



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: July 18, 2018

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's Bureau of Human Services Licensing inspection on April 19, 2018 and April 20, 2018, 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 "Larry Mazza".

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: 10980 FRANKSTOWN ROAD, PENN HILLS, PA 15235		County: Allegheny
Administrator: Missy Hice		Region: WEST
RECEIVED		
Legal Entity Name: GRAINGER AID OPCO LLC		
Legal Entity Address: 10980 FRANKSTOWN ROAD, PENN HILLS, PA 15235		
Certificate(s) of Occupancy C-2 LP 02/02/1998 L&I		JUL 06 2018 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours Resident Support: 0	Total Daily Staff: 62	Waking Staff: 47
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for inspection(s) Complaint		
On-Site Inspections Dates and Department Representatives On-Site 04/19/2018: Marini, Michael 04/20/2018: Marini, Michael		
Off-Site Inspection Dates and Inspectors, if Applicable 05/04/2018: Marini, Michael 06/09/2018: Marini, Michael		
Other Details Partial or Full Triggers: _____ Random Indicators: _____		
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 47 Number of Residents Served: 39 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: 20	Number of Residents who: Receive Supplemental Security Income: 0 Are 80 Years of Age or Older: 37 Have Mental Illness: 1 Have an Intellectual Disability: 1 Have a Mobility Need: 23 Have a Physical Disability: 1	

JUL 06 2018

Violation Report: 44489 - 04/19/2018 - Marini, Michael
PCH Name: ALLEGHENY PLACE
WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 58 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 2-8-18, indicates the resident is to be transferred in/out of bed/chair with the use of a Hoyer lift. The resident's assessment also indicates the resident is incontinent of bowel and bladder and requires frequent checks and proper hygiene is to be provided.

On 3-8-18, at approximately 2:00 AM, staff person A and staff person B transferred resident #1 from his/her wheelchair to his/her bed with a two-person assist, without the use of the Hoyer lift. On 3-9-18, at approximately 6:50 AM, staff person C and staff person D transferred resident #1 from his/her bed to his/her wheelchair using only the sling from the Hoyer lift and did not utilize the Hoyer lift.

The home's policy is to check residents with incontinent needs at least every 2 hours to determine if incontinence care is needed. From approximately 10:00 PM on 3-8-18 to approximately 2:00 AM on 3-9-18, staff members failed to check resident #1 to see if incontinence care was needed.

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.

PLEASE SEE ATTACHED PAGES.

See Page 2 of 3

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Walt Young*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *WALT YOUNG EXECUTIVE DIRECTOR* Date *7-6-18*

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

The above plan of correction is approved as of *7/6/18* (Date) Plan of correction implementation status as of *7/6/18* (Date)

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

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

Allegheny Place Plan of correction for inspection of April 19 and April 20, 2018

Scanned and sent via Fax 412-565-2840 on July 12, 2018

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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)

- Staff person D is no longer employed by the community. Staff person A and Staff person B were counseled on (04/19/2018) regarding improper transfer. Staff person C will receive counseling on (07/09/2018) regarding improper transfer.
- Current staff members are scheduled for training on providing for the resident's needs based on the Resident Assessments and Support Plans, and Task Sheets on July 24, 2018 by The Care Service Manager. *The training shall also include proper use of transferring using a Hoyer lift. + 7/16/18*
- Current staff members received training on Infection control, cleanliness and hygiene, which included Incontinence care on April 24, 2018.

Completion Date: 7/24/2018

Walt Young
Walt Young EXECUTIVE DIRECTOR

JUL 12 2018

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JUL 06 2018

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Violation Report: 44488 - 04/19/2018 - Marini, Michael
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 home's policy is to check residents with incontinent needs at least every 2 hours to determine if incontinence care is needed. Resident #1's assessment, dated 2-8-18, indicates the resident requires full assistance with toileting and the resident's support plan, dated 2-8-18, indicates the resident is incontinent of bowel and bladder. However, the resident's support plan indicates the frequency is "as needed" and does not indicate the resident should be checked at least every 2 hours in accordance with the home's policy.

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.

PLEASE SEE ATTACHED PAGES,

See Page 3A of 3

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Walt Young*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Walt Young Executive Director* Date *7-6-18*

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

The above plan of correction is approved as of *7/6/18*
(Date)

Plan of correction implementation status as of *7/6/18*
(Date)

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

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

Allegheny Place Plan of Correction for Inspection of April 19 and April 28, 2018

Scanned and sent Fax 412-565-2840 on July 12, 2018

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2600.227(a)

- Current staff members are scheduled for training on providing for the resident's needs based on the Resident Assessments and Support Plans, and Task Sheets on July 24, 2018 by The Care Services Manager.
- Care Services Manager and/or Designee to develop and implement a written support plan within 30 days of admission that accurately depicts the resident's personal care service needs. The frequency of assistance will be individualized for each resident who has an identified need.
- Task sheets for staff have been updated to reflect the resident's personal care needs.
- Completion date: 7/24/2018

Immediately: A designated staff person shall develop and implement a system to ensure resident support plans are immediately updated as resident care needs change. *f*
7/10/18

JUL 12 2018

Walt Young
WALT YOUNG EXECUTIVE DIRECTOR