



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

SEP 21 2017

Mr. William R. Polachek,  
President/CEO  
Grand Residence of Upper St. Clair, Inc.  
45 McMurray Road  
Upper St. Clair, Pennsylvania 15241

RE: The Grand Residence at Upper St. Clair  
License #: 432320

Dear Mr. Polachek:

As a result of the Department of Human Services' annual licensing inspection on May 3, 2017 of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to [https://www.surveymonkey.com/r/BHSL\\_Inspection](https://www.surveymonkey.com/r/BHSL_Inspection).

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in black ink that reads "J. Rowe".

Jacqueline L. Rowe  
Director

Enclosure  
License Inspection Summary



RECEIVED

JUL 26 2017

Violation Report: 43232 - 05/03/2017 - Roser, Ashley  
PCH Name: THE GRAND RESIDENCE AT UPPER ST CLAIR

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.88(a) - Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION  
There was a pool of water, measuring approximately 12' x 4' and 1/2" deep on the floor in the mechanical room #4, posing a fall risk. Water from 4 water heaters flows through piping to a floor drain; however, there is backflow of water from the drain.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The mechanical room is always locked and can only be accessed by the maintenance man and members of management. The mechanical room is checked daily according to the maintenance schedule. The mechanical room had been checked the day before and there was no water on the floor. When the water was found with the Licensing Representatives on May 3, 2017, the water was immediately cleaned up and the plumbing contractor, [REDACTED] was called to repair the water heater.

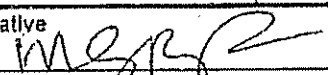
The water heater was newly installed and still under warranty. A new holding tank was ordered and the leaking water heater was shut down until it was fixed. The Grand Residence has four water heaters and a backup reserve tank. Three water heaters and the backup reserve tank were operable during this time. Water temperatures continued to be checked during this time frame and all temperatures were within the acceptable range and did not exceed 120 degrees Fahrenheit. The leaking water heater was replaced on May 17, 2017.

The mechanical room will continue to be checked daily according to the maintenance man's schedule to ensure that floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards. All staff have been reminded that all floors, walls, ceilings, windows, door and other surfaces must be clean, in good repair and free of hazards. If they observe a violation of this regulation that they cannot rectify, they are to inform the maintenance man and their supervisor so it can be remedied immediately.

The Executive Director and management staff will continue to monitor the building daily to ensure compliance.


See attached letter from [REDACTED] and maintenance checklist.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) MELISSA P. FILIPOVIC, EXEC DIR Date 7/26/17

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>7/27/17</u> (Date)	Plan of correction implementation status as of <u>7/27/17</u> (Date)
The above plan of correction was approved by  (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress ✓ <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 43232 - 05/03/2017 - Roser, Ashley  
 PCH Name: THE GRAND RESIDENCE AT UPPER ST CLAIR  
 WEST REGION FIELD OFFICE  
 Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
 2600.105(g)(1) - To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use.

2a. DESCRIPTION OF VIOLATION  
 At approximately 9:45 a.m., the empty Dexter commercial dryer's lint trap had an approximate 1/4" of lint.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The 1/4" of lint was immediately removed on May 3, 2017. All housekeeping staff was instructed that the lint trap is to be emptied after each use and not before each use as they had been doing. Signs were placed next to each dryer to continue to remind housekeeping staff to empty the lint trap after they take the laundry out of the dryer.

The maintenance man will continue to check the dryers weekly to ensure all lint is removed and to vacuum out the hose areas. The Community Development Director and Associate will check the dryers daily to ensure compliance.

See attached signs and checklist.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *MRF*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) MELISSA P FILIPONIC, EXEC DIR Date 7/26/17

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The above plan of correction is approved as of 7/27/17  
 (Date)

The above plan of correction was approved by [Signature]  
 (Initials)

Plan of correction implementation status as of 7/27/17  
 (Date)

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- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
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Violation Report: 43232 - 05/03/2017 - Roser, Ashley  
PCH Name: THE GRAND RESIDENCE AT UPPER ST CLAIR

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.225(c) - The resident shall have additional assessments as follows:

- (1) Annually.
- (2) If the condition of the resident significantly changes prior to the annual assessment.
- (3) At the request of the Department upon cause to believe that an update is required.

2a. DESCRIPTION OF VIOLATION

Resident #1 requires staff assistance to administer medications; however, the resident's assessment, dated 12/23/16, indicates the resident self-administers medications without assistance.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

*Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.*

Resident #1 received a new RASP on May 5, 2017 indicating the changes in [redacted] condition as [redacted] used to self-medicate and now requests that staff medicate [redacted]

All residents shall have additional assessments annually, if the condition of the resident significantly changes prior to the annual assessment, and at the request of the Department upon cause to believe that an update is required. The Executive Director and/or designee will monitor assessments within 30 days of move in, upon any significant changes and also select random assessments monthly for review to ensure compliance.

See attached RASP for Resident #1.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*[Handwritten Signature]*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page)

MELISSA P FILIPOVIC, EXEC DIR

Date

7/26/17

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- Partially Implemented - Inadequate Progress
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