



SENT VIA EMAIL: [mhice@enlivant.com](mailto:mhice@enlivant.com)  
[alcllicense@enlivant.com](mailto:alcllicense@enlivant.com)

MAILING DATE: February 27, 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 February 7, 2020, of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

A handwritten signature in black ink, appearing to read "L. Mazza".

Larry Mazza  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary

2/21/2020

Western Region Field Office  
Bureau of Human Services Licensing

## Violation Report

### Facility Information

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

License Number: 44489

### 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: 02/02/1998                      Issued By: L&I

### Staffing Hours

Resident Support Staff: 0                      Total Daily Staff: 45                      Waking Staff: 34

### Inspection

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

### Inspection Dates and Department Representative

02/07/2020 - On-Site: Lauren Spagna, Courtney Barry, Mike Marini

### Resident Demographic Data as of Inspection Dates

#### General Information

License Capacity: 47                      Residents Served: 28

#### Secured Dementia Care Unit

In Home: No                      Area:                      Capacity:                      Residents Served:

#### Hospice

Current Residents: 2

#### Number of Residents Who:

|   |   |
|---|---|
| Receive Supplemental Security Income: 0 | Are 60 Years of Age or Older: 27          |
| Diagnosed with Mental Illness: 1        | Diagnosed with Intellectual Disability: 0 |
| Have Mobility Need: 17                  | Have Physical Disability: 0               |

82c - Locking Poisonous Materials

Regulations

2600.

82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

Description of Violation

At 10:50am, one full 1.95 gallon bottle of Sun Triple Clean Plus laundry detergent, with a manufacturer's label indicating, "If swallowed, drink a glass of water and call a physician", was unlocked, unattended and accessible to residents in the home's laundry room. Not all residents of the home, including resident #1, have been assessed capable of recognizing and using poisons safely.

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*

See Page 2A of 4

Legal Entity Representative

*Melissa Hice*  
Signature

*Melissa Hice*  
Printed Name and Title

*2/18/2020*  
Date

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

The above plan of correction is approved as of 2/24/2020  
(Date)

Plan of correction implementation status as of 2/24/2020  
(Date)

The above plan of correction was approved by *LHM*  
(Initials)

Implemented  
 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.

**2600.82(c)**

- On 02/07/2020, the bottle of Sun Triple Clean Laundry Detergent was immediately moved to the locked hopper room by the Executive Director.
- Current Staff to be in-serviced on poisons and regulation 2600.82 at the staff meeting on 02/19/2020.
- Executive Director or designee to check the laundry room 5 days a week for 4 weeks, 3 days a week for 4 weeks and weekly for 4 weeks to ensure that all poisons are locked and inaccessible to residents. The 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. Monitoring will be on going

*Melissa Hill* 2/21/20

85e - Trash Outside Home

Regulations

2600.

85.e. Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

Description of Violation

At 8:50am, both lids were open on the large outdoor dumpster near the exit door from the kitchen. The dumpster was full of trash. Also, there were 5 full, large black garbage bags on the ground in front of the dumpster.

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*

See Page 3A of 4

Legal Entity Representative

*Melissa Hice EP*  
Signature

*Melissa Hice EP*  
Printed Name and Title

*2/18/2020*  
Date

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(Initials)

- Implemented
- Not Implemented

**2600.85(e)**

- On 02/07/2020 Waste Management arrived at approximately 9:20am and emptied the dumpster and removed the additional 5 bags of trash located in front of it. Waste Management typically empties the dumpster at 1am but was delayed due to the inclement weather.
- Current staff members are to be educated on regulation 2600.85 at the staff meeting to be held on 02/19/2020.
- Two Additional 64 gallon rollout waste containers with lids were ordered to utilize if the dumpster becomes full prior to the pick up 3 days per week.
- Maintenance Tech to monitor dumpster 5 days per week for 4 weeks, 3 xs per week for 4 weeks and weekly for 4 weeks to determine if an additional pick-up is required. The 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. Monitoring will be on going

*Melissa H. H. 2/21/20*

184a - Labeling OTC/CAM

Regulations

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

Description of Violation

Resident #2 is prescribed Humalog 100mg/1ml insulin-Inject subcutaneously before meals and at bedtime in accordance with the following sliding scale: 141-200= 2u; 201-250= 4u; 251-300= 6u; 301-350= 8u; 351-400= 10u; >401= 12u. However, the pharmacy label for the resident's Humalog only indicates the following sliding scale: 141-200= 2u; 201-250= 4u; 251-300= 6u.

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*

See Page 4A of 4

Legal Entity Representative

*Melissa Hice ED*  
Signature

*Melissa Hice ED*  
Printed Name and Title

*2/18/2020*  
Date

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(Initials)

Implemented  
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**2600.184(a)**

- On 02/27/2020 Omnicare pharmacy was contacted immediately, and a new Insulin Pen with complete instructions printed on the pharmacy label was delivered to the community.
- Care Service Manager was educated on regulation 2600.184(a) by the Executive Director on 02/07/2020.
- Care Service Manager to complete MAR/Med Cart audits on 5 residents a week for 4 weeks, 3 residents a week for 4 weeks and 1 resident a week for 4 weeks to ensure that the labels on the medication are complete and match the order and MAR. The 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. Monitoring will be on going

*Melissa L. Hester 2/21/20*