

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

June 8, 2023

[REDACTED]
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 05/18/2023 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:** Labor and Industry

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 32 **Waking Staff:** 24

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Incident **Exit Conference Date:** 05/18/2023

Inspection Dates and Department Representative

05/18/2023 On Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 47 **Residents Served:** 20

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:** 20
Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 12 **Have Physical Disability:** 0

Inspections / Reviews

05/18/2023 - Partial

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 06/02/2023

06/05/2023 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 06/07/2023
Reviewer: [REDACTED] **Follow-Up Type:** Document Submission **Follow-Up Date:** 06/09/2023

Inspections / Reviews *(continued)*

06/08/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/07/2023

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

The assessment, dated [REDACTED]/22 and support plan, dated [REDACTED] 22, for resident #1 indicate the resident requires the assistance of two staff persons [REDACTED] for all transfers, is total staff assist for all [REDACTED] care needs, [REDACTED] [REDACTED] during the night, that requires 2-hour checks [REDACTED]. On [REDACTED] 23, multiple interviews indicated on multiple occasions, for approximately the past 6 weeks, the residents care needs were not met, call bells ignored, as follows:

* On [REDACTED] 23, at approximately [REDACTED] a.m., resident #1 requested staff assistance [REDACTED]. Direct care staff person A, working the [REDACTED] p.m. to [REDACTED] a.m. shift informed the resident they were unable provide [REDACTED] care because they were getting ready to leave their shift and would have to wait for the staff on the next shift [REDACTED]. Direct care staff person A did not inform the oncoming shift of the resident's care needs. At approximately, [REDACTED] a.m., the resident was provided [REDACTED] care.

* Direct care staff person A reported on [REDACTED] 23 between [REDACTED] p.m. and [REDACTED] p.m., that direct care staff person B transferred resident #1 without a second person assisting.

* Resident #1 reported direct care staff person A has ignored the call bells or will enter the room shut them off and leave without inquiring as to what the resident needed.

* On [REDACTED] 23 at approximately [REDACTED] a.m., direct care staff person went into resident #1's room and reported, the "night bag" was so full [REDACTED], it might have busted." "The staff did not check on the resident throughout the night for the bag to be that full."

REPEAT VIOLATION 1/19/23**Plan of Correction****Accept ([REDACTED] - 06/05/2023)**

- On [REDACTED]/23, resident #1 was assessed by Executive Director (ED) who is a nurse with no ill effects identified.
- On [REDACTED] 23, staff person A was placed on administrative leave pending the outcome of the investigation. As of [REDACTED]/23, staff person A is no longer employed at the community.
- On 5/18/23, Regional Care Specialist (RCS) re-educated staff person B on the requirement for two staff persons to assist with all hooyer lift transfers, including for resident #1. Documentation of education will be retained within the community. (Exhibit A – Inservice)
- On [REDACTED]/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 06/01/2023, Regional Executive Director (RED) 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 B – Inservice)
- Starting the week of 5/29/23, 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 June 2023, RED 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.

23a - Activities of Daily Living Assistance (continued)

- Completion Date: 08/30/2023

Licensee's Proposed Overall Completion Date: 08/30/2023

Implemented (█) - 06/08/2023)

42c Treatment of Residents**2. Requirements**

2600.

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

Description of Violation

On 5/18/23, resident #1 reported for approximately the past 6 weeks, direct care staff person A has been dismissive with the resident, when the resident tried to tell the staff something or said how he/she wanted something done, direct care staff person A would say, "don't tell me I know how to do this and do that". The resident reported, direct care staff person A, spoke to the resident in a condescending manner, "You don't need this, you don't need that and tell me, "I don't know what I'm talking about." █ is the caregiver and knows what █ is talking about.

REPEAT VIOLATION: 1/19/23

Plan of Correction

Accept (█) - 06/05/2023)

- On █/█/23, resident #1 was assessed by Executive Director (ED) who is a nurse with no ill effects identified.
- On █/█/23, staff person A was placed on administrative leave pending the outcome of an investigation. As of █/█/23, staff person A is no longer employed at the community.
- On █/█/23, Adult Protective Services, DHS, responsible party and PCP for resident #1 were notified.
- On █/█/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.
- By 06/01/2023, RED to re-educate current staff on the requirements set within regulation 2600.42c. Documentation of education will be retained within the community. (Exhibit B – Inservice)
- Starting the week of 5/29/23, 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 C – Audit Tool).
- Starting in June 2023, RED 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: 08/30/2023

Licensee's Proposed Overall Completion Date: 08/30/2023

Implemented (█) - 06/08/2023)

42l Personal Clothing**3. Requirements**

2600.

42.l. A resident has the right to furnish his room and purchase, receive, use and retain personal clothing and possessions.

42I - Personal Clothing (continued)

Description of Violation

On 5/18/23, resident #1 reported purchasing his/her own wipes, briefs, and other personal care items. Resident #1 indicated placing the wipes on the windowsill to know when it is time or order more and keeps some at bedside. The resident reported using the wipes on no shower days to freshen up and wiping hands/face after eating a candy bar in bed at night. Interviews indicated on [REDACTED]/23 during the evening shift ([REDACTED] p.m. to [REDACTED] p.m.) direct care staff person A and B answered resident #1's call bed at approximately [REDACTED] p.m., the staff were attempting to untwist the residents tubing [REDACTED], direct care staff person A took the wipes from the windowsill and bedside telling resident #1. "You don't need these in here" and put them in the bathroom closet. Resident #1 reported, telling direct care staff person A, they were [REDACTED] personal wipes, that [REDACTED] paid for and could keep them out to use and [REDACTED] wanted them back. However, direct care staff person A took them anyway and kept telling the resident, you don't need them and left the room. At approximately, [REDACTED] p.m. the nurse arrived at the resident's room fixed the [REDACTED] tubing and gave the resident back his/her wipes. At approximately [REDACTED] a.m., direct care staff person A returned to resident #1's room and saw the wipes were returned. The resident reported direct care staff person A angrily asking "howe did you get your wipes because you cannot get up? Who gave them to you?" Resident #1 reported, telling direct care staff person A, "Don't worry about it."

Multiple staff interviews reported telling direct care staff person A, not ok to take the residents belongings, the resident paid for it, the wipes are his/her property. However, direct care staff person A always replied, "I don't care, he/she doesn't need them."

On [REDACTED] 23, at approximately [REDACTED] a.m., direct care staff person A, told oncoming direct care staff person D "I ignored resident #1's call bells all night, and I took resident #1's wipes because he/she was digging in [REDACTED] bottom." Direct care staff person D stated, "you can't take the resident s personal property; it is there's and has a right to have it." Direct care staff person A replied, "I don't care, I did it anyway" and then left the shift.

Plan of Correction

Accept ([REDACTED] - 06/05/2023)

- On [REDACTED]/23, resident #1 was assessed by Executive Director (ED) who is a nurse with no ill effects identified.
- On [REDACTED]/23, staff person A was placed on administrative leave pending the outcome of an investigation. As of [REDACTED]/23, staff person A is no longer employed at the community.
- On [REDACTED]/23, Adult Protective Services, DHS, responsible party and PCP for resident #1 were notified.
- On [REDACTED]/23, current residents were interviewed by the ED to ensure residents are allowed to furnish his/her room and purchase, receive, use and retain personal clothing and possessions, and no other violations of regulation 2600.42I were identified.
- By 06/01/2023 RED to re-educate current staff on the requirements set within regulation 2600.42c. Documentation of education will be retained within the community. (Exhibit B- Inservice)
- Starting the week of 5/29/23, 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 residents are allowed to furnish his/her room and purchase, receive, use and retain personal clothing and possessions and ensure continued compliance with regulation 2600.42I (Exhibit D- Audit Tool).
- Starting in June 2023, RED 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: 08/30/2023

Licensee's Proposed Overall Completion Date: 08/30/2023

Implemented ([REDACTED] - 06/08/2023)