

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

October 22, 2024

[REDACTED]  
GRAINGER AID OPCO LLC  
[REDACTED]

RE: ALLEGHENY PLACE  
10960 FRANKSTOWN ROAD  
PENN HILLS, PA, 15235  
LICENSE/COC#: 44489

[REDACTED],  
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/01/2024 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: 04/14/2025  
 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: 44 Waking Staff: 33

## Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:  
 Reason: Complaint Exit Conference Date: 10/01/2024

## Inspection Dates and Department Representative

10/01/2024 On Site [REDACTED]

## Resident Demographic Data as of Inspection Dates

## General Information

License Capacity: 47 Residents Served: 39

## 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: 39  
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0  
 Have Mobility Need: 5 Have Physical Disability: 0

## Inspections / Reviews

## 10/01/2024 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 10/12/2024

## 10/10/2024 - POC Submission

Submitted By: [REDACTED] Date Submitted: 10/21/2024  
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 10/17/2024

Inspections / Reviews *(continued)*

10/22/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/21/2024

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

132d - Evacuation

1. Requirements

2600.

132.d. Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. For purposes of this subsection, the fire safety expert may not be a staff person of the home.

Description of Violation

On [redacted] at 11:30 p.m. the home conducted a fire drill with 38 residents present in the home, the fire drill record indicated that all 38 residents were evacuated to a public thoroughfare or fire safe area designated in writing by a fire safety expert. However, interviews indicated that resident [redacted] did not evacuate and was advised to remain in the resident room [redacted] and not evacuate.

Plan of Correction

Accept [redacted] - 10/10/2024)

Beginning Monday October 7th, Executive Director and Director of Facility Operations began meeting with every resident to notify and confirm their participation in every future fire drill performed in the community.

- 1) Executive Director reminded each resident that they agree to this policy upon move-in and resident initials were obtained as proof (Attachment #1).
- 2) On October 4th, letter sent to resident's responsible parties so that they are also reminded of resident's required participation in all fire drills (Attachment #2).
- 3) Staff meeting held on October 7th (Attachment #3) with employees reminded of fire drill participation for all residents and the only exception being one that is actively dying.
- 4) Monthly fire drills beginning in October 2024 and moving forward will include resident list of initials confirming participation. (Attachment #4 - October fire drill)
- 5) Executive Director will keep resident initial list monthly along with fire drill records as proof of participation. This to be done to remain in compliance with 2600.132.d.

Licensee's Proposed Overall Completion Date: 10/11/2024

Implemented [redacted] - 10/22/2024)

141b1 - Annual Medical Evaluation

2. Requirements

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident [redacted] current medical evaluation did not include the date of the medical evaluation, the date the form was completed, the resident's height, weight, or pulse rate, those areas of the form were left blank. Resident [redacted] previous medical evaluation was completed on [redacted] However, the undated medical evaluation was signed by the medical professional on [redacted].

Plan of Correction

Accept [redacted] - 10/10/2024)

Upon completion of the survey, Director of Health & Wellness (DHW) performed a complete audit (Attachment #5) of resident's present and prior medical evaluations (DME's).

- 1) The focus of the audit was to ensure the forms were completed in their entirety (all boxes addressed) and to

**141b1 - Annual Medical Evaluation (continued)**

ensure all dates were in compliance.

2) Resident #1's DME (Attachment #6) was addressed with his Physician and he chose to submit a new form with all boxes completed and signed and dated for 10/7/24.

3) DME's out of compliance for any reasons were returned to the resident's physicians to be corrected if able.

4) DHW educated by surveyor and Executive Director as to the date requirements for these forms, as she is the one responsible for the completion of them upon move-in, annually and with significant changes.

5) DHW will examine all DME's moving forward for completion of all boxes and proper dates and return them immediately to physician for corrections.

6) Executive Director will randomly audit medical evaluation forms upon new residents moving in, annually and as changes occur. These audits will begin November 1st and remain in effect for 3 months or longer until Executive Director is satisfied with compliance of 2600.141.b.1.

Licensee's Proposed Overall Completion Date: 10/11/2024

Implemented [REDACTED] - 10/22/2024)