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

November 19, 2025

GRAINGER AID OPCO LLC

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

,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/06/2025 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,

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *ALLEGHENY PLACE* **License #**: *44489* **License Expiration**: *04/14/2026*

Address: *10960 FRANKSTOWN ROAD, PENN HILLS, PA 15235*

County: *ALLEGHENY* **Region**: *WESTERN*

Administrator

Name: **Phone**: **Email**:

Legal Entity

Name: *GRAINGER AID OPCO LLC*

Address:

Phone: **Email**:

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**: *53* **Waking Staff**: *40*

Inspection Information

Type: *Partial* **Notice**: *Unannounced* **BHA Docket #**:

Reason: *Incident* **Exit Conference Date**: *08/06/2025*

Inspection Dates and Department Representative

08/06/2025 - On-Site

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *47* **Residents Served**: *41*

Secured Dementia Care Unit

In Home: *No* **Area**: **Capacity**: **Residents Served**:

Hospice

Current Residents: *1*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *41*

Diagnosed with Mental Illness: *1* **Diagnosed with Intellectual Disability**: *0*

Have Mobility Need: *12* **Have Physical Disability**: *1*

Inspections / Reviews

08/06/2025 Partial

Lead Inspector: **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *08/24/2025*

08/28/2025 - POC Submission

Submitted By: **Date Submitted**: *09/30/2025*

Reviewer: **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *09/03/2025*

Inspections / Reviews *(continued)*

09/04/2025 POC Submission

Submitted By: [redacted]
Date Submitted: *09/30/2025*
Reviewer: [redacted]
Follow Up Type: *Document Submission* **Follow Up Date**: *09/30/2025*

11/19/2025 Document Submission

Submitted By: [redacted]
Date Submitted: *09/30/2025*
Reviewer: [redacted]
Follow Up Type: *Not Required*

16c - Written Incident Report

1. 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] at 2:30pm, direct care staff person B notified staff person D, Director of Health and Wellness, that 10 tablets of [redacted] tablets prescribed to resident [redacted] were not present in the home; however, the home did not report this incident to the Department until [redacted] at approximately 5:40pm.

Plan of Correction ***Accept [redacted] - 09/04/2025)***

1) Immediately after the incident was reported, Director of Health & Wellness (DHW) was instructed to send the initial report to the Commonwealth.
2) Once Executive Director was notified that the initial report was not filed in the allotted timeframe, directive was given to file report immediately which was done on 6/17/25.
3) Executive Director then sat with DHW on that same day (06/17/25) and reviewed the RCG, specifically directed at incident reporting. DHW confirmed at this time that [redacted] was aware of the reporting requirement of 24 hours.
4) Executive Director also went through the stages of an incident report, meaning that [redacted] should have filed the initial report within 24 hours, then performed [redacted] investigation and sent a final report once that was complete. DHW confirmed understanding of this fact as well.
5) DHW is responsible for the filing of all reportable incidents in the community within the 24-hour deadline. Effective 06/17/25, Executive Director will verify and confirm that all incidents are reported on time by monitoring electronic reporting system daily. Moving forward, this will ensure timely reporting to remain in compliance with 2600.16.c

Proposed Overall Completion Date: 09/30/2025

Licensee's Proposed Overall Completion Date: *09/04/2025*

Implemented [redacted] 11/19/2025)

42b - Abuse

2. Requirements

2600.
42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

Resident [redacted] is currently receiving treatment numerous times per week from home health for arterial and venous wounds to both lower extremities, which require debridement. Resident [redacted] is prescribed [redacted] tablet-Take 1 tablet by mouth twice a day as needed for severe pain. Resident [redacted] indicated [redacted] requests the [redacted] on the mornings [redacted] is scheduled to receive treatment to [redacted] lower extremities, because the treatments are very painful. On numerous occasions in May, 2025 and June, 2025, resident [redacted] requested [redacted] prescribed [redacted] tablet; however, was told by staff persons that the medication was not present in the home and available for administration.

42b Abuse (continued)

Resident [redacted] indicated [redacted] pain level on the days [redacted] received the treatments without receiving [redacted] in advance was a "10 out of 10" and that resident [redacted] was in severe pain during the treatments.

Plan of Correction ***Directed ([redacted] - 09/04/2025)***

1) Immediately to ensure medication was available for resident when requested, the DHW checked med cart to confirm its presence.
2) Employees suspected of improper procedures were immediately suspended pending further investigation, then eventually terminated.
3) DHW held meetings on 8/25 and 8/26 with the remaining MedTech's and LPNs. The Policies and Procedures reviewed were Abuse, Resident Rights, Pain Management, proper procedure for ordering and receiving of medications in the building, proper documentation for administering and following up after giving PRN meds, following Physician orders and Narcotic count policy. That agenda, the copies of the P&P's and the sign in sheets are all attached.
4) DHW to ensure Abuse training happens with all employees at new hire orientation and annually as required AT THE LEAST. This topic is included on all new hire checklists as well as employee's annual training plan, and a copy of those documents are also attached.
5) Executive Director will randomly audit 5 employee files monthly beginning September 1st to ensure all employees have and maintain the training for compliance with 2600.42.b.
6) Beginning September 1st, DHW will perform weekly MAR > CART audits to ensure that all resident medications, including PRN and Narcotics are present and available for administration.
7) Next scheduled quarterly QMP meeting is on September 30th with all department heads. All required items specified in 2600.26.b shall be reviewed in detail. (Incident reports, injuries, move ins, move outs, pressure ulcers, worker's comp case, elopements, medication errors, abuse, weight loss and any regulatory issues, such as POC). Documentation for each meeting is kept in QMP Binder in ED's office.
7) For the month of September, Executive Director will also perform weekly interviews with 5 residents, along with an audit of their medication supply ensuring that all of their meds are in house and available for administration so that we remain in compliance with 2600.42.b. (DIRECTED: Immediately following the weekly audits, the executive director shall interview at least 5 residents per month. Documentation of all resident interviews shall be kept. LM 9/4/25).

Proposed Overall Completion Date: 09/30/2025

Directed Completion Date: *09/30/2025*

Implemented ([redacted] - 11/19/2025)

185a - Implement Storage Procedures

3. Requirements

2600.
185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

According to the home's Controlled Substance Management policy, "A controlled substance medication record form is

185a - Implement Storage Procedures (continued)

on file for every controlled substance brought into the Community, including refills". On the following dates, resident tablets were delivered to the home; however, no controlled substance medication records were present at the time of inspection:

- *On , 20 tablets of resident 's tablets were delivered in 2 different blister packs; however, only the controlled substance medication record for 1 of the blister packs of the medication was present in the home*
- *On , 20 tablets of resident s tablets were delivered in 2 different blister packs; however, no controlled substance medication records were present for either blister pack*
- *On , 10 tablets of resident s tablets were delivered; however, no controlled substance medication record was present*
- *On , 30 tablets of resident tablets were delivered in 2 different blister packs; however, no controlled substance medication records were present for either blister pack*

According to the home's Controlled Substance Management policy, "Shift counts are performed at the end of each shift, or when the Med Tech responsible for the medication changes. A complete count will take pace by the Med Tech going-off and the Med Tech coming on.....if the quantity is verified, both the on-coming and off-going Med Techs will sign the Controlled Substance Shift Count Form". On numerous dates/times, to include the following, the controlled substance shift count form was not completed:

- *On , and the form was only completed during 2 shift changes*
- *On , the form was not completed during any of the 3 shift changes*
- *On and , the form was only completed during 1 shift change*

Between and , 100 tablets of resident # tablets were delivered to the home; however, the April 2025, May 2025 and June 2025 medication administration records (MAR's) for resident only include documentation that 25 tablets of the were actually administered to resident .

According to resident controlled substance medication record form for tablet, resident was administered the multiple times in a day on numerous occasions; however, resident indicated only requests the on the mornings is receiving treatment to lower extremities from home health and has never requested the more than 1 time a day:

- *Resident controlled substance medication record form indicates resident was administered 5mg tablet on at 4:00pm and 1:30am*
- *Resident controlled substance medication record form indicates resident was administered 5mg tablet on at 9:00am, 3:00pm and 9:00pm*
- *Resident controlled substance medication record form indicates resident # was administered 5mg tablet on at 3:00pm and 9:00pm*

185a Implement Storage Procedures *(continued)*

Plan of Correction ***Directed (- 09/04/2025)***

1) Immediately to correct this issue, DHW reached out to Pharmacy for resident's current medication supply to be accompanied by the proper paperwork.
2) DHW then did an entire narcotic count on 06/17/25 ensuring that all medications were present and accounted for and included proper signatures.
3) Controlled substance medication records from 1st part of the violation have never been located by community. It was reported to Police that these documents are suspected to be with the missing medications.
3) Employees suspected of improper procedures were immediately suspended pending further investigation, then eventually terminated.
4) DHW held meetings on 8/25 and 8/26 with remaining MedTech's and LPNs. The Policies and Procedures reviewed were Abuse, Resident Rights, Pain Management, proper procedure for ordering and receiving of medications in the building, proper documentation for administering and following up after giving PRN meds, following Physician orders and Narcotic count policy. That agenda, the copies of the P&P's and the sign in sheets are all attached.
5) Since this incident, the P&P for Controlled Substance Management Policy has changed with our new Electronic MAR System, making it impossible for employees to move forward with any medication administration without the narcotic count being done and signed for first. The new policy works by alarms and shutting down of a med pass procedure, meaning that both on coming and off going staff member must perform and sign electronically for the narcotic count. This system will not allow any access to med passing for any person until the count is verified and signed for. It is all electronic now, so a well documented count is verified and saved in the system before anyone can move forward from this step. Documentation is attached. DHW has the ability to pull the "controlled substance count history at any time to verify the documentation.
6) Beginning September 1st, DHW will audit this electronic system weekly for assurance that Narcotic count is correct. ED will follow up with random interviews and audits of 5 residents to confirm that we remain in compliance with 2600.185.a.

DIRECTED: Beginning on 9/8/25: The DHW/designee shall audit all controlled substances prescribed to all residents daily for 1 month then weekly thereafter. The audit shall include a review of the current count of each medication, as well as a review of medication administration documentation on resident MAR's and the controlled substance medication records to ensure accuracy and completeness in accordance with the home's policies and 2600.185a. Each audit shall also include ensuring proper documentation is present from direct care staff persons confirming completed counts of all controlled substances were conducted at the change of each shift in accordance with the home's policy. Documentation of the audits shall be kept for 2 months. LM 9/4/25

Proposed Overall Completion Date: 09/30/2025

Directed Completion Date: *09/08/2025*

Implemented - 11/19/2025)

187b - Date/Time of Medication Admin.

4. Requirements

2600.
187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

187b - Date/Time of Medication Admin. *(continued)*

Description of Violation

Resident is prescribed -Take 1 tablet by mouth twice a day as needed. According to resident s controlled substance medication record form, resident was administered this medication on the following dates and times; however, these administrations were not documented on resident June 2025 MAR:

- *On at 9:30pm, which was documented by direct care staff person B*
- *On at 3:00pm and 9:00pm, which was documented by direct care staff person B*
- *On at 8:00am, which was documented by direct care staff person C*
- *On at 8:00pm, which was documented by direct care staff person A*
- *On at 9:00am, 3:00pm and 9:00pm, which was documented by direct care staff person B*
- *On at 4:00pm and 1:30am, which was documented by direct care staff person B*

REPEAT VIOLATION:

Plan of Correction ***Directed - 09/04/2025)***

1) Immediately following this incident, DHW audited all resident MARS for missing documentation. Corrections made by med-administration staff where able, however 2 staff members no longer here.
2) Shortly after inspection, new Electronic MAR System (ECP) put into place which is somewhat fool-proof as it will not let a med pass go without complete documentation of some kind, albeit administered, missed, refused, etc. The computer will continually alarm very loudly until that documentation is recorded and will not let the med pass proceed. That policy for new ECP system is attached.
3) Effective 09/01/25, DHW shall review all narcotic documentation and administration records for all residents prescribed narcotics DAILY for an entire month to ensure compliance is maintained. (DIRECTED: Immediately following the daily audits, the audits shall continue weekly. Documentation of the audits shall be kept for 2 months. 9/4/25).
4) For the month of September, Executive Director will also perform weekly audits of all narcotic records for complete documentation so that we remain in compliance with 2600.187.b.

DIRECTED: By 9/15/25: The administrator shall re-educate all staff persons qualified to administer medications on the home's procedures for medication administration documentation to ensure compliance with 2600.187b. The education shall also include the home's procedures for documenting the administration of a controlled substance to a resident. Documentation of the staff education shall be kept in accordance with 2600.65i. 9/4/25

Proposed Overall Completion Date: 09/30/2025

Directed Completion Date: *09/30/2025*

Implemented - 11/19/2025)

187d - Follow Prescriber's Orders

5. Requirements

2600.
187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident is prescribed 1 tablet by mouth twice a day as needed; however, resident June 2025 MAR indicates that direct care staff person B administered tablet to resident three times on at 6:41am, 1:47pm and 9:20pm. Additionally, resident controlled substance medication record form indicates that resident was administered to resident five times on at 8:00am, 9:00am,

187d - Follow Prescriber's Orders (continued)

3:00pm, 8:00pm and 9:00pm.

On numerous occasions in May, 2025 and June, 2025, resident requested prescribed tablet; however, was told by staff persons that the medication was not present in the home and available for administration.

REPEAT VIOLATION:

Plan of Correction ***Directed - 09/04/2025)***

1) DHW held meetings on 8/25 and 8/26 with remaining MedTech's and LPNs. The Policies and Procedures reviewed were Abuse, Resident Rights, Pain Management, proper procedure for ordering and receiving of medications in the building, proper documentation for administering and following up after giving PRN meds, following Physician orders and Narcotic count policy. That agenda, the copies of the P&P's and the sign-in sheets are all attached.
2) The addition of our new electronic MAR system has corrected this issue for the future as well. The system will not allow administration of meds beyond their current physician order. ALARMS SOUND EVERY MINUTE making MedTech aware that the medication cannot be administered. It will not let MedTech move beyond until they acknowledge the system.
3) Effective 09/01/25, DHW shall review all documentation and administration records for all residents prescribed PRN's and narcotics DAILY for an entire month to ensure compliance is maintained. (DIRECTED: Immediately following the daily audits, the audits shall continue weekly. Documentation of the audits shall be kept for 2 months. 9/4/25).
4) For the month of September, Executive Director will also perform weekly interviews with 5 residents ensuring that their meds are in-house and available for administration so that we remain in compliance with 2600.187.d.

Proposed Overall Completion Date: 09/30/2025

Directed Completion Date: *09/30/2025*

Implemented - 11/19/2025)

224a - Preadmission Screen Form

6. Requirements

2600.
224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident s preadmission screening form, dated , is not signed by the person who completed the preadmission screening. This section of the form is blank.

REPEAT VIOLATION:

Plan of Correction ***Accept - 09/04/2025)***

1) The Prescreen for Resident was immediately signed by the person who performed the assessment. A copy of that prescreen is attached.

224a Preadmission Screen Form (continued)

2) All prescreens audited for signatures and that audit was completed by 08/28/25. It is attached.
3) Effective immediately, DHW will check and confirm all prescreens prior to their admission date for completion, accuracy and signature.
4) Beginning September 1st, Executive Director will verify all new prescreens within 48 hours of move in for completion, accuracy and signature to remain in compliance with 2600.224.a.

Licensee's Proposed Overall Completion Date: *09/30/2025*

Implemented - 11/19/2025)

225a - Assessment 15 Days

7. Requirements

2600.
225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

Resident assessment, dated does not include numerous diagnoses indicated on resident medical evaluation, dated to include , and and , and .

REPEAT VIOLATION: 5/21/2025

Plan of Correction ***Accept - 09/04/2025)***

1) Immediately after inspection, DHW added all missing information to Resident "s assessment, and a copy of the corrected form is attached.
2) All resident assessments were audited by 08/28/25. They were corrected if needed by the DHW and that audit is attached.
3) DHW will verify that resident assessments have all necessary information required as they are completed. This will remain the standard moving forward.
4) Executive Director will randomly audit 5 assessments within 48 hours of completion on a monthly basis beginning September 1st to confirm all required information is included so that we remain in compliance with 2600.225.a.

Licensee's Proposed Overall Completion Date: *09/30/2025*

Implemented 11/19/2025)