Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY - PUBLIC

March 24, 2023

[redacted], PRESIDENT/COO
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 [redacted],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/19/2023, 01/20/2023, 01/30/2023, 02/06/2023 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,
[redacted]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *ALLEGHENY PLACE* **License #**: *44489* **License Expiration**: *04/14/2024*

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

County: *ALLEGHENY* **Region**: *WESTERN*

Administrator

Name: [redacted] **Phone**: [redacted] **Email**: [redacted]

Legal Entity

Name: *GRAINGER AID OPCO LLC*

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

Phone: [redacted] **Email**: [redacted]

Certificate(s) of Occupancy

Type: *C-2 LP* **Date**: *02/02/1998* **Issued By**: *Dept L&I*

Staffing Hours

Resident Support Staff: **Total Daily Staff**: *40* **Waking Staff**: *30*

Inspection Information

Type: *Partial* **Notice**: *Unannounced* **BHA Docket #**:

Reason: *Complaint, Incident* **Exit Conference Date**: *02/06/2023*

Inspection Dates and Department Representative

01/19/2023 - On-Site: [redacted]
01/20/2023 - On-Site: [redacted]
01/30/2023 - On-Site: [redacted]
02/06/2023 - Off-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *47* **Residents Served**: *26*

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**: *26*

Diagnosed with Mental Illness: *1* **Diagnosed with Intellectual Disability**: *0*

Have Mobility Need: *14* **Have Physical Disability**: *0*

Inspections / Reviews

01/19/2023 Partial

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *02/24/2023*

Inspections / Reviews *(continued)*

03/08/2023 POC Submission

Submitted By: [redacted] **Date Submitted:** *03/23/2023*

Reviewer: [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *03/15/2023*

03/24/2023 Document Submission

Submitted By: [redacted] **Date Submitted:** *03/23/2023*

Reviewer: [redacted] **Follow Up Type:** *Not Required*

23a - Activities of Daily Living Assistance

1. Requirements

2600.
23.a. A home shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.

Description of Violation

Resident #1's most recent assessment, dated [redacted], indicates the resident requires total physical assistance with personal hygiene, and the resident's most recent support plan, dated [redacted], indicates staff will assist the resident with personal hygiene care by cleansing the body with soap and water and drying [redacted] off. However, the resident did not receive a shower from [redacted] until [redacted], when the resident's family requested staff provide assistance after finding the resident soaked in urine.

Resident #1's most recent assessment, dated [redacted], includes an updated addendum dated [redacted] that indicates the resident needs assistance to prevent frequent falls, and the support plan indicates staff will provide frequent checks of approximately every 2 hours; however, on multiple occasions, the resident was not checked for long periods of time, including:

- *on [redacted] the resident was checked by staff at midnight, and not checked again until [redacted]*
- *on [redacted] the resident was checked by staff at 7:00 p.m. and not checked again until*
- *on [redacted] the resident was checked by staff at 10:43 p.m. and not checked again unti*

Resident #1's most recent assessment, dated [redacted] indicates the resident requires assistance as needed, and the resident's most recent support plan, dated [redacted], indicates staff will cleanse dentures and store them in a container, make sure available for every meal. However, staff interviews indicate this is not done on a regular basis, including on [redacted], the night staff did not remove her dentures.

Resident #1's most recent assessment, dated [redacted], indicates the resident requires assistance with [redacted] hearing aids, and the resident's most recent support plan, dated [redacted], indicates staff will put the resident's hearing aids in both ears in the morning, take them out in the evening, and place them in the charging case. However, staff interviews and the resident's January 2023 medication administration record (MAR) indicate this is not done on a regular basis, including from [redacted] in the evening until [redacted] in the evening, the resident's hearing aids remained in [redacted] ears overnight.

Resident #1's most recent assessment, dated [redacted], indicates the resident requires some physical assistance with toileting, and the resident's most recent support plan, dated [redacted], indicates staff will assist the resident with toileting practices with assistance of one person on and off the commode; however, on multiple occasions, including on [redacted] at [redacted] resident was checked by staff for toileting needs and not assisted again with toileting until [redacted] a.m. when the resident was found by a family member, lying in bed soaked in urine.

Plan of Correction ***Accept [redacted] - 03/08/2023)***

• On [redacted] resident #1 was assessed by Care Services Manager (CSM) with no ill effects identified.
• As of 2/7/23, identified employees are no longer employed with the community.
• On 1/31/23, current residents were interviewed and records reviewed by the Executive Director (ED) to ensure residents were provided adequate assistance with ADL's as indicated in their assessment and support plan. No additional concerns identified.
• By 3/3/23, ED or designee to re-educate current direct care staff on the requirements set within regulation 2600.23a. Documentation of education will be retained within the community.
• (Exhibit A – Inservice)

23a - Activities of Daily Living Assistance (continued)

• Starting the week of 2/27/23, ED or designee will complete audit of 2 residents and 2 employees, including interview and record review to ensure residents are provided adequate assistance with ADL's as indicated in their assessment and support plan weekly x 4 weeks, bi-weekly x 4 weeks then monthly x 1 in compliance with regulation 2600.23a (Exhibit B– Audit Tool).

• Starting in March 2023, ED or designee will discuss the results of the audit during the monthly Quality Improvement meetings. Quality improvement committee will determine if continued auditing is necessary based on three consecutive months of auditing.

Licensee's Proposed Overall Completion Date: *03/31/2023*

Implemented [redacted] - 03/24/2023)

42c - Treatment of Residents

2. Requirements

2600.
42.c. A resident shall be treated with dignity and respect.

Description of Violation

Multiple staff and resident interviews indicate that staff person A spoke to residents in a rude and condescending manner on various occasions, including:

- *Approximately 3 weeks ago, when residents were served small pizzas for a meal, resident #2's pepperoni was burnt, and [redacted] asked for a different pizza if possible. Staff person A responded – just eat it and shut up!*
- *On [redacted], when resident #3 requested the heart healthy choice for lunch, staff person A responded in a very loud, intimidating rant - If you think I'm making you fish or broccoli, you have another think coming. If you think you're going to eat fish day after day, you're taking fish from other residents who are here. When resident #1 indicated that staff person B had offered this food selection earlier, staff person A responded-Well, [redacted] not the cook, and I'm not making it, and you're not getting it. Resident #1 states that [redacted] was left embarrassed and trembling after the incident, and that everyone in the dining room could hear.*
- *On [redacted] staff person B heard resident #4 ask for an alternate breakfast after [redacted] was served eggs that [redacted] does not eat. Staff person A brought [redacted] French toast. When the resident asked what was on [redacted] plate, staff person A responded, It's food! Eat it!- in a loud and intimidating tone.*
- *On [redacted], staff person A yelled to residents on [redacted] way out of the building- they're firing me over some fucking fish.*

Plan of Correction

Accept [redacted] - 03/08/2023)

• Date Corrections: The breakfast and heart healthy lunch incidents were on [redacted] and the chef yelled on [redacted] way out of the building on [redacted]

• On [redacted], staff person A was immediately placed on administrative leave pending the outcome of an investigation. Staff person A was subsequently terminated on [redacted]

• On [redacted], Adult Protective Services, DHS, responsible parties and PCPs for resident #1, #2, #3, and #4 were notified.

• On 1/12/23, CSM evaluated residents #1, #2, #3, and #4 and identifed no apparent negative side effects from these findings.

• On 1/23/23, current residents were interviewed by the ED to ensure residents felt they are being treated with dignity and respect, and no other violations of regulation 2600.42c were identified.

42c - Treatment of Residents (continued)

• By 3/3/23, ED and CSM to re-educate current staff on the requirements set within regulation 2600.42c. Documentation of education will be retained within the community.
• (Exhibit C– Inservice) Starting the week of 2/27/23, ED or designee will interview 2 residents and 2 employees weekly x 4 weeks, bi-weekly x 4 weeks then monthly x 1 to ensure they feel they are treated with dignity and respect and ensure continued compliance with regulation 2600.42c (Exhibit D – Audit Tool).
• Starting in March 2023, ED or designee will discuss the results of the audit during the monthly Quality Improvement meetings. The QI committee will determine if continued auditing is necessary based on three consecutive months of compliance.

Licensee's Proposed Overall Completion Date: *03/31/2023*

Implemented (- 03/24/2023)

65d - Initial Direct Care Training

3. Requirements

2600.
65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:
2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.

Description of Violation

Direct care staff person C, hired on , provided unsupervised ADL services as recently as on . However, the staff person did not complete and pass the Department-approved direct care training course and pass the competency test.

Plan of Correction ***Accept (- 03/08/2023)***

• Staff member C is no longer employed at the community effective .
• On 2/7/23, ED conducted an audit of current direct care employee files to ensure they did not provide unsupervised ADL services prior to meeting the requirements set within regulation 2600.65d including successful completion and passing of the department approved direct care training course and passing of competency test. No other direct care employees were found to be out of compliance with regulation 2600.65d
• On 02/21/23, Regional Care Specialist (RCS) re-educated the ED on the requirement within regulation 2600.65d. Documentation of education will be retained within the community (Exhibit E– Inservice)
• Starting the week of 2/27/23, the ED will audit new direct care staff files weekly x 4, bi-weekly x 4 and monthly x 1 to ensure they meet the requirement(s) set within regulation 2600.65d (Exhibit F – Audit Tool).
• Starting in March 2023, ED or designee will discuss the results of the audit during the monthly Quality Improvement meetings. Quality improvement committee will determine if continued auditing is necessary based on three consecutive months of auditing.

Licensee's Proposed Overall Completion Date: *03/31/2023*

Implemented - 03/24/2023)

162e - Menu Changes

4. Requirements

162e - Menu Changes *(continued)*

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

On numerous dates, the menu posted did not indicate the correct food that was served for the meal, and no notice of the change was provided to the residents in advance of the meal, including on the following dates:

- *on 1/11/23, the lunch menu indicated pulled pork sandwiches; however, smashburgers were served instead.*
- *on 1/19/23, the lunch menu indicated chicken cordon bleu with Dijon cream sauce, au gratin potatoes, roasted carrots and sherbet on the regular menu and pork chops for the heart healthy menu; however, fish sandwiches, potato chips, applesauce and cake were served for the main menu, and turkey lunch meat and hard boiled eggs were served as the heart healthy option.*

Plan of Correction ***Accept ([redacted] 03/08/2023)***

• On 2/7/23, ED ensured the current menu was posted in a conspicuous and public place in the home and was accessible to the residents in advance of the meal. There were no meal substitutions at that time.
• On 02/21/23, ED re-educated cook on the requirements that 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, and that notice of menu change shall be provided to the residents in advance of the meal and that meal substitutions shall be made in accordance with regulation 2600.162e. Documentation of education will be retained within the community. (Exhibit G– Inservice)
• Starting the week of 2/27/23, ED or designee will audit twice weekly x 12 weeks to ensure the correct menu is posted in a conspicuous and public place in the home and shall be accessible to a resident in advance of the meal and that residents are given notice of menu changes in advance of the meal (Exhibit H– Audit Tool).
• Starting in March 2023, ED or designee will discuss the results of the audit during the monthly Quality Improvement meetings. The QI committee will determine if continued auditing is necessary based on three consecutive months of compliance.

Licensee's Proposed Overall Completion Date: *03/31/2023*

Implemented ([redacted] - 03/24/2023)

187a - Medication Record

5. Requirements

2600.
187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:
9. Administration times.

Description of Violation

Resident #3 is prescribed [redacted] however, the resident's January 2023 MAR indicates the administration times are [redacted]., and [redacted]

Plan of Correction ***Accept ([redacted] - 03/08/2023)***

• On [redacted], CSM verified order times with MD and corrected times on the medication administration record

187a - Medication Record (continued)

(MAR) for resident #3.

• By 3/3/23, the CSM will audit current resident MAR's and physician orders to ensure medications are administered at prescribed times. Findings will be corrected at time of audit as necessary.

• By 3/3/23, CSM or designee will re-educate current staff trained to administer medications on the requirements set within 2600.187a. Documentation of education will be retained within the community. (Exhibit I – Inservice).

• Starting the week of 2/27/23, CSM or designee will audit 2 residents' physicians order and MARs weekly x 4 weeks, biweekly x 4 weeks, then monthly x 1 month to ensure the MARs have the correct administration times listed (Exhibit J – Audit Tool)

• Starting in March 2023, ED or designee will discuss the results of the audit during the monthly Quality Improvement meetings. The QI committee will determine if continued auditing is necessary based on three consecutive months of compliance.

Licensee's Proposed Overall Completion Date: *03/31/2023*

Implemented ([redacted]/24/2023)

187b - Date/Time of Medication Admin.

6. Requirements

2600.
187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident #3's November 2022 MAR indicates that staff person D administered [redacted] p.m.; however, this medication was not administered to resident #3 on this date and time.

Resident #3's January 2023 MAR indicates multiple medications were administered daily at [redacted] p.m.; however, staff person E administered multiple medications to resident #3 at [redacted] including [redacted].

Plan of Correction ***Accept [redacted] - 03/08/2023)***

• On 11/22/22, during a med cart audit, CSM noted missing dose of resident #3's [redacted] 11/19/22. CSM assessed resident and no ill effects were noted. CSM notified resident #3's responsible party and primary care provider that same day with no new orders received.

• On 1/20/23, CSM verified order times for resident #3's evening medications with MD and noted correct times on the MARs.

• By 3/3/23, CSM will audit current medication administration records to ensure medications are documented at the time the medication is administered. Findings will be addressed with resident physicians at time of finding as necessary.

• On 2/17/23, CSM re-educated staff member E on requirements set within regulation 2600.187b. Documentation of education will be retained within the community. (Exhibit K– Inservice)

• By 3/3/23, CSM to re-educate current staff trained to administer medications on the requirements set within regulation 2600.187b. Documentation of education will be retained within the community. (Exhibit L – Inservice)

• Starting 2/27/23, CSM or designee will audit 2 residents' MARs weekly x 4 weeks, biweekly x 4 weeks, then monthly x 1 month to ensure the information in subsection (a)(13) and (14) was recorded at the time the medication is administered (Exhibit M– Audit Tool).

187b Date/Time of Medication Admin. (continued)

• Starting in March 2023, ED or designee will discuss the results of the audit during the monthly Quality Improvement meetings. The QI committee will determine if continued auditing is necessary based on three consecutive months of compliance.

Licensee's Proposed Overall Completion Date: *03/31/2023*

Implemented (- 03/24/2023)

187d - Follow Prescriber's Orders

7. Requirements

2600.
187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #3 is prescribed [redacted] Take 1 tab by mouth 3 times a day; however, this medication was not administered to the resident on [redacted] at [redacted]

Resident #3 is prescribed [redacted]; however, the medication is being administered at [redacted]. daily.

Plan of Correction ***Accept - 03/08/2023)***

• On 11/22/22, during a med cart audit, CSM noted missing dose of resident #3's [redacted] from [redacted] CSM assessed resident and no ill effects were noted. CSM notified resident #3's responsible party and primary care provider that same day with no new orders received. On 1/20/23, CSM verified order times for resident #3's evening medications with MD and noted correct times on the MARs.
• By 3/3/23, CSM will audit current residents' Medication Administration Records to ensure the home is following the directions of the prescriber. Findings will be clarified and addressed with resident physicians at time of finding as necessary.
• On 2/17/23, CSM re educated staff member E on requirements set within regulation 2600.187d Documentation of education will be retained within the community. (Exhibit N Inservice)
• By 3/3/23, CSM to re educate current staff trained to administer medications on the requirements set within regulation 2600.187d. Documentation of education will be retained within the community. (Exhibit N Inservice)
• Starting 2/27/23, CSM or designee will audit 2 residents' MARs and prescriber directions weekly x 4 weeks, biweekly x 4 weeks, then monthly x 1 month to ensure the home is following the directions of the prescriber (Exhibit M Audit Tool).
• Starting in March 2023, ED or designee will discuss the results of the audit during the monthly Quality Improvement meetings. The QI committee will determine if continued auditing is necessary based on three consecutive months of compliance.
• Completion Date: 3/3/23

Licensee's Proposed Overall Completion Date: *03/31/2023*

Implemented - 03/24/2023)

221b - Activity Types

8. Requirements

221b Activity Types *(continued)*

2600.
221.b. The program must provide social, physical, intellectual and recreational activities in a planned, coordinated and structured manner.

Description of Violation

Multiple staff and resident interviews indicate the activities calendar is not followed, and activities are infrequently and inconsistently offered to the residents.

Plan of Correction ***Accept [redacted] - 03/08/2023)***

• On 2/13/23, candidate was hired for Life Enrichment Coordinator (LEC) position. to ensure activity programs are conducted, which provide social, physical, intellectual and recreational activities in a planned, coordinated and structured manner including following the activity calendar
• On 02/21/23, RCS educated ED and LEC on requirements set within regulation 2600.221b. Documentation of education will be retained within the community. (Exhibit O– Inservice)
• Starting 2/27/2023, ED or designee will audit the activity calendar to ensure that posted activity calendar is being followed in the community (Exhibit P– Audit Tool).
• Starting in March 2023, ED or designee will discuss the results of the audit during the monthly Quality Improvement meetings. The QI committee will determine if continued auditing is necessary based on three consecutive months of compliance.

Licensee's Proposed Overall Completion Date: *03/31/2023*

Implemented [redacted] - 03/24/2023)