



**pennsylvania**  
DEPARTMENT OF PUBLIC WELFARE

AUG 02 2013

Mr. Mark W. Ohlendorf, Co-President/CFO  
Brookdale Living Communities of Pennsylvania ML, Inc.  
330 N. Wabash Avenue, Suite 1400  
Chicago, Illinois 60611

RE: The Devonshire of Mt. Lebanon  
1050 McNeilly Road  
Pittsburgh, Pennsylvania 15226

Dear Mr. Ohlendorf:

As a result of the Department of Public Welfare's licensing inspection on May 22, 2013, May 23, 2013 and May 24, 2013, of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.

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

Your regular license for the period September 11, 2013 to September 11, 2014 was issued on June 21, 2013. Your regular license remains in good standing.

Sincerely,

*Ronald Melusky* / 98

Ronald Melusky  
Director

Enclosure  
Violation Report

**VIOLATION REPORT RECEIVED**  
**PERSONAL CARE HOMES - 55 Pa. Code Chapter 2600**

PCH Name: THE DEVONSHIRE OF MT LEBANON		License Number: 43236
Address: 1050 MCNEILLY ROAD, PITTSBURGH, PA 15226		County: Allegheny
Administrator: CHRISTINA JONES		Region: WEST
WEST REGION FIELD OFFICE Human Services Licensing		
Legal Entity Name: BROOKDALE LIVING COMMUNITIES OF PENNSYLVANIA ML INC		
Legal Entity Address: 330 NORTH WABASH AVE. STE.1400, CHICAGO, IL 60611		
Certificate(s) of Occupancy C-2 LP 03/03/2001 L&I		
Staffing Hours Resident Support: 0		Total Daily Staff: 65 Waking Staff: 49
Type of Inspection: Full		BHA Docket Number: Notice: Unannounced
Reason(s) for Inspection(s) Renewal, Complaint		
On-Site Inspections Dates and Department Representatives On-Site 05/22/2013: Mandock, Nancy; Flinner-Alman, Lisa 05/23/2013: Mandock, Nancy; Flinner-Alman, Lisa 05/24/2013: Mandock, Nancy		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 80 Number of Residents Served: 51 Secured Dementia Care Unit in Home: NO Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 7 Number of Hospice Residents in past year: 12		Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 51 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 14 Have a Physical Disability: 3

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JUL 09 2013

Page 2 of 11

Violation Report: 43236 - 05/22/2013 - Mandock, Nancy  
PCH Name: THE DEVONSHIRE OF MT LEBANON

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.86(d) - Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

2a. DESCRIPTION OF VIOLATION

The trash can, located in the men's common bathroom in the home's basement level, does not have a lid.

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 trash can was replaced on 5/24/13 with a new trash can with a lid in the men's common bathroom basement level. The housekeeping staff will be retrained regarding importance of covered trash receptacles on 7/9/13. The Maintenance Director or designee will audit weekly on environmental rounds to verify that trash is properly stored. The Executive Director or designee will monitor for compliance.

Completion Date: July 19, 2013

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

Christina Jones RN, PCHA  
Christina Jones RN PCHA Date 7/9/13

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

The above plan of correction is approved as of <u>7-10-13</u> (Date)	Plan of correction implementation status as of <u>7-10-13</u> (Date)
The above plan of correction was approved by <u>[Signature]</u> (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

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Page 3 of 11

Violation Report: 43236 - 05/22/2013 - Mandock, Nancy  
PCH Name: THE DEVONSHIRE OF MT LEBANON

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.102(e)(1) - Toilet and bath areas must have grab bars, hand rails or assist bars.

2a. DESCRIPTION OF VIOLATION

On 6/22/13, there was no grab bar or hand rail located by the men's urinal in the men's locker room on the first floor.

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.

A grab bar was installed by Maintenance Director by the men's urinal in the men's locker room on the first floor. Maintenance Director or designee will audit other men's bathrooms to verify grab bars are installed.

Completion Date: July 3, 2013

Repeat Violation: No      Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page) *Christina Jones RCH*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Christina Jones RCH*      Date *7/9/13*

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The above plan of correction is approved as of 7-10-13  
(Date)

Plan of correction implementation status as of 7-10-13  
(Date)

The above plan of correction was approved by *ASP*  
(Initials)

- Fully Implemented *JSP*
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

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WEST REGION FIELD OFFICE  
Human Services Licensing

Violation Report: 43236 - 06/22/2013 - Mandock, Nancy  
PCH Name: THE DEVONSHIRE OF MT LEBANON

1. REGULATION 56 Pa. Code §2600

2600.103(e) - Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

2a. DESCRIPTION OF VIOLATION

On 5/22/13, an unsealed, unlabeled, and undated container of leftover cooked onions and peppers was observed in the home's "reach-in" freezer.

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 pan of onions and peppers were discarded May 22, 2013. The culinary staff will be retrained on proper storage of leftover, cooked food on July 19, 2013. Additional retraining will be included in pre-shift training on an ongoing basis. The Executive Chef, Director of Dining Services or designee will audit at the beginning and at the end of shifts. The Executive Director or designee will monitor for compliance.

Completion Date: July 19, 2013 and ongoing

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Christina Jones RN PCHA*

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

Christina Jones RN PCHA

Date 7/9/13

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

The above plan of correction is approved as of

7-10-13  
(Date)

Plan of correction implementation status as of

7-10-13  
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *ASP*
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by

*ASP*  
(Initials)

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Violation Report: 43236 - 05/22/2013 - Mandock, Nancy  
PCH Name: THE DEVONSHIRE OF MT LEBANON

JUL 09 2013

1. REGULATION 55 Pa.Code §2800  
2600.103(g) - Food shall be stored in closed or sealed containers.

WEST REGION FIELD OFFICE  
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

On 5/22/13, a container of leftover onions and peppers, a brown bag of french fries, and a bag of chicken tenders were found unsealed in the home's "reach-in" freezer.  
On 5/22/13, four - 3 gallon tubs of ice cream were found unsealed in the home's walk-in freezer.

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 onions and peppers, French fries and chicken tenders were discarded 5/22/13. The ice cream tub lids were pressed back on tightly to the tubs. Culinary staff will be re-trained during pre-shift training on 7/19/13. The Executive Chef, Director of Dining or designee will audit at the beginning and end of shifts for properly closed or sealed containers. The Executive Director or designee will monitor for compliance.

Completion Date: July 19, 2013 and ongoing

Repeat Violation: Yes      Date(s) of Previous Violation(s): 07/11/2012

Signature of Legal Entity Representative (Required on EVERY Page) *Christina Jones for PCHA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Christina Jones for*      Date *7/9/13*

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The above plan of correction is approved as of 7-10-13 (Date)

Plan of correction implementation status as of 7-10-13 (Date)

The above plan of correction was approved by *ASB* (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress *ASB*
- Partially Implemented - Inadequate Progress
- Not Implemented

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JUL 09 2013

Page 6 of 11

Violation Report: 43236 - 05/22/2013 - Mandock, Nancy		<b>WEST REGION FIELD OFFICE</b>	
PCH Name: THE DEVONSHIRE OF MT LEBANON		<b>Human Services Licensing</b>	
1. REGULATION 55 Pa. Code 52500 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 On 5/22/13, there was an accumulation of lint in the bottom of the home's commercial dryer.			
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.			
<p>The lint accumulation in the bottom of the commercial dryer was removed 5/22 /13. The laundry personnel were retrained on 7/3/13 to clean lint screens on commercial dryers after every load. A lint removal tracking audit has been implemented by the Maintenance Director. The Executive Director or designee will monitor for compliance.</p> <p>Completion Date: July 3, 2013 and ongoing</p>			
Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page) <i>Christina Jones RCH</i>			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Christina Jones RCH</i>			Date <i>7/9/13</i>
<b>DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!</b>			
The above plan of correction is approved as of <u>7-10-13</u> (Date)		Plan of correction implementation status as of <u>7-10-13</u> (Date).	
The above plan of correction was approved by <u><i>OSP</i></u> (Initials)		<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>OSP</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented	

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JUL 09 2013

Page 7 of 11

Violation Report: 43236 - 05/22/2013 - Mandock, Nancy  
PCH Name: THE DEVONSHIRE OF MT LEBANON

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 65 Pa.Code §2600  
2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION  
The medical evaluation for resident #1, dated 4/8/13, does not include a mobility needs assessment for the resident.

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.

It was determined following chart review that resident [redacted] had 2 medical evaluations on file. One of the evaluations was completed in the primary care physician office and the other was an updated medical evaluation in this community that was faxed to the primary care physician for review and signature. The updated evaluation was returned by fax, after being reviewed and signed by the physician on 5/15/13. (see attachment) This medical evaluation contained the mobility needs assessment. The Health and Wellness Director/ PCH Administrator or designee will audit medical records on a monthly basis to verify consistency in documentation. The results of these audits will be reviewed at the Quality Management meetings.

Completion Date: 7/15/13 and ongoing

Repeat Violation: No      Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *Christina Jones PCHA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Christina Jones PCHA* Date *7/9/13*

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The above plan of correction is approved as of 7-10-13 (Date)      Plan of correction implementation status as of 7-10-13 (Date)

The above plan of correction was approved by *[Signature]* (Initials)  
 Fully Implemented *[Signature]*  
 Partially Implemented - Adequate Progress  
 Partially Implemented - Inadequate Progress  
 Not Implemented

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Violation Report: 43236 - 05/22/2013 - Mandock, Nancy  
PCH Name: THE DEVONSHIRE OF MT LEBANON

WEST REGION FIELD OFFICE

Human Services Licensing

1. REGULATION 55 Pa.Code §2800

2800.182(c) - Menus, stating the specific food being served at each meal, shall be posted in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

2a. DESCRIPTION OF VIOLATION

On 5/22/13, the home's menu was posted only for the period 5/19/13-5/25/13.

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 new menu for the next week was immediately posted. In addition, we have provided additional menus for the residents' personal use. Dining room staff were retrained at pre-shift meetings to replace missing posted menus and verify there is always one posted for one week in advance. The Dining Room Service Manager/ Dining Service Manager or designee will conduct daily audits to monitor for compliance.

Completion Date: July 19, 2013

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Christina Jones, RCH Date 7/9/13

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The above plan of correction is approved as of 7-10-13 (Date)

Plan of correction implementation status as of 7-10-13 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

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

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Page 9 of 11

Violation Report: 43236 - 06/22/2013 - Mandock, Nancy  
PCH Name: THE DEVONSHIRE OF MT LEBANON

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.171(b)(5) - If staff persons or volunteers of the home provide transportation for the residents, the vehicle must have a first aid kit with the contents in § 2600.96 (relating to first aid kit).

2a. DESCRIPTION OF VIOLATION  
On 5/24/13, the first aid kit located in the home's van did not include a thermometer.

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.

A thermometer was placed in the van 5/24/13. Staff members scheduled to operate the vehicle will be retrained in first aid kit supply management on 7/19/13. A list of necessary supplies will be kept in the first aid kit and the process for securing replacement supplies through the concierge will be reviewed. The Lifestyle Director or designee will check the kit weekly. The Health and Wellness Director/ PCH Administrator or designee will monitor for compliance. The results of the audits will be reviewed at the Quality Management meetings.

Completion Date: July 19, 2013

Repeat Violation: No      Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page) *Christina Jones* PCHA

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) Christina Jones PCHA      Date 7-9-13

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The above plan of correction is approved as of <u>7-10-13</u> (Date)	Plan of correction implementation status as of <u>7-10-13</u> (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>gsp</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

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JUL 09 2013

Page 10 of 11

Violation Report: 43238 - 05/22/2013 - Mandock, Nancy PCH Name: THE DEVONSHIRE OF MT LEBANON		<b>WEST REGION FIELD OFFICE</b> <b>Human Services Licensing</b>	
1. REGULATION 55 Pa.Code §2600 2600.183(b) - Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.			
2a. DESCRIPTION OF VIOLATION Resident #2's medical evaluation, dated 12/5/12, indicates that the resident is unable to self-administer medications. On 5/22/13, the following medications were observed unlocked and accessible in resident #2's room: 0.5 ounce tube of "Neosporin" ointment .33 fluid ounce bottle of "Similasin Homeopathic Cataract Care" 34 fluid ounce bottle of "Bausch and Lomb Alaway Ketotifen Fumarate Ophthalmic Solution" bottle of aspirin			
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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.</i>			
<p>All medications were removed from the resident room 5/22/13. Resident was reeducated that OTC and other medications were not permitted in their room and are to be stored, secured and administered by staff. Resident [redacted] verbalized understanding. Resident [redacted] family was contacted on 5/23/13 and w reminded not to bring in OTC or other medications to the resident's room. Care conference was held 6/25/13 with family/POA and they were also reminded not to bring in medications to the resident's room. Med Techs and Resident Associates were retrained on 7/3/13 to look for any unauthorized medications in residents' rooms and report to the Health and Wellness Director/ PCH Administrator. The Health and Wellness Director/ PCH Administrator or designee will monitor for compliance.</p> <p><b>Completion Date: July 8, 2013 and ongoing</b></p>			
Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page) <i>[Signature]</i> RN PCHA			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Christina Jones RN PCHA</i> Date <i>7/9/13</i>			
<b>DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!</b>			
The above plan of correction is approved as of <u>7-10-13</u> (Date)		Plan of correction implementation status as of <u>7-10-13</u> (Date)	
The above plan of correction was approved by <u>[Signature]</u> (Initials)		<input checked="" type="checkbox"/> Fully implemented <i>[Signature]</i> <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented	

Violation Report: 43296 - 05/22/2013 - Mandock, Nancy  
 PCH Name: THE DEVONSHIRE OF MT LEBANON

- 1. REGULATION 55 Pa.Code §2600**  
 2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:
- (1) Resident's name.
  - (2) Drug allergies.
  - (3) Name of medication.
  - (4) Strength.
  - (5) Dosage form.
  - (6) Dose.
  - (7) Route of administration.
  - (8) Frequency of administration.
  - (9) Administration times.
  - (10) Duration of therapy, if applicable.
  - (11) Special precautions, if applicable.
  - (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
  - (13) Date and time of medication administration.
  - (14) Name and initials of the staff person administering the medication.

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 JUL 09 2013  
**WEST REGION FIELD OFFICE**  
**Human Services Licensing**

**2a. DESCRIPTION OF VIOLATION**  
 There is a discrepancy on the 5/20/13 medication administration record (MAR) as compared to the prescription label on the medication for resident #3 as follows: the MAR indicates tamsulosin HCL 0.4 mg - 1 cap by mouth at bedtime, however, the label on the medication indicates - 2 capsules by mouth at bedtime.

**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 medication entry of 0.4mg was correct at the time of survey. The medication supplied in the card was 0.2mg and staff was administering 2 tablets which totaled a dosage of 0.4mg. The previous card supplied by the pharmacy was 0.4mg per tablet and the order was to give one tablet. Staff members passing medications for this resident were interviewed at the time of survey and verified the correct dosage was being administered. The MAR was immediately corrected to read 0.4mg, give 2 tablets. Staff will be retrained on 7/19/13 in identifying and addressing discrepancies on MAR to prescription labels. The Health and Wellness Director/ PCH Administrator or designee will audit MAR entries to medications for accuracy on the night shift weekly. The PCH Administrator will monitor for compliance.  
 Completion Date: July 19, 2013 and ongoing

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Christina Jones RN, PCHA*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Christina Jones RN PCHA* Date *7/9/13*

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