

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

June 12, 2023

[REDACTED], PRESIDENT/COO
GRAINGER AID OPCO LLC
[REDACTED]
[REDACTED]

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 03/31/2023 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: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

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: 38 Waking Staff: 29

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Incident Exit Conference Date: 03/31/2023

Inspection Dates and Department Representative

03/31/2023 On Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 47 Residents Served: 25

Secured Dementia Care Unit

In Home: No Area: Capacity: Residents Served:

Hospice

Current Residents: 4

Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 25
 Diagnosed with Mental Illness: 1 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 13 Have Physical Disability: 0

Inspections / Reviews

03/31/2023 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 05/06/2023

05/05/2023 - POC Submission

Submitted By: [REDACTED] Date Submitted: 06/09/2023
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 05/12/2023

Inspections / Reviews *(continued)*

06/12/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/09/2023

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

15a - Resident Abuse Report

1. Requirements

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 [REDACTED]/23, at approximately [REDACTED] a.m., direct care staff person A reported providing incontinence care to resident #1, with direct care staff person B. Direct care staff person A alleges direct care staff person B was extremely rough with resident #1. Direct care staff person A did not report the allegation of abuse to the home's executive director until [REDACTED]/23 at approximately [REDACTED] a.m. The allegation was not reported to Area Agency on Aging until [REDACTED]/23, at approximately 3:40 p.m.

Plan of Correction

Accept (JK - 05/05/2023)

- On [REDACTED]/23, after learning about this incident from direct care staff person A and collecting all the information necessary to report, Executive Director (ED) verbally reported it to the Area Agency on Aging (AAA).
- On [REDACTED]/23, ED provided staff person A with an oral warning for failing to report this situation immediately and re-training on resident abuse reporting in accordance with OAPSA. Documentation will be retained within the community. (Exhibit A - Inservice)
- On 3/27/23, ED conducted an audit of shift change log as well as conducted resident and staff interviews and no other violations of regulation 2600.15a were found.
- On 4/3/23, Regional Director of Care Services (RDCS) re-educated ED on requirements set within regulation 2600.15a. Documentation will be retained within the community. (Exhibit B - Inservice)
- On 5/3/23, ED will re-educate current employees on resident abuse reporting in accordance with the Older Adult Protective Services Act (OAPSA). Documentation will be retained within the community. (Exhibit C - Inservice)
- Starting the week of 5/1/23, ED or designee will interview 2 residents and 2 employees weekly x 4 weeks, then biweekly x 4 weeks, then monthly x 1 asking each if they are aware of instances of resident abuse that went immediately unreported to ensure compliance with regulation 2600.15a. Documentation will be retained within the community. (Exhibit D - Audit Tool).
- Starting in May 2023, ED or designee will discuss the results of the staff audit during the monthly Quality Improvement meetings. The QI committee will determine if continued auditing is necessary based on three consecutive months of compliance. Documentation will be retained within the community.
- Date of Completion: 5/3/23

Licensee's Proposed Overall Completion Date: 05/04/2023

Implemented ([REDACTED] - 06/12/2023)

16c - Written Incident Report

2. Requirements

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On [REDACTED]/23, at approximately [REDACTED] a.m., direct care staff person A reported providing incontinence care to resident

16c - Written Incident Report (continued)

#1, with direct care staff person B. Direct care staff person A alleges direct care staff person B was extremely rough with resident #1. Direct care staff person A did not report the allegation of abuse to the home's executive director until [REDACTED]/23 at approximately [REDACTED] a.m. The allegation was not reported to the Department until [REDACTED]/23, at approximately [REDACTED] p.m.

Plan of Correction**Accept (JK - 05/05/2023)**

- On [REDACTED]/23, when alerted about this incident by direct care staff person A, ED submitted a reportable incident to the Department's personal care home regional office regarding this incident.
- On [REDACTED]/23, ED interviewed other residents and staff to ensure no other incidents which would require reporting under regulation 2600.16c occurred and had not been reported. No other incidents were identified.
- On [REDACTED]/23, ED audited 24-hour report and concern log for past 90 days to ensure no other incidents which would require reporting under regulation 2600.16c occurred and had not been reported. No other incidents were identified.
- On 4/03/23, RDCS re-educated ED on requirements set within regulation 2600.16c. Documentation will be retained within the community. (Exhibit B- In-service)
- Starting the week of 5/1/23, ED or designee will interview 2 residents and 2 employees weekly x 4 weeks, bi-weekly 4 weeks and monthly x 1 month to ensure no other incidents which would require reporting under regulation 2600.16c home occurred which were not reported. Documentation will be retained within the community. (Exhibit E - Audit Tool)
- Starting in May 2023, ED will discuss the results of the audit during monthly QI meetings. The QI Committee will determine if continued auditing is necessary based on three consecutive months of compliance. Documentation will be retained within the community.
- Completion Date: 5/3/23

Licensee's Proposed Overall Completion Date: 05/04/2023**Implemented [REDACTED] - 06/12/2023)**