



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**MAILING DATE: February 1, 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 November 14, 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 "Jon Kimberland".

Jon Kimberland  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary

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

PCH Name: ALLEGHENY PLACE		Licence Number: 44489
Address: 10960 FRANKSTOWN ROAD, PENN HILLS, PA 15235		County: Allegheny
Administrator: Robert Ross		Region: WEST
Legal Entity Name: GRAINGER AID OPCO LLC		
Legal Entity Address: 10960 FRANKSTOWN ROAD, PENN HILLS, PA 15235		<b>RECEIVED</b>
Certificate(s) of Occupancy C-2 LP 09/24/1997 L&I		JAN 13 2017 WEST REGION FIELD OFFICE Human Services Licensing
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 49	Working 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 11/14/2016: Eveses, Joseph		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
<b>Resident Demographic Data as of Inspection Dates</b>		
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: 6 Number of Hospice Residents in past year: 6		Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 35 Have Mental Illness: 2 Have an Intellectual Disability: 0 Have a Mobility Need: 13 Have a Physical Disability: 0

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Violation Report: 44489 - 11/14/2016 - Evoges, Joseph  
PCH Name: ALLEGHENY PLACE

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.42(c) - A resident shall be treated with dignity and respect.

2a. DESCRIPTION OF VIOLATION

On 10/2/16, at approximately 5:00 a.m., direct care staff person A entered Resident #1's to provide continence care. While providing care direct care staff person A made the following statements in an aggressive, badgering and disrespectful tone: "You better get up!", "I'm not going to break my back because of you!" and "You gotta do better!". These statements made resident # 1 feel degraded, sad and afraid of retribution if [redacted] reported the incident.

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 of 3

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

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

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Carol Lovash ED*      Date *1-13-17*

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

The above plan of correction is approved as of 1-18-17  
(Date)

Plan of correction implementation status as of 1-18-17  
(Date)

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

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

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Human Services Licensing

2600.4(c)

Staff member A was placed on administrative leave pending the investigation and was termed on [REDACTED] 17.

Per the Direct Care Staff Training Schedule for 2016, a resident rights in-service was scheduled for 12/16/16, which was self-study. Staff received the resident right hand-out and signed a sign-in sheet.

Another mandatory in-service is scheduled for Elder Abuse and Resident Rights on 1/12/2017 for staff, which Gateway Hospice will instruct. Staff was given hand-outs for their records.

At new hire orientation, Executive Director or Care Service Manager will go over resident rights thoroughly with the employee and the employee sign to acknowledge they understand the concept and importance of resident rights.

Carol Wash ED

Carol Wash ED  
1-13-17

1-18-17g

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JAN 13 2017

Violation Report: 44489 - 11/14/2016 - Evoges, Joseph  
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 #1 was admitted to the home on [redacted] 16. However, the resident's initial assessment was not completed until [redacted] /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 3 of 3*

Repeat Violation: Yes	Date(s) of Previous Violation(s):	01/29/2015		
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Signature of Legal Entity Representative  
(Required on EVERY Page) *[Handwritten Signature]*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Carol Wacker* Date *1-13-17*

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

The above plan of correction is approved as of 1-18-17  
(Date)

Plan of correction Implementation status as of 1-19-17  
(Date)

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

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

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JAN 18 2017  
WEST REGION FIELD OFFICE  
Human Services Licensing

2600.225(a)

Executive Director and or Care Service Manger will audit current resident charts to ensure assessments have been completed in a timely manner per regulation 2600.225(a). (See attachment A)

Executive Director and or Care Service Manager to conduct audits of new resident files until March 2, 2017, to review new resident assessments. (see attachment A1)

New residents will have their assessment completed and placed in their file in accordance with regulation 2600.225(a)

Carol Lovash ED

Carol Lovash ED  
1-13-16

1-18-17g