



pennsylvania
DEPARTMENT OF HUMAN SERVICES

DEC 05 2014

Mr. Mark W. Ohlendorf, President
Brookdale Living Communities of Pennsylvania-ML, Inc.
6737 W. Washington Street, Suite 2300
Milwaukee, Wisconsin 53214

RE: The Devonshire of Mt. Lebanon
1050 McNeilly Road
Pittsburgh, Pennsylvania 15226
License #: 432360

Dear Mr. Ohlendorf:

As a result of the Department of Human Services' licensing inspection on May 6, 2014 and May 7, 2014, 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.

Your regular license for the period September 11, 2014 to September 11, 2015 was issued on June 11, 2014. Your regular license remains in good standing.

Sincerely,

Matthew J. Jones
Director

JH

Enclosure
License Inspection Summary

NOV 13 2014

Violation Report: 43236 - 05/06/2014 - Pfaff, Vicki
PCH Name: THE DEVONSHIRE OF MT LEBANON

1. REGULATION 55 Pa.Code §2600
2600.101(j)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.

2a. DESCRIPTION OF VIOLATION
There was no lamp or other operable source of lighting that could be turned on/off from bedside in resident bedroom #249.

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.

Plan of Correction

The following is the Plan of Correction for The Devonshire Mt. Lebanon regarding the Statement of Deficiencies dated October 27, 2014 for the annual survey conducted May 6, 2014 and May 7, 2014. This Plan of Correction is not to be construed as an admission of or agreement with the findings and conclusions in the Statement of Deficiencies, or any related sanction or fine. Rather, it is submitted as confirmation of our ongoing efforts to comply with statutory and regulatory requirements. In this document, we have outlined specific actions in response to identified issues. We have not provided a detailed response to each allegation or finding, nor have we identified mitigating factors. We remain committed to the delivery of quality health care services and will continue to make changes and improvement to satisfy that objective.

Regulation 2600.101 (j) (7)

The resident's lamp in room 249 was replaced at the bedside on May 6, 2014 by the Resident Care Coordinator. An audit of other apartments was completed on May 6, 2014 to verify residents had lamps at bedside that were available and functional. The resident and Power of Attorney were re-educated that the lamp must be on the bedside table where it could be easily accessible by the resident. This re-education was presented to appropriate staff by the Health and Wellness Director on May 6, 2014. The appropriate staff will also be retrained to monitor resident rooms at the time they are providing care, to verify bedside lamps are functioning and in reach of each bed. This re-education will be provided by November 8, 2014 by the Health and Wellness Director/ Designee. A weekly audit will be done on a rotation basis by the Medication Technician /designee for the next 3 months. The Resident Care Coordinator or designee will monitor audits for compliance. Areas noted to be out-of-compliance will be reported to the Health & Wellness Director who will direct additional actions where indicated.

Evidence: Re-training attendance sheets, sample of resident apartment audit to for appropriate and accessible lighting.

Completed: August 20, 2014

[Handwritten signature]
11/12/14

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) Date

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

The above plan of correction is approved as of 11-17-14
(Date)

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

Plan of correction implementation status as of 11-17-14
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *8*
- Partially Implemented - Inadequate Progress
- Not Implemented

1. REGULATION 55 Pa.Code §2600

2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

2a. DESCRIPTION OF VIOLATION

On 5/6/14 at 9:40 a.m., the temperature in the stand alone metal freezer in the main kitchen measured 5 degrees Fahrenheit.

On 5/6/14, the temperature in the main kitchen walk-in cooler measured 42 degrees Fahrenheit.

On 5/6/14, the temperature in the main kitchen walk-in freezer measured 12 degrees Fahrenheit.

On 5/6/14, the lower section of the main kitchen metal refrigerator measured 42 degrees Fahrenheit.

On 5/6/14 the temperature in the refrigerator section of the second floor prep kitchen metal refrigerator/freezer measured 48 degrees Fahrenheit. The freezer section of same unit measured 26 degrees Fahrenheit.

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 are not to be completed immediately, include dates by which the steps will be completed.

Regulation 2600.103 (f)

The outside vendor was notified on May 12, 2014 to determine the extent of repairs necessary for compliance with required refrigeration/freezer standards. Second floor preparation kitchen refrigerator/freezer was repaired and is currently in compliance with standards. A new walk-in metal freezer was purchased and installed August 20, 2014 in the main kitchen. Appropriate staff was re-trained on the community process for logging temperatures. This training was provided on May 7, 2014 by the Dining Service Director. The Chef or designee will maintain temperature logs for the main and second floor refrigerators and freezers as required. Completed logs will be available for review upon request. Temperatures exceeding 40 degrees F (refrigerator) and 0 degrees F (freezer) will be reported to the Dining Services Director or designee who will notify the refrigeration repair vendor when indicated. The Executive Director or designee will monitor logs for compliance, and be responsible for directing additional actions where indicated.

Evidence: invoice for purchased metal walk-in refrigerator, training attendance form; sample of refrigerator temperature log

Completion Date: August 20, 2014

5-6-14. All other refrigerator and freezer temperature logs were in compliance of regulation 2600.103(f) by 11-17-14

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)		Date
Christina Jones		11/12/14

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

The above plan of correction is approved as of 11-17-14
(Date)

Plan of correction implementation status as of 11-17-14
(Date)

The above plan of correction was approved by J
(Initials)

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

Violation Report: 43236 - 05/06/2014 - Pfaff, Vicki
 PCH Name: THE DEVONSHIRE OF MT LEBANON

1. REGULATION 55 Pa.Code §2600
 2600.103(g) - Food shall be stored in closed or sealed containers.

2a. DESCRIPTION OF VIOLATION

On 5/6/14, there was an opened, uncovered block of butter setting out on the counter in the first floor Café.

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.

Regulation 2600.103 (g)

The opened, uncovered butter was immediately covered on 5/6/2014, and later discarded. Café Associates were re-trained regarding the guidelines for storage of food when not in use. This training was completed by the Dining Service Director on June 6, 2014. The Dining Service Director or designee will monitor weekly for open or uncovered food when rounding in the café, and will take the necessary or recommended actions. The Executive Director or designee will monitor for compliance.

Evidence: See training attendance sheet

Completion Date: June 3, 2014 and ongoing

Repeat Violation: Yes Date(s) of Previous Violation(s): 05/22/2013

Signature of Legal Entity Representative (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Christina Jones* Date *11/17/14*

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The above plan of correction is approved as of 11-17-14
 (Date)

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

Plan of correction implementation status ASAP 11-17-14
 (Date)

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

Violation Report: 43236 - 05/06/2014 - Pfaff, Vicki
 PCH Name: THE DEVONSHIRE OF MT LEBANON

1. REGULATION 56 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's assessment, dated 2/10/14, does not address that the resident has a pacemaker and the resident's diagnoses of hypertension, hypothyroidism, hyperlipidemia as indicated on the resident's documentation of medical evaluation on 12/26/13.

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.

Regulation 2600.225 (c)

The assessment for resident #1 was updated on 5/11/14 to include the diagnoses listed on the medical evaluation by the Resident Care Coordinator. The appropriate staff was re-trained in the process of documenting diagnoses on the assessment from the medical evaluation. The Resident Care Coordinator or designee will audit current resident assessments to verify the medical evaluation correlates with the assessment by November 10, 2014. Assessments will be updated as indicated. The Health and Wellness Coordinator or designee will review admission documents to verify they are filled out according to the community's policy. The Health & Wellness Director or designee will monitor for compliance.

Evidence: See training attendance sheet

Completion Date: November 10, 2014

Aug 11/11/14

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)		Date
Christina Jones		11/17/14

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