

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

July 5, 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 06/13/2023 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:** L&I

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 28 **Waking Staff:** 21

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Incident **Exit Conference Date:** 06/13/2023

Inspection Dates and Department Representative

06/13/2023 On Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 47 **Residents Served:** 19

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:** 19
Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 9 **Have Physical Disability:** 0

Inspections / Reviews

06/13/2023 - Partial

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 06/24/2023

06/23/2023 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 07/03/2023
Reviewer: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 06/30/2023

Inspections / Reviews *(continued)*

06/27/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 07/03/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 07/03/2023

07/05/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 07/03/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

42c - Treatment of Residents

1. Requirements

2600.

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

Description of Violation

On [REDACTED]/23 at approximately [REDACTED] PM, resident #1 asked staff person A to speak to [REDACTED] about some tasks [REDACTED] failed to perform while providing care to resident #1 earlier in the day. Resident #1 indicated staff person A "exploded" and said, "You have no right to speak to me this way! This is your fault. You should have told me this while I was still here!" Staff person A then "stormed" out of resident #1's bedroom. Resident #1 indicated [REDACTED] was upset by the incident, then became angry and started to cry.

REPEAT VIOLATION: 5/18/2023; 1/19/2023, et. al.

Plan of Correction

Directed ([REDACTED] - 06/27/2023)

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.

- On [REDACTED] 23, resident #1 was assessed by Regional Care Specialist (RCS) who is a nurse with no ill effects identified.
- On [REDACTED] 23, the agency for direct care staff person A was informed this person is not allowed to return to 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 RCS and Regional Executive Director (RED) to ensure residents felt they are being treated with dignity and respect, and no other violations of regulation 2600.42c were identified.
- By 06/23/23, RED to re-educate current staff on the requirements set within regulation 2600.42c. Documentation of education will be retained within the community. (Exhibit 01 – Inservice)
- Starting the week of 6/19/23, RED 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 02 – Audit Tool).
- Starting on June 29, 2023, RED or designee will discuss the results of the audit during the monthly Quality Improvement meetings x 3. The QI committee will determine if continued auditing is necessary based on three consecutive months of compliance. (DIRECTED: Documentation of the quality management reviews shall be kept, which includes the date of the review, the names of the staff persons who participated and what was reviewed. [REDACTED] 6/27/23).
- Completion Date: 06/23/2023

Directed Completion Date: 07/03/2023

Implemented ([REDACTED] 07/05/2023)

65a - FS Orientation 1st Day

2. Requirements

2600.

65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

1. Evacuation procedures.
2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
5. The location and use of fire extinguishers.
6. Smoke detectors and fire alarms.
7. Telephone use and notification of emergency services.

Description of Violation

Direct care staff person A, whose first day of work was [REDACTED]/23, did not receive orientation on any of the topics specified in 2600.65a.

Plan of Correction**Directed ([REDACTED] - 06/27/2023)**

- * Direct care staff person A [REDACTED] will not be returning to the community.
- * On 6/14/23 RED audited current direct care staff files to ensure the employees have completed an orientation in general fire safety and emergency preparedness to be in compliance with regulation 2600.65a. Any identified issues addressed at the time they were discovered.
- * On 6/14/23, RDCS provide RED with re education regarding the requirements contained within regulation 65a. Exhibit 03 Inservice).
- * Starting the week of 6/19/2023, ED or designee will audit 2 employees files weekly x 4 weeks, biweekly x 4 weeks then monthly x1 to ensure training is completed to maintain compliance with regulation 2600.65a (Exhibit 04 Audit ool)
- * Starting the week of 6/26/2023, ED or Designee will audit each new employee file, including agency personnel, prior to the end of the employee's first shift to ensure all training required in regulation 2600.65a is completed timely and accurately.
- * Starting on June 29, 2023, ED or designee will discuss the results of the audit during the monthly Quality mprovement meetings x 3. Quality Improvement committee will determine if continued auditing is necessary based on three consecutive months of auditing. (DIRECTED: Documentation of the quality management reviews shall be kept, which includes the date of the review, the names of the staff persons who participated and what was reviewed. [REDACTED] 6/27/23).
- * Completion Date: 06/23/2023

Directed Completion Date: 07/03/2023**Implemented ([REDACTED] - 07/05/2023)**