



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: January 4, 2017

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 October 21, 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 that reads "Brent Sutherland" with a stylized flourish at the end.

Brent Sutherland
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, PENN HILLS, PA 15235		County: Allegheny
Administrator: Robert Ross		Region: WEST
Legal Entity Name: GRAINGER AID OPCO LLC		RECEIVED
Legal Entity Address: 10960 FRANKSTOWN ROAD, PENN HILLS, PA 15235		DEC 28 2016
Certificate(s) of Occupancy C-2 LP 09/24/1997 Dept of L & I		WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 49	Waking Staff: 37
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for inspection(s) Incident		
On-Site Inspections Dates and Department Representatives On-Site 10/21/2016: Summers, Vicky		
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: 0 Number of Hospice Residents in past year: 20		Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 34 Have Mental Illness: 2 Have an Intellectual Disability: 0 Have a Mobility Need: 13 Have a Physical Disability: 0

RECEIVED

DEC 28 2016

Page 2 of 5

Violation Report: 44489 - 10/21/2016 - Summers, Vicky
PCH Name: ALLEGHENY PLACE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 56 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
Resident #1's assessment, dated 5/21/16, indicates a two person assist is required for transferring in/out of bed/chair, toileting, bladder management, ambulating and person hygiene. The resident's support plan, dated 5/21/16, indicates a two person assist is required for safe transfers. On 10/17/16 and 10/18/16, staff person A did not provide resident #1 with the required two person assistance needed during transfers, which resulted in two skin tears to the resident's knee.

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

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Carol Louash ED*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Carol Louash ED Date 12-28-2016

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

The above plan of correction is approved as of 12/30/16
(Date)

- Plan of correction implementation status as of 12/30/16
(Date)
- Fully Implemented
 - Partially Implemented - Adequate Progress *BS*
 - Partially Implemented - Inadequate Progress
 - Not Implemented

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

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.

2600.23(a)

- On 12/23/16, Care Services Manager (CSM) reviewed RASP of resident #1 with direct care staff. At that time the requirement for a 2 person transfer at all times was reinforced with staff. (see attached sign in sheet attachment A)
- CSM reviewed RASP of residents currently in the community to identify those who require 2 person assist. On 12/23/16 these RASPs were reviewed with direct care staff and the requirement for 2 person assistance was reinforced.(See attached sign in sheet attachment A)
- Residents identified on RASP as requiring 2 person assistance will be noted on the "Resident Care Partner Shift Task Sheets". (See attached task sheet, attachment B)
- Room numbers of residents identified on RASP as requiring 2 person assistance will be posted on "At Risk" white board in Care Services Manager Office (See attached photo of At Risk White Board, attachment B 4)
- ED or designee to conduct a weekly audit through March 1, 2017, to review residents identified as requiring 2 person assistance to review Resident Care Partner Task sheet and interview staff regarding assistance. (See attached audit tool, attachment B 5)

Carol Louash ED
Carol Louash ED
12-28-16

BS 12/30/16

DEC 28 2016

Page 3 of 5

Violation Report: 44489 - 10/21/2016 - Summers, Vicky
PCH Name: ALLEGHENY PLACE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.51 - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (OAPSA) (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (relating to protective services for older adults).

2a. DESCRIPTION OF VIOLATION

Staff person D, hired ████████ 16, did not have a criminal background check until 7/26/16.

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

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Carol Lavashen RD*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Carol Lavashen* Date *12-28-2016*

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

The above plan of correction is approved as of 12/30/16
(Date)

Plan of correction implementation status as of 12/30/16
(Date)

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

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

2600.51

- Criminal background check completed on staff person D on 7/26/16. (See attachment C)
- On 12/23/16, Concierge reviewed files of current employees to assure compliance with Older Adult Protective Services Act. (See attachment D)
- New hires will have Pennsylvania State Police criminal background check completed and in their employee file in accordance with Older Adult Protective Services Act. (See attachment E for a list of all employees hired since time of discovery and corresponding background checks.)
- ED or designee to conduct audits of new employee files until March 1, 2017, to review criminal background checks. (See attached audit tool, attachment G)



Carol Louash ED
12-28-16

DEC 28 2016

Page 4 of 5

Violation Report: 44489 - 10/21/2016 - Summers, Vicky
PCH Name: ALLEGHENY PLACE
WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 65 Pa.Code §2600
2600.65(d) - Direct care staff persons hired after April 24, 2006 may not provide unsupervised ADL services until completion of the following:
(1) Training that includes a demonstration of job duties, followed by supervised practice.
(2) Successful completion and passing the Department-approved direct care training course and passing of the competency test.
(3) Initial direct care staff person training to include the following:
(i) Safe management techniques.
(ii) ADLs and IADLs.
(iii) Personal hygiene.
(iv) Care of residents with dementia, mental illness, cognitive impairments, mental retardation and other mental disabilities.
(v) The normal aging-cognitive, psychological and functional abilities of individuals who are older.
(vi) Implementation of the initial assessment, annual assessment and support plan.
(vii) Nutrition, food handling and sanitation.
(viii) Recreation, socialization, community resources, social services and activities in the community.
(ix) Gerontology.
(x) Staff person supervision, if applicable.
(xi) Care and needs of residents with special emphasis on the residents being served in the home.
(xii) Safety management and hazard prevention.
(xiii) Universal precautions.
(xiv) The requirements of this chapter.
(xv) Infection control.
(xvi) Care for individuals with mobility needs, such as prevention of decubitus ulcers (bed sores), incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

2a. DESCRIPTION OF VIOLATION
Staff person A, hire # ██████████ 16, provided unsupervised ADL services and the staff person has not completed the Department-approved direct care training course and passing of the competency test.

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

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Carol Lovash ED*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Carol Lovash ED* Date *12-28-16*

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

The above plan of correction is approved as of 12/30/16
(Date)

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

Plan of correction implementation status as of 12/30/16
(Date)
 Fully implemented
 Partially Implemented - Adequate Progress *BB*
 Partially Implemented - Inadequate Progress
 Not Implemented

2600.65(d)

- Staff person A is no longer employed within the community as of [REDACTED] 16
- On 12/23/16, concierge reviewed employee files to assure compliance with regulation 2600.65(d)
- New hires to have the Department approved direct care training course and passing of competency test prior to providing any unsupervised care. (See attachment F for list of new hires since time of discovery and corresponding documentation of passing of Department approved competency test.)
- ED or designee to conduct audits of new employee files until March 1, 2017, to review direct care training course and competency testing prior to providing unsupervised care. (See attachment G for audit tool)

Carol Lovash ED

Carol Lovash ED

12-28-16

DEC 28 2016

Violation Report: 44489 - 10/21/2016 - Summers, Vicky
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

Resident #2 was admitted to the home on [redacted] 16; however, an assessment was not completed until 10/21/16.

Resident #3 was admitted to the home on [redacted] 15; however, an assessment was not completed until 1/20/16.

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

Repeat Violation: Yes

Date(s) of Previous Violation(s):

01/29/2015 et al

Signature of Legal Entity Representative
(Required on EVERY Page)

Coral Lovash ED

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

Coral Lovash ED

Date *12-28-16*

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

The above plan of correction is approved as of 12/30/16
(Date)

Plan of correction implementation status as of 12/30/16
(Date)

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

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

2600.225(a)

- Executive Director and or Care Service Manager will audit current resident charts to ensure assessments have been completed in a timely manner per regulation 2600.225(a) (See attachment G and G1)
- Executive Director and or Care Service Manager to conduct audits of new resident files until March 1, 2017, to review new resident assessments. (See attachment G2)
- All new residents will have their initial assessment completed and placed in their file in accordance with regulation 2600.225(a).

Carol Lovashek ED

Carol Lovashek ED

12-28-16

RECEIVED

DEC 28 2016

WEST REGION FIELD OFFICE
Human Services Licensing

BS 12/30/16