

APR 2 2 2019

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 annual inspection on July 20, 2018, of the above facility, the violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report 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,

Jacqueline L. Rowe

Director

Enclosure Violation Report VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

PCH Name: ALLEGHENY PLACE License Number: 44489 County: Allegheny Address: 10960 FRANKSTOWN ROAD, PENN HILLS, PA 15235 Administrator: Walter Young 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 L&I Staffing Hours Waking Staff: 43 Resident Support: 0 Total Daily Staff: 57 Type of Inspection: Full Notice: Unannounced BHA Docket Number: Reason(s) for Inspection(s) Renewal On-Site Inspections Dates and Department Representatives On-Site 07/20/2018: Eveges, Joseph; Marini, Michael; Spagna, Lauren Off-Site Inspection Dates and Inspectors, If Applicable Other Details Random Indicators: Partial or Full Triggers: Resident Demographic Data as of Inspection Dates Licensed Capacity: 47 Number of Residents who: . . Receive Supplemental Security Income: 0 Number of Residents Served: 38 Secured Dementia Care Unit in Home: No Are 60 Years of Age or Older: 37 Have Mental Illness: 5 Area: Secured Dementia Unit Capacity, if Applicable: Have an intellectual Disabliity: 1 Number of Residents Served in Secured Dementia Care Unit, Have a Mobility Need: 19 if applicable: Have a Physical Disability: 1 Number of Current Hospice Residents: 4 Number of Hospice Residents in past year: 4

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Violation Report: 44489 - C PCH Name: ALLEGHENY F		Joseph					
1. REGULATION 55 Pa.Coo 2600.18 - A home shall co		e Federal, State	and local	laws, ordinances	and regulation	ons.	ť.
2a. DESCRIPTION OF VIOL The Influenza Awareness Ac posted in a public place in the in a public place.	t, effective July 2016,	states that "Each However, the ho	facility sha me does n	all ensure that the root have a copy of t	equired influen he influenza av	za informatio	on is ster posted
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Printed Name and Title of I (Reguired on EVERY Page)		ntative	tice	ED	Date //	/19/18	
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The above plan of correction	n was approved by	(Initials)		Fully Implemented Partially Implement Partially Implement 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.

2600.18

- Influenza Awareness Poster posted in the front Lobby area at the time of survey.
- Executive Director, or Designee, to monitor weekly that posting remains and replace as needed.

Completion Date: 11/10/2018

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Violation Report: 44489 - 0 PCH Name: ALLEGHENY P						
	te §2600 shall develop and implement p edical equipment by trained s			ge, access, s	ecurity, distribi	ution and
2a. DESCRIPTION OF VIOL The glucometer belonging to	ATION resident #1 is not calibrated to	the correct da	ite and time.		e	:
The glucometer belonging to	resident #2 is not calibrated to	the correct da	ite and time.			· ·
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Samuel Market Ala	Date(s) of Previous Violation	da).				
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2600.185(a)

- Glucometer belonging to Resident #1 calibrated at time of survey
- Resident #1 no longer resides at the community.
- Accu- checks for Resident #2 were discontinued.
- Executive Director, or designee, to audit glucometers for calibration weekly for 4 weeks and then monthly.

Completion Date: 12/01/2018

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Violation Report: 44489 - (PCH Name: ALLEGHENY I		Joseph			e p	•••
1. REGULATION 55 Pa.Co. 2600.227(d) - Each home or other behavioral care sif the resident's physician services.	shall document in services that will be	made available (o the resident, or i	referrals for the r	esident to outside	e services
2a. DESCRIPTION OF VIO Resident #1's assessment, 10/24/17, does not include a	dated 10/24/17, inclu					ited
3. PLAN OF CORRECTION Include sleps to correct the vimmediately, include dates by	(POC) (Attach pages violation described abov y which the steps will be	as necessary. Reme	mber that you must sig	gn and date any attac	ched pages.)	ompleted
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2600.227(d)

- Resident #1 no longer resides at the community.
- Executive Director, or designee to audit 5 Rasps a week for 4 weeks, 3 Rasps a week for 4 weeks and then 1 Rasp a week for 4 weeks to ensure that resident's needs are adequately addressed.
- The audit results will be discussed in monthly QA meetings. The QA Committee will determine if continued auditing is necessary based on 3 consecutive months of compliance. Monitoring will be ongoing.

Completion Date 12/01/2018

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