



pennsylvania
DEPARTMENT OF HUMAN SERVICES

NOV 15 2017

Mr. Daniel Guill
Authorized Representative
Grainger AID OPCO, LLC
Allegheny Place
10960 Frankstown Road
Penn Hills, Pennsylvania 15235

RE: Allegheny Place
Certificate #: 444890

Dear Mr. Guill:

As a result of the Department of Human Services' annual licensing inspection on July 17, 2017, 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.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Inspection.

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in black ink that reads "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License 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: Missy Hice		Region: WEST
Legal Entity Name: GRAINGER AID OPCO LLC		
Legal Entity Address: 10960 FRANKSTOWN ROAD, PENN HILLS, PA 15235		
<p align="right">RECEIVED SEP 26 2017 WEST REGION FIELD OFFICE Human Services Licensing</p>		
Certificate(s) of Occupancy C-2 LP 02/02/1998 L&I		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 62	Waking Staff: 47
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Renewal, Complaint		
On-Site Inspections Dates and Department Representatives On-Site		
07/17/2017: Hoover, Josh; Evegés, Joseph; Wenzig, Janine; Titterington, Jamie		
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: 40 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: 8 Number of Hospice Residents in past year: 12		Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 40 Have Mental Illness: 3 Have an Intellectual Disability: 0 Have a Mobility Need: 22 Have a Physical Disability: 0

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Violation Report: 44489 - 07/17/2017 - Hoover, Josh
PCH Name: ALLEGHENY PLACE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.18 - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

2a. DESCRIPTION OF VIOLATION

Allegheny County requires a certified food protection safety manager to be on-site during all hours of operation in facilities where food preparation and handling take place. During the lunch service, none of the staff persons present on-site were ServSafe certified.

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 ~~1 of 9~~ 2 a of 10

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Melissa Ahee, Executive Director*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Melissa Ahee, Executive Director* Date *9/18/17*

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The above plan of correction is approved as of 10/13/17
(Date)

Plan of correction implementation status as of 10/13/17
(Date)

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

- Fully Implemented
- Partially Implemented - Adequate Progress
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WEST REGION FIELD OFFICE
Human Services Licensing

2600.252

- Chef and Assistant Chef employed by the community have current ServSafe Certification. (see Attachments #1 and #2)
- Executive Director (ED) or designee to ensure that a staff person with ServSafe Certification is present in the community whenever food preparation and handling is taking place. ED or designee to review Dietary schedule weekly to assure one employee with ServSafe Certifications is scheduled during each meal.
- Executive Director is scheduled to attend ServSafe Certification Course on 12/5 & 12/12/2017.

Melissa Hill, ED

10/13/17

Violation Report: 44489 - 07/17/2017 - Hoover, Josh PCH Name: ALLEGHENY PLACE	WEST REGION FIELD OFFICE Human Services Licensing
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1. REGULATION 55 Pa.Code §2600
 2600.82(c) - Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

2a. DESCRIPTION OF VIOLATION
 At approximately 9:58 a.m., an aerosol can of spray disinfectant was unlocked and accessible in the activity room. The manufacturer's label indicated, "If ingested call a poison control center or doctor."

 At approximately 11:15a.m., an aerosol can of rust remover was unlocked and accessible in the courtyard. The manufacturer's label indicated, "Harmful if swallowed-call a physician immediately."

 Not all residents of the home, including Resident #1, have been assessed as being capable of recognizing and using poisons safely.

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 10

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Melissa Hice*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Melissa Hice, Executive Director</i>	Date <i>9/15/17</i>
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WEST REGION FIELD OFFICE
Human Services Licensing

2600.18

- Spray Disinfectant and Rust Remover were secured in locked cupboard at the time of inspection.
- Walkthrough of facility was completed on 07/18/2017 by Executive Director and no other poisonous materials were found accessible to residents.
- Community staff to be re-educated on poisonous materials and the need to have them inaccessible to residents at all times on 9/27/2017 by Executive Director.
- Weekly walkthroughs times 12 weeks and then monthly to be completed by Safety Team members to assure that poisonous materials remain inaccessible to residents. Findings to be discussed monthly during safety meetings.

Melissa Hice, ED

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Violation Report: 44489 - 07/17/2017 - Hoover, Josh
PCH Name: ALLEGHENY PLACE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION

Sanitary conditions were not maintained in bedroom #120, occupied by Resident [redacted] including the following:
-A large stain on the mattress and a dried and crumbling dark brown substance on and around the mattress:
-A strong odor of urine in the bedroom
-Several uncleaned brown stains on the floor.

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 9~~ 4 of 10

Repeat Violation: Yes Date(s) of Previous Violation(s): 08/12/2016

Signature of Legal Entity Representative
(Required on EVERY Page) *Melissa Hice ED*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Melissa Hice, Executive Director* Date *9/18/17*

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WEST REGION FIELD OFFICE
Human Services Licensing

2600.85(a)

- Resident [redacted] - Mattress from room #120 was removed and replaced with new mattress on 07/18/2017. Plastic mattress cover purchased and placed on new mattress on 07/18/2017. Carpet Shampooed on 07/18/2017. Litter box for cat emptied, disinfected and filled with new litter on 07/17/2017.
- Care Conference completed on 07/19/2017 with resident and POA in regards to resident's frequent refusal of housekeeping services and resident's refusal to maintain sanitary conditions in regards to the residents cat.
- Room #120 increased from weekly housekeeping to 2x week housekeeping. POA agreed to clean litter box 3x week to decrease urine odor. (See Attachment #3)
- Housekeeper to notify Maintenance Tech whenever carpet needs shampooed.
- Executive Director to check room weekly for cleanliness or when notified by housekeeper due to resident refusal of housekeeping services.

Melissa Aice, ED

 10/13/17

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Violation Report: 44489 - 07/17/2017 - Hoover, Josh
PCH Name: ALLEGHENY PLACE
WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.125(a) - Combustible and flammable materials may not be located near heat sources or hot water heaters.

2a. DESCRIPTION OF VIOLATION
A large cardboard 1000 count box of Styrofoam cups was stored next to the water heater.

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 ~~5079~~ 6A of 10


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

Signature of Legal Entity Representative
(Required on EVERY Page) *Melissa Hice, F.D.*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Melissa Hice, Executive Director* Date *9/18/17*

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(Date)

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WEST REGION FIELD OFFICE
Human Services Licensing

2600.125(a)

- Box of Styrofoam cups removed at the time of inspection.
- Community staff were in-serviced on fire safety on 07/18/2017 by the Fire Instructor/Inspector (See Attachment #6)
- Maintenance Tech/ED to monitor Furnace/Hot water tanks to ensure that no combustible or flammable materials are stored in proximity to them weekly. (See Attachment #7)

Melissa Hice, ED

10/13/17

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Violation Report: 44489 - 07/17/2017 - Hoover, Josh
PCH Name: ALLEGHENY PLACE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.132(c) - A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

2a. DESCRIPTION OF VIOLATION

The fire drill log for all 6 fire drills held between 12/30/2016 and 5/1/2017 indicates the exit route as "beyond fire doors"; however, does not indicate which fire doors or where the simulated fire was located.

The fire drill log also indicates the incorrect number of residents evacuated in the fire drills:

- 4/10/2017, 36 residents were present in the home and the log indicates 3 residents were evacuated.
- 5/10/2017, 32 residents were present in the home and the log indicates 6 residents were evacuated.

Also, the fire drill log does not include documentation of the fire drill for June 2017.

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 7 of 9 *7A of 10*

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
(Required on EVERY Page) *Melissa Hice EO*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Melissa Hice, Executive Director</i>	Date <i>9/18/17</i>
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Human Services Licensing

2600.132(c)

- A fire Drill was held on June 27, 2017 and was documented on the community fire drill report but not transposed onto the BHSL fire drill log. (See Attachment #8)
- Maintenance Tech was retrained on accurately completing the Fire Drill log, documenting areas of evacuation, where simulated fire was located and the importance of timely documentation on 07/19/2017 by Executive Director (See attachment #9)
- Executive Director or designee to check Fire Drill log monthly at Safety Committee Meeting to ensure completion and accuracy.

Melissa Hice, ED

10/13/17

Violation Report: 44489 - 07/17/2017 - Hoover, Josh
PCH Name: ALLEGHENY PLACE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.133(a)(2) - If the home serves nine or more residents, if the exit or way to reach the exit is not immediately visible, access to exits shall be marked with readily visible signs indicating the direction to travel.

2a. DESCRIPTION OF VIOLATION

Multiple exit signs throughout the home indicate incorrect exit routes, to include:

-The sign between bedrooms #112 and #114 indicates exit routes to the left and right. However, the only available exit route is straight ahead.

-The sign outside of bedroom #116 indicates exits routes the left and right. However, the only available exit route is to the right.

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.

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Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Melissa Hice, ED

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

Melissa Hice, Executive Director

Date

9/18/17

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(Date)

Plan of correction implementation status as of

10/13/17
(Date)

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WEST REGION FIELD OFFICE
Human Services Licensing

2600.133(a) (2)

- New Exit signs were ordered on 07/18/2017. (See Attachment #10 &11)
- New exit signs were installed by the Maintenance Tech on 08/2/2017, which indicates the correct direction to travel to exit the community.

Melissa Lee, ED

D 10/13/17

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Violation Report: 44489 - 07/17/2017 - Hoover, Josh
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
The support plan for Resident #3, dated 5/10/2017, is not signed by any of the participants in the development of the plan.

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 8 of 9 9A of 10

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Melissa Hice, ED*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Melissa Hice, Executive Director* Date *9/18/17*

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(Date)

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

Plan of correction implementation status as of 10/17/17
(Date)

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 Partially Implemented - Inadequate Progress
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WEST REGION FIELD OFFICE
Human Services Licensing

2600.227(g)

- Resident #3 refused to sign the Resident Assessment and Support Plan. Documentation was noted on 7/18/2017 and witnessed with 2 signatures. (See Attachment #12)
- Audit completed on current support plans on 7/21/2017 to ensure that participant's signatures were present.
- Care Service Manager (CSM) and LPN (licensed practical nurse) were in-serviced on the importance of the Resident's participation and signing of the Support Plan.
- Executive Director or designee to randomly audit 4 support plans weekly for 4 weeks; then 4 support plans every 2 weeks for 6 weeks; then 4 support plans monthly for 3 months to ensure continued compliance. (See Attachment #13)

Melissa Lee, ED



18/10/17

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Violation Report: 44489 - 07/17/2017 - Hoover, Josh
PCH Name: ALLEGHENY PLACE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 56 Pa.Code §2600

2600.252 - Each resident's record must include the following information: (1) through (26)

2a. DESCRIPTION OF VIOLATION

The most recent photograph of Resident #3 was taken on 5/11/2015.

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 9 of 9. 10A of 10

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Melissa Hice, ED*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Melissa Hice, Executive Director* Date *9/18/17*

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The above plan of correction was approved by <u><i>MH</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

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WEST REGION FIELD OFFICE
Human Services Licensing

2600.252

- Photograph of Resident #3 was updated on 07/18/2017. (See Attachment #14)
- Audit was completed on 07/18/2017 by Concierge of current resident records to ensure that current resident photographs had been updated within the last 2 years.
- Calendar completed to track months that resident photos are to be renewed. (See Attachment #15)
- Executive Director or designee to check calendar the last Friday of each month and update photos that are due in the following month.

Melissa Hice, ED

Jr 10/13/17