



CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: February 21, 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 inspection on November 8, 2018, of the above facility, the citations 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.

Sincerely,

A handwritten signature in black ink, appearing to read "Janine Wenzig".

Janine Wenzig
Human Services Licensing Supervisor

Enclosure
Violation Report

**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: Walt 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		RECEIVED FEB 1 2019 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 56	Waking Staff: 42
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Complaint		
On-Site Inspections Dates and Department Representatives On-Site 11/08/2018: McConnell, Deb		
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: 38 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: 2 Number of Hospice Residents In past year: 40	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 35 Have Mental Illness: 3 Have an Intellectual Disability: 0 Have a Mobility Need: 18 Have a Physical Disability: 0	

Violation Report: 44489 - 11/08/2018 - McConnell, Deb
 PCH Name: ALLEGHENY PLACE

1. REGULATION 55 Pa.Code §2600

2600.132(h) - Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

2a. DESCRIPTION OF VIOLATION

The fire drill log indicates on 9/28/18, at 11:37 p.m., 37 residents were present in the home and 37 residents evacuated to the interior fire safe area established by a fire safety expert. However, only the residents in the area where fire was simulated evacuated their rooms to the internal safe areas of the home.

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 Attached POC Page 2A of 3

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Melissa Hice ED</i>	Date <i>1/30/19</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 2/20/19
 (Date)

The above plan of correction was approved by 
 (Initials)

Plan of correction implementation status as of 2/20/19
 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- 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.

2600.132(h)

- Residents will be evacuated to the fire safe areas established by the fire safety expert whenever the fire alarm is sounded, including for drills. Current Fire Drill report cannot be corrected.
- Current staff to be reoriented to fire safety and evacuation procedures on 02/20/2019 by Maintenance Director and Executive Director.

By April 20, 2019 - The administrator will observe a fire drill to ensure all residents are evacuated to a fire safe area, designated in writing by a fire safety expert, for each fire drill. Documentation will be kept. --JRW 2/20/19

Immediately and monthly thereafter - The administrator will review the fire drill log to ensure it is completed accurately and that all residents are evacuated to a fire safe area, designated in writing by a fire safety expert, for each fire drill. -- JRW 2/20/19



2/20/19



Violation Report: 44489 - 11/08/2018 - McConnell, Deb
 PCH Name: ALLEGHENY PLACE

1. REGULATION 55 Pa.Code §2600

2600.225(c) - The resident shall have additional assessments as follows:

- (1) Annually.
- (2) If the condition of the resident significantly changes prior to the annual assessment.
- (3) At the request of the Department upon cause to believe that an update is required.

2a. DESCRIPTION OF VIOLATION

The assessment dated 12/19/17, for resident #1 indicates the resident is independent with transferring, ambulating, needs no supervision when in the home, requires only oral assistance in the event of an emergency and has no problem with judgement. However, the resident has had numerous falls while attempting to transfer and ambulate which resulted in injury, and uses the wander guard system for confusion and exit seeking behaviors.

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Page 3A of 3

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2600.225(c)

- 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.

Immediately - The administrator will develop and implement a process to update residents' assessments are updated as residents' needs change. All staff persons will be educated on this process. --JRW 2/20/19

 2/20/19

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