



MAILING DATE: October 31, 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 August 16, 2019, 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 that reads "Jon B. Kimberland".

Jon Kimberland
Human Services Licensing Supervisor

Enclosure
Violation Report

Violation Report

Facility Information

Name: ALLEGHENY PLACE

License Number: 44489

Address: 10960 FRANKSTOWN ROAD,, PENN HILLS, PA 15235

County: ALLEGHENY

Region: WESTERN

Administrator

Name: Melissa Hice

Phone: 4122417080

Email: MHICE@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:

Issued By:

Staffing Hours

Resident Support Staff:

Total Daily Staff: 59

Waking Staff: 44

Inspection

Type: Partial

BHA Docket #:

Notice: Unannounced

Reason: Complaint

Inspection Dates and Department Representative

08/16/2019 - On-Site: Karen Georgoulis

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 47

Residents Served: 34

Secured Dementia Care Unit

In Home: No

Area:

Capacity:

Residents Served:

Hospice

Current Residents: 5

Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 35

Diagnosed with Mental Illness: 2

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 25

Have Physical Disability: 0

187a - Medication Record

Regulations

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

- 12. Diagnosis or purpose for the medication, including pro re nata (PRN).
- 13. Date and time of medication administration.

Description of Violation

On 8/16/19, resident #1's August 2019 medication administration record (MAR) did not include a diagnosis or purpose for the prescribed medication, Haloperidol 2mg -give 0.5mg/.25ml under tongue twice a day (8:30am and 4:30 p.m.)

On 8/15/19, resident #1's August 2019 MAR was initialed by direct care staff person A as administering the prescribed medications. However; direct care staff person A did not administer the following, to include:

- * Donepezil HCL 5 mg Tablet -take one tablet by mouth every day (7:00pm)
- * Melatonin 3mg Tablet -take one tablet by mouth at bedtime (7:30pm)
- * Haloperidol 2mg-give 0.5mg/.25ml under tongue twice a day at 4:30pm.

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 9 pages regarding this (POC)

Thank you

See Pages @A and 2B of 3

Legal Entity Representative



Signature


Mark A Gray E.D.
Printed Name and Title

10-23-2019
Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 10/25/19
(Date)

Plan of correction implementation status as of 10/25/19
(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 2600.187.a.12 Diagnosis or purpose for the medication, including pro re nata (PRN)


A medication record shall be kept to include the following for each resident for whom medications are administered: Diagnosis or purpose for the medication, including pro re nata (PRN)


- Description of Violation

On 8/16/2019, resident #1's August 2019 medication administration record (MAR) did not include a diagnosis or purpose for the prescribed medication, Haloperidol 2mg – give 0.5mg/.25ml under tongue twice a day (8:30am and 4:30pm).

- Plan of Correction

1. CSM and ED were trained 10/22/19 by RDCS regarding regulation 2600.187.a.12 Diagnosis or purpose for the medication, including pro re nata (PRN)
2. Diagnosis or purpose for the medication was added to resident #1's August MAR, and an Audit was completed by the CSM and LPN on current residents to ensure Diagnosis and purpose were present for prescribed medications. (See Attachment A)
3. CSM trained Nurses and Med Techs on Regulation 2600.187.a.12 Diagnosis or purpose for the medication, including pro re nata (PRN) (See Attachment B)
4. CSM or designee will audit current MARs for 5 residents each week for 3 months to ensure present meds have diagnosis and purpose. (See Attachment C)
5. Audit results will be discussed at monthly QI meetings to ensure continued compliance.


E. D.
10-23-19

10/25/19 

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Violation 2

- Regulation 2600.187.a.13 Date and Time of Medication Administration

A medication record shall be kept to include the following for each resident for whom medications are administered: Date and time of medication administration

- Description of Violation


On 8/15/19, resident #1's August 2019 MAR was initialed by direct care staff person A as administering the prescribed medications. However, direct care staff person A did not administer the following, to include:

1. Donepezil HCL 5mg Tablet – take one tablet by mouth every day (7:00pm)
2. Melatonin 3mg Tablet – take one tablet by mouth at bedtime (7:30pm)
3. Haloperidol 2mg – give .5mg/.25ml under tongue twice a day at 4:30pm

- Plan of Correction

1. CSM educated direct care staff person A on 8/16/2019 regarding Regulation 2600.187.a.13: Date and Time of Medication (See Attachment D)
2. Medication Error Reported to the State on 10/22/2019 (See Attachment E)
3. CSM and LPN conducted a MAR audit of current residents on 8/16/2019 ensuring that prescribed medications were administered. (See Attachment A)
4. CSM and ED were educated on 10-22-19 by RDCS regarding recording Date and Time of Medication Administration.
5. On 9/25/19 Current Med Techs and LPN were trained by Quality Assurance Nurse Consultant from Omnicare Pharmacy regarding recording Date and Time of Medication Administration. (See Attachment F)
6. CSM or designee will audit current MARs for 5 residents each week for 3 months to ensure present meds have diagnosis and purpose. (See Attachment C)
7. Audit results will be discussed at monthly QI meetings to ensure continued compliance.

 E.D.
10-23-19

10/25/19 

187d - Follow Prescriber's Orders

Regulations

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #1 is prescribed Haloperidol 2mg -give 0.5mg/25ml under tongue twice a day (8:30am and 4:30 p.m.). However, the resident was not administered the medication on 8/15/19 at approximately 4:30 p.m.

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 3A of 3

Please review next 12 pages regarding this (POC)

Thank you

Legal Entity Representative


Signature


Mark Gray E.O.
Printed Name and Title

10-23-19
Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

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(Date)

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Violation 3

- Regulation 2600.187.d Following the Directions of the Prescriber

The home shall follow the directions of the prescriber.

- Description of Violation

Resident #1 is prescribed Haloperidol 2mg – give 0.5mg/.25ml under tongue twice a day (8:30am and 4:30pm). However, the resident was not administered the medication on 8/15/19 at approximately 4:30pm

- Plan of Correction

1. CSM educated direct care staff person A on 8/19/2019 regarding Regulation 2600.187.a.13: Date and Time of Medication (See Attachment D)
2. Medication Error Reported to the State on 10/22/2019 (See Attachment E)
3. CSM and LPN conducted a MAR audit of current residents on 8/16/2019 ensuring that prescribed medications were administered. (See Attachment A)
4. CSM and ED were educated on 10-22-19 by RDCS regarding Following the Directions of the Prescriber.
5. On 9/25/19 Current Med Techs and LPN were trained by Quality Assurance Nurse Consultant from Omnicare Pharmacy regarding Following the Directions of the Prescriber. (See Attachment F)
6. CSM or designee will audit current MARs for 5 residents each week for 3 months to ensure the directions of the prescriber are being followed. (See Attachment C)
7. Audit results will be discussed at monthly QI meetings to ensure continued compliance.

 E.D.
10-23-19

10/25/19 