



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**MAILING DATE: November 28, 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 May 27, 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,

  
Larry Mazza  
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: Bob Ross		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		
Staffing Hours Resident Support: N/A                      Total Daily Staff: 58                      Working Staff: 44		
Type of Inspection: Partial                      BHA Docket Number: N/A                      Notice: Unannounced		
Reason(s) for Inspection(s) Incident		
On-Site Inspections Dates and Department Representatives On-Site 05/27/2016: Park, Beth; Finner-Alman, Lisa		
Off-Site Inspection Dates and inspectors, if Applicable		
<p><b>RECEIVED</b></p> <p><b>OCT 10 2016</b></p> <p>WEST REGION FIELD OFFICE Human Services Licensing</p>		
Other Details Partial or Full Triggers:                      Random Indicators:		
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 47 Number of Residents Served: 35 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: 9 Number of Hospice Residents in past year: 30	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 33 Have Mental Illness: 12 Have an Intellectual Disability: 0 Have a Mobility Need: 23 Have a Physical Disability: 0	

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Page 2 of 7

Violation Report: 44489 - 05/27/2016 - Park, Beth  
PCH Name: ALLEGHENY PLACE

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 56 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, who was hired [redacted] 2015, does not have a high school diploma, GED diploma 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.)

*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 7

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)

Robert L. Ross, Jr.

Date

10-10-16

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

The above plan of correction is approved as of

11/8/16  
(Date)

Plan of correction implementation status as of

11/8/16  
(Date)

The above plan of correction was approved by

R  
(Initials)

- 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 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.

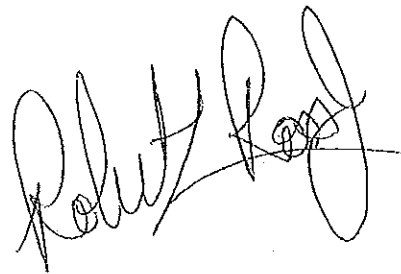
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2600.54(a)

WEST VIRGINIA STATE OFFICE  
Human Services Licensing

- Direct care person A is no longer employed at Allegheny Place as of [REDACTED] 2016.
- Executive Director will review employee files of current direct care staff by October 14<sup>th</sup> to assure high school diploma or GED is present for each
- Newly hired direct care staff will be required to present high school diploma or GED no later than first day of employment.
- Executive Director will review files of newly hired direct care staff on first day of hire to assure high school diploma or GED is present.

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Page 3 of 7

Violation Report: 44489 - 05/27/2016 - Park, Bell  
PCH Name: ALLEGHENY PLACE

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.141(a)(1) - A resident shall have a medical evaluation by a physician, physician's assistant, or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

2a. DESCRIPTION OF VIOLATION

Resident #1 had a medical evaluation completed on 2/17/2015. However, resident #1 was not admitted to the home until [redacted] 2015.

Resident #2 had a medical evaluation completed on 2/8/2016. However, resident #2 was not admitted to the home until [redacted] 2016.

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 7

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

Signature of Legal Entity Representative (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Robert L. Ross, Jr.*      Date *10.10.16*

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The above plan of correction is approved as of 11/8/16  
(Date)

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

Plan of correction implementation status as of 11/8/16  
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *[Signature]*
- Partially Implemented - Inadequate Progress
- Not Implemented

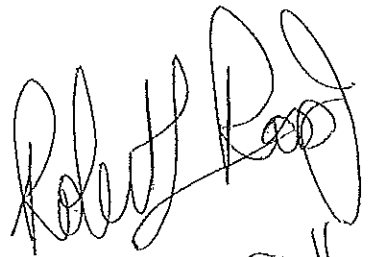
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2600.141(a)(1)

WEST VIRGINIA OFFICE  
Human Services Licensing

- Medical evaluation for resident #1 has been completed on 1/7/16. See attachment 1.
- Medical evaluation for resident #2 was completed on 4/22/16. See Attachment 2.
- Executive Director and Care Service Manager were immediately educated on regulation 2600.141
- Executive Director and/or Care Service Manager to review DMEs for each current resident to assure accuracy, completeness, and compliance with regulatory time frames by 9/30/16.
- Care Service Manager will develop and maintain a list of current resident DME due dates by 9/30/2016.
- Executive Director and/or Care Service Manager will perform weekly review of above noted list of current resident DME due dates for compliance with regulatory time frames starting 10/28/16.

  
11-8-16

Violation Report: 44489 - 05/27/2016 - Park, Beth  
PCH Name: ALLEGHENY PLACE

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 65 Pa.Code §2600  
2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION  
Resident #1's most recent medical evaluation was completed on 2/17/2015.

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 4A of 7

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      Date  
(Required on EVERY Page) *Robert L Ross Jr*      10-10-16

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(Date)

Plan of correction implementation status as of 11/8/16  
(Date)

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

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- Partially Implemented - Adequate Progress *f*
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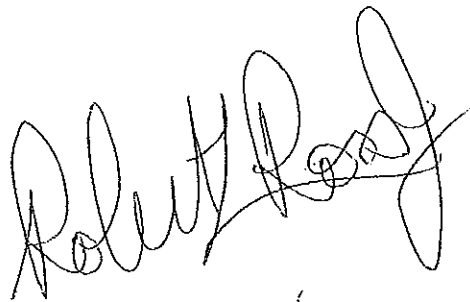
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NOV 08 2016

WEST VIRGINIA STATE BOARD OF  
Nursing & Health Care Licensing

2600.141(b)(1)

- Medical evaluation for resident #1 has been completed on 1/7/16. See attachment 1.
- Executive Director and/or Care Service Manager were immediately educated on regulation 2600.141
- Executive Director and/or Care Service Manager to review DMEs for each current resident to assure accuracy, completeness, and compliance with regulatory time frames by 9/30/16.
- Care Service Manager will develop and maintain a list of current resident DME due dates by 9/30/2016.
- Executive Director will perform weekly review of above noted list of current resident DME due dates for compliance with regulatory time frames starting 9/30/16.



11-8-16



OCT 10 2016

WEST REGION FIELD OFFICE  
Human Services Licensing

Violation Report: 44489 - 05/27/2016 - Park, Beth  
PCH Name: ALLEGHENY PLACE

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 for Resident #3, admitted [redacted] 16, is undated. Therefore, the timeliness of this assessment cannot be determined.

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 7

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

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(Date)

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

Plan of correction implementation status as of 11/8/16  
(Date)

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

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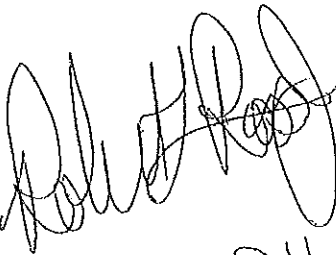
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NOV 08 2016

WEST VIRGINIA OFFICE  
Human Services Licensing

2600.225(a)

- Assessment for resident #3, admitted [REDACTED] 16 was undated. Care Service Manager completed RASP w/ appropriate signatures on 5/31/16.
- Executive Director and/or Care Service Manager to review RASP for each current resident to assure accuracy, completeness, and compliance with regulatory time frames by 9/30/16.
- Care Service Manager will develop and maintain a list of current resident RASP due dates by 9/30/16.
- Executive Director will perform weekly review of above noted list of current resident RASP due dates for compliance with regulatory time frames starting 9/30/16.

  
11/8/16

Violation Report: 44488 - 05/27/2016 - Park, Beth  
PCH Name: ALLEGHENY PLACE

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.227(a) - A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

2a. DESCRIPTION OF VIOLATION  
The support plan for Resident #3, admitted [redacted] 6, is undated. Therefore, the timeliness of this support plan cannot be determined.

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 6A of 7

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *[Handwritten Signature]*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Robert Ross Jr.*      Date *10-10-16*

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The above plan of correction is approved as of 11/8/16  
(Date)

Plan of correction implementation status as of 11/8/16  
(Date)

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

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

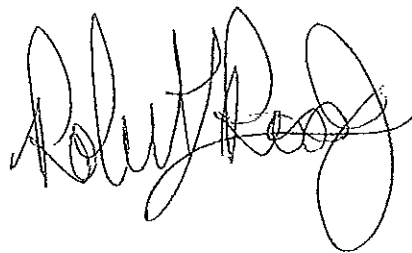
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WEST VIRGINIA OFFICE  
HUMAN SERVICES DIVISION

2600.227(a)

- Support Plan for resident #3 has been reviewed with appropriate signatures and dates on 5/23/16. See attachment 3.
- Executive Director and/or Care Service Manager to review RASP for each current resident to assure accuracy, completeness, and compliance with regulatory time frames by 9/30/16.
- Care Service Manager will develop and maintain a list of current resident RASP due dates by 9/30/16.
- Executive Director will review resident RASP upon completion to assure each is accurately signed and dated per regulation by 9/30/16.



11-8-16

Violation Report: 44489 - 05/27/2016 - Park, Beth  
PCH Name: ALLEGHENY PLACE

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.227(g) - Individuals who participate in the development of the support plan shall sign and date the support plan.

2a. DESCRIPTION OF VIOLATION

Resident #2's support plan, dated 4/26/2016, is not signed by the resident. There is no indication that the resident was unable or unwilling to sign it.

Resident #3's support plan, which is undated, is not signed by the person who completed it. It is also not signed by the resident and there is no indication that the resident was unable or unwilling to sign it.

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 7A of 7

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Signature of Legal Entity Representative (Required on EVERY Page) *Robert C. Ross Jr*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Robert C. Ross Jr*      Date *10-10-16*

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(Date)

The above plan of correction was approved by *RC*  
(Initials)

Plan of correction implementation status as of 11/8/16  
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *f*
- Partially Implemented - inadequate Progress
- Not Implemented

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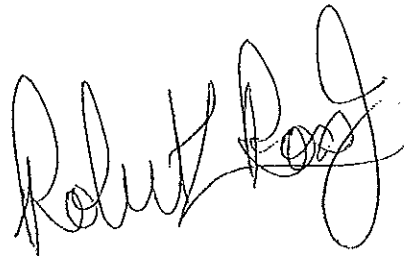
NOV 08 2016

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2600.227(g)

WEST VIRGINIA OFFICE  
Human Services Licensing

- Support Plan for resident #2 dated 4/26/16 has been reviewed with resident and appropriately signed on 5/28/16 by resident and staff person, see attachment 4.
- Support Plan for resident #3 was reviewed with the resident and staff member performing the review on 5/31/16, see attachment 3.
- Executive Director and/or Care Service Manager to review RASP for each current resident to assure accuracy, completeness, and compliance with regulatory time frames by 9/30/16.
- Executive Director will review each resident RASP upon completion to assure accurately signed and dated per regulation.



11-8-16