


Department of Human Services
Bureau of Human Service Licensing

September 28, 2021


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

RE: ALLEGHENY PLACE
10960 FRANKSTOWN ROAD
PENN HILLS, PA, 15235
LICENSE/COC#: 44489

Dear Mr. Guill,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/16/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Jon Kimberland

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

**Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY**

Facility Information

Name: ALLEGHENY PLACE License #: 44489 License Expiration Date: 04/14/2022
Address: 10960 FRANKSTOWN ROAD, PENN HILLS, PA 15235
County: ALLEGHENY Region: WESTERN

Administrator

Name: [REDACTED] Phone: 4122417080 Email: [REDACTED]

Legal Entity

Name: GRAINGER AID OPCO LLC
Address: 10960 FRANKSTOWN ROAD, PENN HILLS, PA, 15235
Phone: 4122417080 Email: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP Date: 02/02/1998 Issued By: Dept. of Labor and Industry

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 50 Waking Staff: 38

Inspection

Type: Partial Notice: Unannounced BHA Docket #:
Reason: Complaint Exit Conference Date: 08/19/2021

Inspection Dates and Department Representative

08/16/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 47 Residents Served: 32

Secured Dementia Care Unit

In Home: No Area: Capacity: Residents Served:

Hospice

Current Residents: 3

Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 32
Diagnosed with Mental Illness: 2 Diagnosed with Intellectual Disability: 0
Have Mobility Need: 18 Have Physical Disability: 0

Inspections / Reviews

08/16/2021 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 09/19/2021

Inspections / Reviews *(continued)*

9/22/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*

Follow-Up Date: *09/27/2021*

9/28/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

60c - Housekeeping/Maintenance

1. Requirements

2600.

60.c. Additional staff hours, or contractual hours, shall be provided as necessary to meet the laundry, food service, housekeeping and maintenance needs of the home.

Description of Violation

According to staff and resident interviews, the home employs dedicated housekeeping staff to attend to the housekeeping and cleaning needs of the home. There were 32 residents living in the home from Thursday 8/14/21 to Saturday 8/16/21. However, the home's housekeeper quit the position, and the home did not provide housekeeping services including cleaning resident #1's restroom and toilet.

Plan of Correction**Accept**

On 8/17/2021, Executive Director implemented corrective actions, including: Assigning additional staff hours in order to meet the communities housekeeping needs. Housekeeping services provided to Resident #1's restroom and toilet.

On 8/17/2021 Executive Director reviewed staffing schedule for housekeeping services, to ensure communities housekeeping needs are met. Additional staff hours assigned as identified.

Executive Director was re-educated via review of RCG on requirement to ensure additional staff hours assigned in order to meet the communities housekeeping needs.

Executive Director/Designee will audit staffing schedule weekly for 4 weeks then bi-weekly for 4 weeks then monthly for one month to ensure additional staffing hours are assigned in order to meet the community housekeeping needs. Results of the audits will be discussed during monthly QI meetings. The QI Committee will determine if continued auditing is necessary based on three consecutive months of compliance. Monitoring will be on-going

Completion Date: 10/16/2021

Document Submission**Implemented**

On 8/17/2021, Executive Director implemented corrective actions, including: Assigning additional staff hours in order to meet the communities housekeeping needs. Housekeeping services provided to Resident #1's restroom and toilet.

On 8/17/2021 Executive Director reviewed staffing schedule for housekeeping services, to ensure communities housekeeping needs are met. Additional staff hours assigned as identified.

Executive Director was re-educated via review of RCG on requirement to ensure additional staff hours assigned in order to meet the communities housekeeping needs.

Executive Director/Designee will audit staffing schedule weekly for 4 weeks then bi-weekly for 4 weeks then monthly for one month to ensure additional staffing hours are assigned in order to meet the community housekeeping needs. Results of the audits will be discussed during monthly QI meetings. The QI Committee will determine if continued auditing is necessary based on three consecutive months of compliance. Monitoring will be on-going

81b - Resident Personal Equipment

1. Requirements

81b - Resident Personal Equipment (continued)

2600.

81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

Resident #2's support plan dated [redacted] indicated resident #2 needs an assist of one for all transfers. However, resident interviews indicated that resident #2 utilized a broken wheelchair to independently traverse the hallways from Saturday 8/14/21 to Monday 8/16/21 including:

- * The seat pan was broken and tipped forward with a risk of falling out of the wheelchair.
- * The seatbelt was broken on the right strap and was tucked behind the resident out of use.

Plan of Correction

Accept

On 8/16/2021, Community Service Manager implemented corrective actions for resident #2 , affected by this practice, including: removing the damaged chair and replacing with a temporary chair in good repair.

On 8/16/2021, Community Services Manager assessed all resident wheelchairs and found them in good repair. No issues noted.

On 8/17/2021 and 8/20/2021, Executive Director and Community Service Manager implemented measures so that this practice does not recur, including: Re-education of all Resident Care Partners and Med Techs with a review on the importance of reporting disrepair of equipment used by the residents.

Executive Director/Maintenance Director/Designee will complete audits on resident equipment, especially wheelchairs weekly for 4 weeks, then biweekly for 4 weeks and once monthly for one month. Resident Results of the audit will be discussed during monthly QI meetings. The QI Committee will determine if continued auditing is necessary based on three consecutive months of compliance. Monitoring will be on-going.

Completion Date: 10/16/2021

Document Submission

Implemented

On 8/16/2021, Community Service Manager implemented corrective actions for resident #2 , affected by this practice, including: removing the damaged chair and replacing with a temporary chair in good repair.

On 8/16/2021, Community Services Manager assessed all resident wheelchairs and found them in good repair. No issues noted.

On 8/17/2021 and 8/20/2021, Executive Director and Community Service Manager implemented measures so that this practice does not recur, including: Re-education of all Resident Care Partners and Med Techs with a review on the importance of reporting disrepair of equipment used by the residents.

Executive Director/Maintenance Director/Designee will complete audits on resident equipment, especially wheelchairs weekly for 4 weeks, then biweekly for 4 weeks and once monthly for one month. Resident Results of the audit will be discussed during monthly QI meetings. The QI Committee will determine if continued auditing is necessary based on three consecutive months of compliance. Monitoring will be on-going.

85a - Sanitary Conditions

1. Requirements

2600.

85a - Sanitary Conditions (continued)

85.a. Sanitary conditions shall be maintained.

Description of Violation

The toilet bowl, raised toilet seat, toilet safety frame, and restroom floor in resident [REDACTED] bathroom in room [REDACTED] had an accumulation of dried feces to include:

- * Dried splashes of feces on the perimeter interior and exterior rim of the toilet bowl
- * Dried streaks of feces under and on the raised toilet seat.
- * Dried streaks of feces each measuring approximately 2 inches on the left and right front vertical supports and on the front horizontal support bar of the safety frame.
- * Dried splatter of feces in front of the toilet on the floor measuring approximately two feet of splashes by four feet of splashes.

Plan of Correction**Accept**

On 8/16/2021, Community Service Manager and Resident Care Partner implemented corrective actions for resident [REDACTED], affected by this practice, including: thoroughly cleaning the commode and surrounding areas.

On 8/16/2021, Community Services Manager assessed all resident apartments for cleanliness of commodes and surrounding areas. No other sanitation issues noted.

On 8/17/2021 and 8/20/2021, Executive Director and Community Service Manager have implemented measures so that this practice does not recur, including: Re-education of current Resident Care Partners and Med Techs with a hands-on demonstration and return demonstration of proper method of cleaning the commode and surrounding areas.

Executive Director/Designee will complete audits on 5 Resident bathrooms for continued cleanliness weekly for 4 weeks, then bi-weekly for 4 weeks then for one month. Results of the audit will be discussed during monthly QI meetings. The QI Committee will determine if continued auditing is necessary based on three consecutive months of compliance. Monitoring will be on-going

Completion Date: 10/16/2021

Document Submission**Implemented**

On 8/16/2021, Community Service Manager and Resident Care Partner implemented corrective actions for resident #1, affected by this practice, including: thoroughly cleaning the commode and surrounding areas.

On 8/16/2021, Community Services Manager assessed all resident apartments for cleanliness of commodes and surrounding areas. No other sanitation issues noted.

On 8/17/2021 and 8/20/2021, Executive Director and Community Service Manager have implemented measures so that this practice does not recur, including: Re-education of current Resident Care Partners and Med Techs with a hands-on demonstration and return demonstration of proper method of cleaning the commode and surrounding areas.

Executive Director/Designee will complete audits on 5 Resident bathrooms for continued cleanliness weekly for 4 weeks, then bi-weekly for 4 weeks then for one month. Results of the audit will be discussed during monthly QI meetings. The QI Committee will determine if continued auditing is necessary based on three consecutive months of compliance. Monitoring will be on-going