



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**MAILING DATE: September 2, 2016**

Mr. Bob Ross, 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 April 12, 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 cursive script that reads "Jason Williams".

Jason Williams  
Acting 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, Pittsburgh, PA 15235   |  | County: Allegheny  |
| Administrator: Bob Ross  |  | Region: WEST   |
| Legal Entity Name: Grainger AID OPCO   |  |  |
| Legal Entity Address: 10960 Frankstown Road, PITTSBURGH, PA 15235  |  |  |
| Certificate(s) of Occupancy<br>C-2 LP<br>09/24/1997<br>L&I   |  |  |
| Staffing Hours<br>Resident Support: 0    Total Daily Staff: 56    Waking Staff: 42   |  |  |
| Type of Inspection: Partial    BHA Docket Number:    Notice: Unannounced   |  |  |
| Reason(s) for Inspection(s)<br>Incident  |  |  |
| On-Site Inspections Dates and Department Representatives On-Site<br>04/12/2016: Marini, Michael  |  |  |
| Off-Site Inspection Dates and Inspectors, if Applicable  |  |  |
| Other Details<br>Partial or Full Triggers:    Random Indicators:   |  |  |
| <b>Resident Demographic Data as of Inspection Dates</b>  |  |  |
| Licensed Capacity: 47<br><br>Number of Residents Served: 40<br><br>Secured Dementia Care Unit in Home: No<br><br>Area:<br><br>Secured Dementia Unit Capacity, if Applicable:<br><br>Number of Residents Served in Secured Dementia Care Unit, if applicable:<br><br>Number of Current Hospice Residents: 6<br><br>Number of Hospice Residents in past year: 20 |  | Number of Residents who:<br><br>Receive Supplemental Security Income: 0<br><br>Are 60 Years of Age or Older: 39<br><br>Have Mental Illness: 2<br><br>Have an Intellectual Disability: 0<br><br>Have a Mobility Need: 16<br><br>Have a Physical Disability: 0 |

Violation Report: 44489 - 04/12/2016 - Marini, Michael  
PCH Name: Allegheny Place

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.15(a) - The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adults Protective Services Act (35 P.S. Sections 10225.701 - 10226.707) and 6 Pa. Code Sections 15.21 - 15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

2a. DESCRIPTION OF VIOLATION

On 4-4-16, staff person A told staff person B he/she "...had to smack the shit out of [resident #1]", and on 4-5-16, staff person B reported this statement to staff person C, the acting administrator. However, the home did not report this allegation of abuse to the Area Agency of Aging until 4-6-16 at 5:45 PM.

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 2<sup>a</sup> of 5

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

Signature of Legal Entity Representative  
(Required on EVERY Page)

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

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

The above plan of correction is approved as of 8/25/16  
(Date)

Plan of correction implementation status as of 8/25/16  
(Date)

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

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

2<sup>9</sup> of 5

2600.15a of DHS and Older Adults Protective Services Act 35P:  
Immediate response of any suspected abuse.

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Human Services Licensing

On 4-6-16 Executive Director conducted an investigation to determine the details of the reported incident. ED interviewed staff person A and staff person B about the alleged abuse. It was identified that staff person B was not implicated in the allegation and returned to work. Staff person A was suspended pending further investigation.

On 4/6/16 Area Agency on Aging notified of allegation

On 4-17-16 DHS notified the community that allegation was unsubstantiated and staff member A returned to work.

On 4-19-16 an in-service was conducted by Gateway Hospice on Elder Abuse. See attachment #5 for sign in sheet.

ED to immediately report any allegation of abuse to the Area Agency on Aging upon learning of such allegation under the Older Adults Protective Services Act and within 24hrs to Department of Human Services to implement a plan of supervision or suspend staff.

There will be a monthly review of ACT 13 mandatory abuse reporting at monthly staff meeting in July, August and September of 2016 through self-study packets.

ED to round weekly to speak with residents to identify any further concerns regarding abuse or neglect in the home. Resident concern log to be maintained (attachment 6)

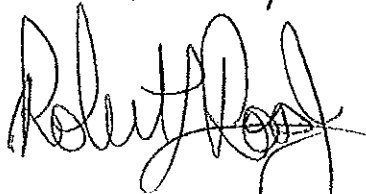
Within 15 days of receipt of the plan of correction, the ED will review all reported incidents at least weekly to ensure any suspected abuse of a resident is reported in accordance with the Older Adult Protective Services Act.

Within 45 days of receipt of the plan of correction, current staff, including management will complete Pennsylvania Department of Aging Older Adult Protective Services Act Self Study course which can be located at:

[http://www.portal.state.pa.us/portal/server.pt/community/self\\_study\\_course/18031/unit\\_1\\_overview/616726](http://www.portal.state.pa.us/portal/server.pt/community/self_study_course/18031/unit_1_overview/616726) Self-study tests for current staff, including management shall be

kept.

Documentation of course completion shall be kept.

  
8/24/16

g.w.  
9/25/16

Violation Report: 44489 - 04/12/2016 - Marini, Michael  
PCH Name: Allegheny Place

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.15(b) - If there is an allegation of abuse of a resident involving a home's staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

2a. DESCRIPTION OF VIOLATION

On 4-4-16, staff person A told staff person B he/she "...had to smack the shit out of [resident #1]", and on 4-5-16, staff person B reported this statement to staff person C, the acting administrator. Staff person A was suspended on 4-6-16; however, staff person A worked in the home without supervision on 4-4-16 from 2:00 PM to 10:00 PM and on 4-5-16 from 2:00 PM to 10:00 PM.

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<sup>rd</sup> of 5

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Robert L. Koss, Jr.*

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

Robert L. Koss, Jr.

Date 7-1-16

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The above plan of correction is approved as of 7/25/16  
(Date)

Plan of correction implementation status as of 7/25/16  
(Date)

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

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

3<sup>a</sup> of 5

2600.15b Developing and implementing plan to suspend staff involved:

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Human Services Licensing

On 4-6-16 Executive Director conducted an investigation to determine the details of the reported incident. ED interviewed staff person A and staff person B about the alleged abuse. It was identified that staff person B was not implicated in the allegation and returned to work. Staff person A was suspended pending further investigation.

On 4-17-16 DHS notified the community that allegation was unsubstantiated and staff member A returned to work.

On 4-19-16 an in-service was conducted by Gateway Hospice on Elder Abuse. See attachment #5 for sign in sheet.

ED will immediately suspend any staff members who are involved in an allegation of abuse.

There will be a monthly review of ACT 13 mandatory abuse reporting at monthly staff meeting in July, August and September of 2016 through self-study packets.

ED to round weekly to speak with residents to identify any further concerns regarding abuse or neglect in the home. Resident concern log to be maintained see (attachment 6)

Within 15 days of receipt of the plan of correction, the ED will review all reported incidents at least weekly to ensure any suspected abuse of a resident is reported in accordance with the Older Adult Protective Services Act.

Within 45 days of receipt of the plan of correction, current staff, including management will complete Pennsylvania Department of Aging Older Adult Protective Services Act Self Study course which can be located at:

[http://www.portal.state.pa.us/portal/server.pt/community/self\\_study\\_course/18031/unit\\_1\\_overview/616726](http://www.portal.state.pa.us/portal/server.pt/community/self_study_course/18031/unit_1_overview/616726) Self-study tests for current staff, including management shall be kept.

Documentation of course completion shall be kept.

7/25/16

Robert [Signature] 8/24/16

|   |  |
|---|--|
| Violation Report: 44489 - 04/12/2016 - Marini, Michael<br>PCH Name: Allegheny Place | WEST REGION FIELD OFFICE<br>Human Services Licensing |
|---|--|

1. REGULATION 55 Pa.Code §2600  
2600.15(d) - The home shall immediately notify the resident and the resident's designated person of a report of suspected abuse or neglect involving the resident.

2a. DESCRIPTION OF VIOLATION

On 4-4-16, staff person A told staff person B he/she "...had to smack the shit out of [resident #1]", and on 4-5-16, staff person B reported this statement to staff person C, the acting administrator. However, the home did not report this allegation of abuse to the resident's designated person.

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 4<sup>9</sup> of 5

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

Signature of Legal Entity Representative  
(Required on EVERY Page)

|   |        |
|---|--------|
| Printed Name and Title of Legal Entity Representative<br>(Required on EVERY Page) | Date   |
| Robert L. Ross Jr   | 7-1-16 |

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|   |  |
|---|--|
| The above plan of correction is approved as of <u>7/25/16</u><br>(Date) | Plan of correction implementation status as of <u>7/25/16</u><br>(Date)  |
| The above plan of correction was approved by <u>gN.</u><br>(Initials)   | <input type="checkbox"/> Fully Implemented<br><input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <u>gN.</u><br><input type="checkbox"/> Partially Implemented - Inadequate Progress<br><input type="checkbox"/> Not Implemented |

4<sup>a</sup> of 5

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Human Services Licensing

2600.15d Home shall immediately notify resident and resident's designated person:

On 4-6-16 Executive Director conducted an investigation to determine the details of the reported incident. ED interviewed staff person A and staff person B about the alleged abuse. It was identified that staff person B was not implicated in the allegation and returned to work. Staff person A was suspended pending further investigation.

On 4-8-16, resident designated person (son) was notified by phone of the allegation by interim ED.

On 4-17-16 DHS notified the community that allegation was unsubstantiated and staff member A returned to work.

On 4-19-16 an in-service was conducted by Gateway Hospice on Elder Abuse. See attachment #5 for sign in sheet.

ED will immediately notify residents designated person of a report of allegation of abuse.

There will be a monthly review of ACT 13 mandatory abuse reporting at monthly staff meeting in July, August and September of 2016 through self-study packets.

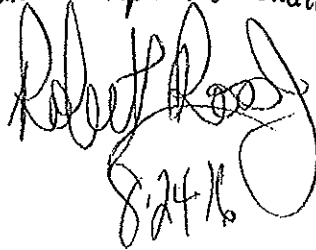
ED to round weekly to speak with residents to identify any further concerns regarding abuse or neglect in the home. Resident concern log to be maintained (attachment 6)

Within 15 days of receipt of the plan of correction, the ED will review all reported incidents at least weekly to ensure any suspected abuse of a resident is reported in accordance with the Older Adult Protective Services Act.

Within 45 days of receipt of the plan of correction, current staff, including management will complete Pennsylvania Department of Aging Older Adult Protective Services Act Self Study course which can be located at:

[http://www.portal.state.pa.us/portal/server.pt/community/self\\_study\\_course/18031/unit\\_1\\_overview/616726](http://www.portal.state.pa.us/portal/server.pt/community/self_study_course/18031/unit_1_overview/616726) Self-study tests for current staff, including management shall be kept.

Documentation of course completion shall be kept. gws. 9/25/16

  
8/24/16



Violation Report: 44489 - 04/12/2016 - Marini, Michael  
PCH Name: Allegheny Place

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 4-4-16, staff person A told staff person B he/she "...had to smack the shill out of [resident #1]", and on 4-5-16, staff person B reported this statement to staff person C, the acting administrator. However, the home did not report this allegation of abuse to the Department until 4-6-16 at 7:55 PM.

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 5<sup>9</sup> of 5

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Robert L. Ross, Jr.*

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

Robert L. Ross, Jr.

Date 7-1-16

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

The above plan of correction is approved as of 8/25/16  
(Date)

Plan of correction implementation status as of 9/25/16  
(Date)

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

- Fully Implemented
- Partially Implemented - Adequate Progress *R.L.*
- Partially Implemented - Inadequate Progress
- Not Implemented

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2600.16c

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Human Services Licensing

On 4-6-16 Executive Director conducted an investigation to determine the details of the reported incident. ED interviewed staff person A and staff person B about the alleged abuse. It was identified that staff person B was not implicated in the allegation and returned to work. Staff person A was suspended pending further investigation.

On 4/6/16 DHS notified of the allegation via fax

On 4-17-16 DHS notified the community that allegation was unsubstantiated and staff member A returned to work.

On 4-19-16 an in-service was conducted by Gateway Hospice on Elder Abuse. See attachment #5 for sign in sheet.

ED will notify DHS within 24 hours of an allegation of abuse.

ED to immediately report any allegation of abuse to the Area Agency on Aging upon learning of such allegation under the Older Adults Protective Services Act and within 24hrs to Department of Human Services to implement a plan of supervision or suspend staff.

There will be a monthly review of ACT 13 mandatory abuse reporting at monthly staff meeting in July, August and September of 2016 through self-study packets.

ED to round weekly to speak with residents to identify any further concerns regarding abuse or neglect in the home. Resident concern log to be maintained (attachment 6)

Within 15 days of receipt of the plan of correction, the ED will review all reported incidents at least weekly to ensure any suspected abuse of a resident is reported in accordance with the Older Adult Protective Services Act,

Within 45 days of receipt of the plan of correction, current staff, including management will complete Pennsylvania Department of Aging Older Adult Protective Services Act Self Study course which can be located at:

[http://www.portal.state.pa.us/portal/server.pt/community/self\\_study\\_course/18031/unit\\_1\\_overview/616726](http://www.portal.state.pa.us/portal/server.pt/community/self_study_course/18031/unit_1_overview/616726) Self-study tests for current staff, including management shall be kept.

Documentation of course completion shall be kept  
JAS 9/25/16

*[Handwritten Signature]*  
8/24/16