



MAILING DATE: August 18, 2020

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 18, 2019 and July 19, 2019, 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.

Sincerely,

A handwritten signature in black ink that reads "Jamie L. Buchenauer". The signature is written in a cursive style with a large, prominent "J" and "B".

Jamie L. Buchenauer  
Deputy Secretary  
Office of Long Term Living

Enclosure  
Violation Report

## Violation Report

### Facility Information

Name: ALLEGHENY PLACE  
Address: 10960 FRANKSTOWN ROAD,, PENN HILLS, PA 15235  
County: ALLEGHENY Region: WESTERN

License Number: 44489

### Administrator

Name: Missy Hice Phone: 4122417080 Email: ALCLICENSE@ENLIVANT.COM

### Legal Entity

Name: GRAINGER AID OPCO LLC  
Address: 10960 FRANKSTOWN ROAD, PENN HILLS, PA, 15235

### Certificate(s) of Occupancy

Type: C-2 LP Date: 02/02/1998 Issued By: Labor & Industry

### Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 58 Waking Staff: 44

### Inspection

Type: Full Reason: Renewal BHA Docket #: Notice: Unannounced

### Inspection Dates and Department Representative

07/18/2019 - On-Site: Lisa Flinner-Alman, Laurie Garrigan  
07/19/2019 - On-Site: Lisa Flinner-Alman, Laurie Garrigan

### Resident Demographic Data as of Inspection Dates

#### General Information

License Capacity: 47 Residents Served: 36

#### Secured Dementia Care Unit

In Home: No Area: Capacity: Residents Served:

#### Hospice

Current Residents: 4

#### Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 35  
Diagnosed with Mental Illness: 4 Diagnosed with Intellectual Disability: 0  
Have Mobility Need: 22 Have Physical Disability: 0

64a - Admin Training

Regulations

2600.

64.a. Prior to initial employment as an administrator, a candidate shall successfully complete the following:

1. An orientation program approved and administered by the Department.
2. A 100-hour standardized Department-approved administrator training course.
3. A Department-approved competency-based training test with a passing score.
4. Paragraphs (1), (2) and (3) do not apply to an administrator hired or promoted prior to October 24, 2005.

Description of Violation

Staff person A, the administrator, has not completed an orientation program approved and administered by the Department.

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 review next 5 pages regarding this (POC) SEE PAGE 2A OF 6

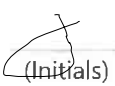
Legal Entity Representative

  
Signature

Mark Gray E.D. 10-31-19  
Printed Name and Title Date

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The above plan of correction is approved as of 11/12/19 Plan of correction implementation status as of 11/15/19  
(Date) (Date)

The above plan of correction was approved by   
(Initials)

- 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.

Violation 1

- Regulation 2600.64.a Administrator Training and Orientation

Prior to initial employment as an administrator, a candidate shall successfully complete the following:

- (1) An orientation program approved and administered by the Department.
- (2) A 100-hour standardized Department-approved administrator training course.
- (3) A Department-approved competency-based training test with a passing score.
- (4) Paragraphs (1), (2) and (3) do not apply to an administrator hired or promoted prior to October 24, 2005

- Description of Violation

Staff person A, the administrator, has not completed an orientation program approved and administered by the Department.

- Plan of Correction

1. Administrator has completed an orientation program approved and administered by the department, the documentation was on file with a former employer, William Penn Care Center
2. ED contacted William Penn Care Center requesting copies of orientation documentation.
3. Current ED is scheduled to attend an orientation program approved and administered by the department on November 15, 2019 at 11 Stanwix Street, 2<sup>nd</sup> Floor, Pittsburgh, PA 15222 (See Attachment A)

Administrator will retain copy of certificate of completion of orientation in personnel file for review by the Department upon request. - JRW 11/12/19

*[Handwritten signature]*  
10-31-19 E.D.

*[Handwritten signature]* 11/15/19

103f - Refrigerator/Freezer Temps

Regulations

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

On 7/18/19 at 10:07 a.m., there was no thermometer in the white chest freezer in the kitchen.

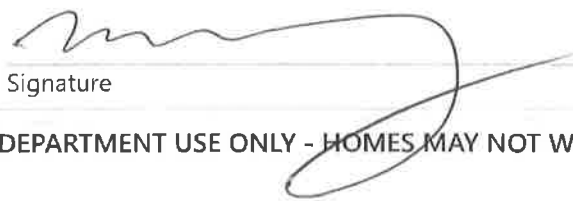
Plan of Correction (POC)

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*Please review next 9 pages regarding this (POC)*

SEE PAGE 3A OF 6

Legal Entity Representative



Signature

Mark Gray  
Printed Name and Title

E.D.

10-31-19  
Date

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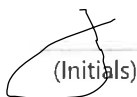
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11/12/19  
(Date)

Plan of correction implementation status as of

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## Violation 2

- Regulation 2600.103.f Food Service

Food requiring refrigeration shall be stored at or below 40 F. Frozen food shall be kept at or below 0 F. Thermometers are required in refrigerators and freezers.


- Description of Violation

On 7/18/19 at 10:07 a.m., there was no thermometer in the white chest freezer in the kitchen.

- Plan of Correction

1. Chef added a thermometer to the white chest freezer in the kitchen. (See Attachment B)
2. ED educated Chef on 8/7/2019 and Cook on 8/9/2019 regarding Regulation 2600.103.f Food Service (See Attachment C)
3. On 9/3/2019, ED, [REDACTED] educated ED, [REDACTED] on the importance of completing regular audits in accordance with a plan of correction. (See Attachment D)
4. ED or designee will audit freezers 5 times a week for 1 month, 3 times a week for the next month, and once a week for the third month beginning 9/3/2019 until 11/30/2019 to ensure a thermometer is present. (See Attachment E)
5. Audit results will be discussed at monthly QI meetings to ensure continued compliance.

 R. D.  
10-31-19

 11/12/19

132f - Alternate Exit Routes

Regulations

2600.

132.f. Alternate exit routes shall be used during fire drills.

Description of Violation

All five exits were used for 10 of the past 12 fire drills including July 2018 through March 2019, and May 2019.

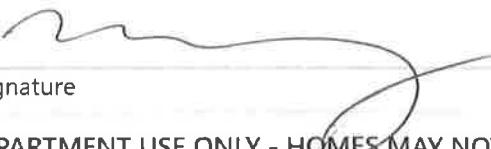
Plan of Correction (POC)

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Please review next 7 pages regarding this (POC)

SEE PAGE 4A OF 6

Legal Entity Representative

Signature 


Mark Gray E.D.  
Printed Name and Title

10-31-19  
Date

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### Violation 3

- Regulation 2600.132.f Alternate Exit Routs

Alternate exit routes shall be used during fire drills.


- Description of Violation

All five exits were used for 10 of the past 12 fire drills including July 2018 through March 2019, and May 2019.

- Plan of Correction

1. Maintenance Tech, [REDACTED] was educated by the fire expert on 7/24/2019 regarding Regulation 2600.132.f Alternate Exit Routes (See Attachment G)
2. Maintenance Tech conducted a fire drill with the fire expert on 7/24/2019 utilizing alternate exits. (See Attachment H)
3. ED or designee will audit fire drills every month beginning July 2019 for 12 months ending June 2020 to ensure that alternate exits are used during fire drills. (See Attachment I)
4. Audit results will be discussed at monthly QI meetings to ensure continued compliance.

 E.D.  
10-31-19

 11/12/19



162e - Menu Changes

Regulations

2600.

162.e. A change to a menu shall be posted in a conspicuous and public place in the home and shall be accessible to a resident in advance of the meal. Meal substitutions shall be made in accordance with § 2600.161 (relating to nutritional adequacy).

Description of Violation

Multiple resident interviews indicate that changes to the menu are not posted and residents are not aware of any changes until the meal is served.

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 review next 8 pages regarding this (POC)

SEE PAGE 5A OF 6

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Signature 

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#### Violation 4

- Regulation 2600.162.e Menu Changes

A change to a menu shall be posted in a conspicuous and public place in the home and shall be accessible to a resident in advance of the meal. Meal substitutions shall be made in accordance with Regulation 2600.161 (relating to nutritional adequacy)


- Description of Violation

Multiple resident interviews indicate that changes to the menu are not posted and residents are not aware of any changes until the meal is served.

- Plan of Correction

1. Accurate menus were posted immediately.
2. ED educated the Chef on 8/7/2019 and the Cook on 8/9/2019 regarding Regulation 2600.162.e Menu Changes (See Attachment J)
3. From 8/7/19 to 8/22/19, general audits were performed to ensure that accurate menus were posted (See Attachment K)
4. On 9/3/2019, ED, [REDACTED] educated ED, [REDACTED] on the importance of completing regular audits in accordance with a plan of correction. (See Attachment L)
5. ED or designee will audit menus 5 times a week for one month, 3 times a week for the next month, and 1 time per week for the third month beginning 9/3/2019 until 11/30/2019 to ensure that posted menus accurately represent the meal to be served. (See Attachment M)
6. Audit results will be discussed at monthly QI meetings to ensure continued compliance.

 E.D.  
10-31-19

 11/12/19

183d - Prescription Current

Regulations

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

On 7/19/19, there were 6 Acetaminophen suppositories for resident #1 in the medication cart which were discontinued on 7/1/19.

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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SEE PAGE 6A OF 6

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Signature

Mark Gray E.O.

Printed Name and Title

10-31-19

Date

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Violation 5

- Regulation 2600.183.d Prescription Current

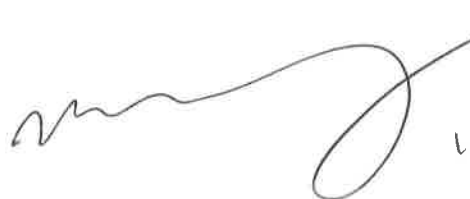
Only Current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.


- Description of Violation

On 7/19/19, there were 6 Acetaminophen suppositories for resident #1 in the medication cart which were discontinued on 7/1/2019

- Plan of Correction

1. CSM performed a cart audit on 7/19/2019 to ensure that only medications prescribed to current residents were present. (See Attachment N)
2. ED educated the CSM and LPN on 8/7/2019 regarding Regulation 2600.183.d Prescription Current (See Attachment O)
3. CSM or designee will audit resident meds in the cart 5 times per week for one month, 3 times per week for the next month, and 1 time per week for the third month beginning 8/9/2019 until 10/25/2019 to ensure that currently prescribed medications are in the cart. (See Attachment P)
4. Audit results will be discussed at monthly QI meetings to ensure continued compliance.

 E.D.  
10-31-19

 11/12/19