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

November 19, 2025

[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 10/10/2025 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,
[redacted]

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: [redacted] **Phone**: [redacted] **Email**: [redacted]

Legal Entity

Name: *GRAINGER AID OPCO LLC*

Address: [redacted]

Phone: [redacted] **Email**: [redacted]

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *50* **Waking Staff**: *38*

Inspection Information

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

Reason: *Incident, Monitoring* **Exit Conference Date**: *10/10/2025*

Inspection Dates and Department Representative

10/10/2025 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *47* **Residents Served**: *38*

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**: *38*

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

Have Mobility Need: *12* **Have Physical Disability**: *0*

Inspections / Reviews

10/10/2025 Partial

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *10/26/2025*

10/28/2025 - POC Submission

Submitted By: [redacted] **Date Submitted**: *11/17/2025*

Reviewer: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *11/03/2025*

Inspections / Reviews *(continued)*

11/03/2025 POC Submission

Submitted By: [redacted] **Date Submitted:** *11/17/2025*

Reviewer: [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *11/17/2025*

11/19/2025 Document Submission

Submitted By: [redacted] **Date Submitted:** *11/17/2025*

Reviewer: [redacted] **Follow Up Type:** *Not Required*

185a - Implement Storage Procedures

2. 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

On [redacted] at 6:22pm, 50 [redacted] tablets were delivered by the pharmacy to resident [redacted] bedroom. On [redacted] between 3:00pm and 4:30pm, staff person A found the unattended medication bag in resident [redacted] bedroom. When staff person A and other staff person opened the medication bag, only 43 tablets of the [redacted] were present in the bottle.

Plan of Correction ***Accepted - 10/28/2025)***

- Immediately upon finding the secured, untampered with medication bag, staff person notified Executive Director who gave direction to count the medication, enter it into the EMAR system and secure it on the med cart.
- Executive Director then gave direction to staff person [redacted] to complete an incident report for a medication error, as the count in the bottle (43) did not match the count on the delivery slip (50). Report filed in a timely manner according to regulations.
- Executive Director notified corporate upper management immediately and the Senior Pharmacist (Monday morning, as they only had on-call staff working the weekend) of this incident and gross error of the pharmacy.
- Executive Director also notified Licensing Representative of this incident on Monday, as it was unfamiliar territory and [redacted] was seeking further advice, which [redacted] was given.
- On 9/30/25, letters were sent to this pharmacy, this hospice and any other outside agencies providing medications to this community. Those letters included proper procedure when delivering medications to Allegheny Place, as well as a copy of our Medication receiving policy. This information will be explained clearly to all outside agencies coming to the community in the future.(Copies of policy and letter are attachments # and #).
- Family of resident requested that this hospice and their pharmacy be removed from their mother's care, as they no longer felt their practices were safe. ED instructed family that this was their right of choice to have them removed, which the [redacted] did. [redacted] also reached out to another hospice agency on the same day, so resident [redacted] never lost hospice services.
- Director of Health & Wellness (DHW) met with all med techs and nurses on 10/15/25 to instruct again the proper procedure to receive medications, especially that no medications are to be delivered to any resident room but MUST be handed directly to med tech or LPN working. Copies of that meeting agenda, sign-in sheet and any policies reviewed are attachment #.
- Medication delivery slips are to be signed by LPN or Med Tech receiving the meds. Those slips are kept in the Wellness Center and DHW will review them daily beginning November 1st for proper signature and proper count.
- Executive Director to audit delivery slips weekly starting November 1st to ensure proper procedure is being followed to remain in compliance with 2600.185.a.

Licensee's Proposed Overall Completion Date: *11/01/2025*

Implemented [redacted] 11/19/2025)

187a - Medication Record

3. Requirements

2600.
187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:
4. Strength.

187a Medication Record *(continued)*

Description of Violation

Resident [redacted] is currently prescribed [redacted] tablet Take 1/2 tablet (2.5mg) by mouth twice a day as needed; however, resident [redacted]'s October 2025 medication administration record (MAR) indicates [redacted] tablet Take 1/2 tablet by mouth twice a day as needed.

Plan of Correction ***Directed [redacted] - 11/03/2025)***

Immediately upon finding the error, DHW reached out to the Physician for clarification of the order.

Secondly, upon receipt of the clarification by the Physician, the Pharmacy was contacted with the correction of dosage. At this point, Physician discontinued the order on 10/15/25, as [redacted] explained that resident no longer required its usage. (D/C order attached).

At the meeting held on 10/20/25 with Med Techs and LPN's, medication check in procedure reviewed by DHW for meds not matching E MAR. Staff now has the ability to check in medications, as well as change or discontinue meds and those procedures are attached. (meeting agenda, sign in sheet and medication receiving and changing procedures attached).

DHW is responsible for auditing MAR>CART audits weekly (have not stopped from last inspection) as well as delivery sheets of all medications. These weekly audits will continue for two more months, then monthly thereafter. (DIRECTED: The MAR to cart audits shall include at least 5 different residents during each audit. Documentation of the weekly audits shall be kept for one 1 month. [redacted] 11/3/25.

ED will continue doing 5 random resident reviews monthly (meds > MAR) starting November 1st. These audits to continue through the 31st of December or longer if we are struggling to remain in compliance with 2600.187.a.

Proposed Overall Completion Date: 12/31/2025

Directed Completion Date: *11/17/2025*

Implemented [redacted] 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.

Description of Violation

Resident [redacted] is currently prescribed [redacted] tablet Take 1/2 tablet (2.5mg) by mouth twice a day as needed. According to resident [redacted] controlled substance medication record form, resident [redacted] was administered this medication on [redacted] at 2:06pm; however, this administration was not documented on resident [redacted] October 2025 MAR.

REPEAT VIOLATION: [redacted]

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

Plan of Correction ***Directed [redacted] - 11/03/2025)***

- Upon completion of this survey, DHW was instructed by ED that [redacted] weekly E-MAR audits will continue for two more months, then monthly thereafter.

- ED monthly audits of 5 random resident's MARS will continue two more months, then monthly until it has been determined that the MAR documentation is and remains in compliance with 2600.187.b. (DIRECTED: Beginning on 11/5/25: The ED/designee shall audit at least 5 different resident MAR's weekly for 2 months then monthly thereafter to ensure complete and accurate medication administration documentation is present in accordance with 2600.187b. Documentation of the weekly audits shall be kept for 1 month. [redacted] 11/3/25).

(10/20/25 meeting agenda for Med-Techs and LPN's once again included documentation in the EMAR system. (agenda, sign-in sheet and policies reviewed attached).

Proposed Overall Completion Date: 12/31/2025

Directed Completion Date: *11/17/2025*

Implemented [redacted] - 11/19/2025)

224a - Preadmission Screen Form

5. 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 [redacted] was admitted to the home on [redacted] however, resident [redacted] preadmission screening form was completed on [redacted] which exceeds 30 days prior to admission. Also, resident [redacted] preadmission screening, dated [redacted] does not include a determination that the home can meet resident #[redacted] needs. This section of the preadmission screening form is blank.

Resident [redacted] preadmission screening form, dated [redacted] does not include a determination that the home can meet resident [redacted]s needs. This section of the preadmission screening form is blank.

REPEAT VIOLATION: [redacted]

Plan of Correction ***Accept ([redacted] 11/03/2025)***

- Immediately upon the inspection ending on [redacted], resident [redacted] had a new prescreen completed with admission date used (08/29/25). Resident [redacted] prescreen form was corrected by DHW with input from Physician. (They are both attached).

224a - Preadmission Screen Form (continued)

- This misunderstanding concerning what needs completed on the prescreening form is a direct result of past training for the DHW). ED sat with DHW on 10/13 and went through a blank prescreen form [box by box] to ensure [redacted] *understood every requirement, which* [redacted] *does as of now. An instruction sheet for the prescreening form was also provided for reference.*

- On October 14th, an entire audit of all prescreens was done again by DHW who corrected any errors, ensured all boxes were checked appropriately and were signed and dated to be within requirements with help from Physician where needed. That audit is attached.

- Effective 10/15/25, DHW to monitor each prescreen with each new move-in. This will be ongoing. There have been two new ones reviewed since this inspection.

- ED to do [redacted] *own audit of every prescreen in the building the week of October 27th to ensure prescreens are completed correctly.*

- Effective 10/27/25, ED will review each new prescreen following DHW's review to ensure that it is correct and complete. This review will also be ongoing so that we remain in compliance with 2600.224.a.

Licensee's Proposed Overall Completion Date: *11/03/2025*

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