

SENT VIA EMAIL: mhice@enlivant.com

alclicense@enlivant.com

MAILING DATE: March 26, 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 Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on November 4, 2019, of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincereiv.

Jason Williams

Human Services Licensing Supervisor

Enclosure Licensing Inspection Summary

Violation Report

Facility Information

Name: ALLEGHENY PLACE

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

County: ALLEGHENY

Region: WESTERN

Administrator

Name: MARK GRAY

Phone: 4122417080

Email: ALCLICENSE@ENLIVANT.COM

License Number: 44489

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: 0

Total Daily Staff: 54

Waking Staff: 41

Inspection

Type: Partial

BHA Docket #:

Notice: Unannounced

Reason: Complaint, Incident

Inspection Dates and Department Representative

11/04/2019 - On-Site: Jan Cutter

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 47

Residents Served: 33

Secured Dementia Care Unit

In Home: No

Area:

Capacity:

Residents Served:

Hospice

Current Residents: 5

Number of Residents Who:

Receive Supplemental Security Income: 0

Diagnosed with Mental Illness: 3

Have Mobility Need: 21

Are 60 Years of Age or Older: 32

Diagnosed with Intellectual Disability: 0

Have Physical Disability: 0

15a - Resident Abuse Report

Regulations

2600.

15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

On 10/20/2019 at approximately 2:00 pm, resident #1 approached direct care staff person A to ask for her prescribed Spiriva Inhaler breathing treatment. Direct care staff person A asked medication technician staff person B if she could administer the Spiriva Inhaler at 2:00 pm. Medication technician staff B approached resident #1 and told the resident that she is not giving her the medication now because she refused it earlier. A loud argument ensued between staff person B and resident #1. Finally, staff person B gave resident #1 her inhaler and said, "you can get it this time, but next time I'm not giving it to you". According to direct care staff person A, resident #1 was in tears. This allegation of abuse was not reported to the area agency on aging until 10/23/2019 at 4:40 pm.

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 allacked Poc (page 2a of 4)

Legal Entity Representative

Signature

Printed Name and Title

Date 2020

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The above plan of correction is approved as of

3/20/20 (Date) Plan of correction implementation status as of

3/20/20 (Date)

The above plan of correction was approved by

(mitials)

Light Eully 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.

2600.15(a)

- The suspected abuse was reported to Allegheny County Area Agency on Aging and the Department of Human Services as soon as it was brought to the attention of the Executive Director on 10/23/2019.
- Direct Care Staff Person A received additional training on reporting of suspected abuse by the Executive Director on 11/05/2019.
- Current staff completed training on Elder Abuse and reporting by the Allegheny County Ombudsman on 11/20/2019.
- Upon hire, staff will receive additional training on Abuse & Neglect and Residents Rights.
 Executive Director or Designee to audit new employee files within 72 hours of hire to ensure compliance.
- Executive Director or designee to interview 5 residents weekly for 4 weeks, 3 residents weekly for 4 weeks and 1 resident weekly for 4 weeks about care and satisfaction with their treatment at the community.
- Audit results will be discussed in monthly QI meetings. The QI Committee will determine if continued auditing is necessary based on 3 consecutive months of compliance.

Melissa Shice ED 1/30/2020

15b - Supervisor Plan

Regulations

2600.

15.b. If there is an allegation of abuse of a resident involving a home's staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

Description of Violation

On 10/20/2019 at approximately 2:00 pm, resident #1 approached direct care staff person A to ask for her prescribed Spiriva Inhaler breathing treatment. Direct care staff person A asked medication technician staff person B if she could administer the Spiriva Inhaler at 2:00 pm. Medication technician staff B approached resident #1 and told the resident that she is not giving her the medication now because she refused it earlier. A loud argument ensued between staff person B and resident #1. Finally, staff person B gave resident #1 her inhaler and said, "you can get it this time, but next time I'm not giving it to you". According to direct care staff person A, resident #1 was in tears. Staff person B was not immediately suspended or put on a plan of supervision following this incident. She worked in the home unsupervised on 10/21/2019 and 10/22/2019 from 7:00 am to 3:00 pm.

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 3a of 4)

Legal Entity Representative	
Melissa Melissa Signature Melissa Printed Name and	Hice ED 1/28 pose

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3/20/20	Plan of correction implementation status as of	3/20/20
(Date)		(Date)
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	(Date)	(Date) Fully Implemented Partially Implemented - Adequate Progress

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2600.15(b)

- Medication Technician Staff Person B was suspended immediately upon notification of the Executive Director on 10/23/2019. Investigation of this alleged incident started as soon as notification occurred on 10/23/2019.
- Following the results of the investigation, Medication Technician Staff Person B was terminated on 10/30/2019.
- Executive Director was in-serviced on the Older Adult Protective Services Act and company's
 policy on Resident's Rights and Abuse by the Regional Director of Care Services on
 01/23/2020.
- Staff members that are involved in any allegation of abuse or violations of residents rights will be suspended immediately and an investigation initiated. The staff person involved shall not work at the community until the investigation is concluded.

Melissa Hice ED 1/30/2020

42c - Treatment of Residents

Regulations

2600.

42.c. A resident shall be treated with dignity and respect.

Description of Violation

On 10/20/2019 at approximately 2:00 pm, resident #1 approached direct care staff person A to ask for her prescribed Spiriva Inhaler breathing treatment. Direct care staff person A asked medication technician staff person B if she could administer the Spiriva Inhaler at 2:00 pm. Medication technician staff B approached resident #1 and told the resident that she is not giving her the medication now because she refused it earlier. A loud argument ensued between staff person B and resident #1. Finally, staff person B gave resident #1 her inhaler and said, "you can get it this time, but next time I'm not giving it to you". According to direct care staff person A, resident #1 was in tears.

Plan of Correction (POC)

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Su attached Pac. (page 4a of 4)

Legal Entity Representative

Melissa Sice 26

Melissa Alice ED

01/28/2020 Date

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The above plan of correction is approved as of

3/20/20 (Date)

Plan of correction implementation status as of

3/20/20 (Date)

The above plan of correction was approved by

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Fully Implemented

Partially Implemented - Adequate Progress

Partially Implemented - Inadequate Progress

☐ Not Implemented

11/04/2019

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2600.42c

- Current staff completed training on Elder Abuse/Resident's Rights and reporting by the Allegheny County Ombudsman on 11/20/2019.
- Upon hire, staff will receive additional training on Abuse & Neglect and Residents Rights.
 Executive Director or Designee to audit new employee files within 72 hours of hire to ensure compliance.
- Current staff to complete Understanding Resident's Rights provided by Relias Training by 02/14/2020.
- During monthly staff meetings, 5 resident's Rights will be discussed at length with the staff by the Executive Director or designee for the next 6 months.
- Executive Director or designee to interview 5 residents weekly for 4 weeks, 3 residents weekly for 4 weeks and 1 resident weekly for 4 weeks about care and satisfaction with their treatment at the community.
- Audit results will be discussed in monthly QI meetings. The QI Committee will determine if continued auditing is necessary based on 3 consecutive months of compliance.

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