any incident with an abuse allegation or infringement of a resident right will also be reported to the local Area Agency on Aging and local law enforcement as deemed necessary by the Agency, within the required time frame.
- Employees are educated on Resident Rights and confidentiality within the first 8 hours of employment.
- Executive Director will also enforce that cell phones are not to be used during hours of employment.
- Any reports that are received of a staff member carrying a phone will be addressed by Executive Director and corrective action will be taken.

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NOV 18 2016

WEST REGION FIELD OFFICE
Human Services Licensing

 11/22/16

Violation Report: 44489 - 02/01/2016 - Flinner-Alman, Lisa

PCH Name: ALLEGHENY PLACE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.23(a) - A home shall provide each resident with assistance with activities of daily living as indicated in the resident's assessment and support plan.

2a. DESCRIPTION OF VIOLATION

When resident #1 was admitted on [redacted] 15, the home was aware that he/she had a history of wandering. On 11/5/15 and 11/9/15, resident #1 wandered away from the home. On 11/9/15, the home submitted an incident report to the Department indicating the resident would be placed on 15 minute checks. However, staff person B, the administrator, stated resident #1 was never on "official or documented" checks, staff were just keeping a close eye on him/her. The home did not place a wander guard on the resident until 11/10/15, after he/she eloped twice from the home.

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 3A of 5

Repeat Violation: Yes Date(s) of Previous Violation(s): 01/29/2015

Signature of Legal Entity Representative
(Required on EVERY Page) *Gail Mertens Executive Director*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *GAIL MERTENS EXECUTIVE DIRECTOR* Date *11/17/16*

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(Date)

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

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(Date)

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WEST REGION FIELD OFFICE
Human Services Licensing

Regulation 2600.23(a):

A home shall provide each resident with assistance with activities of daily living as indicated in the resident's assessment and support plan.

- On 11/10 a wander guard and frequent checks were implemented on resident # 1. A reassessment of resident # 1 was done. Attachment #1 and #2.
- Going forward a mini mental exam and elopement assessment form will be completed on any resident with a history of wandering.
- Resident Assessment and Support Plan's will reflect the use of a wander guard and any other precautionary measures necessary to ensure the safety of the resident.
- Going forward Executive Director will review initial assessments as well as Resident Assessment and Support Plans.

Immediately - All staff will be reeducated on providing supervision to residents, use our response procedures for residents using a wander guard and to report any changes observed in residents' behavior that may indicate the need for increased supervision.

Immediately - The administrator will ensure all residents receive adequate supervision and care and services.


11/22/16

Violation Report: 44489 - 02/01/2016 - Flinner-Alman, Lisa
PCH Name: ALLEGHENY PLACE

NOV 18 2016

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.92 - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

2a. DESCRIPTION OF VIOLATION

There was no screen in the 5th window to the right of the main entrance and the window was open approximately 11" from 9:00 a.m. to 10:35 a.m. and at 4:33 p.m.

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 HA-P5

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Gail Mertens Executive Director*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *GAIL MERTENS EXECUTIVE DIRECTOR* Date *11/17/16*

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WEST REGION FIELD OFFICE
Human Services Licensing

Regulation 2600.92:

Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

- A screen was placed in the 5th window. Hardware has been installed in each window to allow window to only be open to a span of 4 to 5 inches.
- Going forward Maintenance Director will assure that all screens and windows are in good repair during daily rounds. Attachment #3.
- In addition weekly housekeeper will check to assure windows and screens are in good repair. Attachment #4. Housekeeper will also check to assure hardware to minimize opening is still in place.
- Executive Director will ensure that any disrepair will be addressed within the same business day.

 11/22/16

NOV 18 2016

Violation Report: 44489 - 02/01/2016 - Flinner-Alman, Lisa
PCH Name: ALLEGHENY PLACE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

2a. DESCRIPTION OF VIOLATION

The assessment, dated [redacted] 15, for resident #1, admitted [redacted] 15, indicates the resident has no problem with orientation to time, place and person and short term memory loss. However, hospital discharge documentation, dated 10/20/15 to 11/2/15, indicates resident #1 is not oriented to person, place, time and situation and short term memory appears quite impaired.

The assessment, dated 7/24/15, for resident #2 does not include the diagnoses of dementia and chronic kidney disease that are indicated on the medical evaluation, dated 6/23/15.

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 5A of 5

Repeat Violation: Yes Date(s) of Previous Violation(s): 01/29/2015

Signature of Legal Entity Representative
(Required on EVERY Page) *Michael Mentzer Executive Director*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Michael Mentzer Executive Director* Date *11/17/16*

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WEST REGION FIELD OFFICE
Human Services Licensing

Regulation 2600.225(a):

A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

- Resident # 1's problem with orientation to time, place and person and short term memory loss was re assessed. Attachment #2.
- Going forward Care Service Manager will review discharge documentation, if documentation notes orientation concerns and or memory loss, a Mini Mental Exam and Elopement Assessment will be completed on resident and note interventions in Resident Assessment and Support Plan.
- Resident # 2's Medical Evaluation and Resident Assessment and Support Plan were updated to include diagnosis of dementia, and chronic kidney disease. Attachments #5.
- Going forward Resident Assessment and Support Plan will include diagnosis as indicated on medical evaluation.
- Executive Director will review initial and updated Medical Evaluations and Resident Assessment and Support Plans to ensure that diagnoses are documented and plans are completed.

Immediately - The administrator will develop a system to ensure all new physicians' orders are reviewed and updates to residents' assessments are made when needed.

By 11/15/17 - The administrator or designee will review all assessments for current residents to ensure all are accurate, complete and include all current physicians' orders and those of other health care providers, such as home health and hospice services, where applicable.

[Signature]
11/22/16