



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JUN 02 2016

Ms. Anna Munoz, Assistant Secretary
Emeritus Corporation
Attn: Clayton Strasburg
6737 West Washington Street, Suite 2300
Milwaukee, Wisconsin 53214

RE: Brookdale Latrobe
500 Browers Drive
Latrobe, Pennsylvania 15650
License #: 428530

Dear Ms. Munoz:

As a result of the Department of Human Services' annual licensing inspections on February 3, 2016 and February 4, 2016 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.

Sincerely,

A handwritten signature in black ink that reads "Jay Bausch".

Jay Bausch
Deputy Secretary

Enclosure
License Inspection Summary

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

PCH Name: BROOKDALE AT LATROBE		License Number: 42853
Address: 500 BROWERS DRIVE, LATROBE, PA 15660		County: Westmoreland
Administrator: Karen Anderson		Region: WEST
Legal Entity Name: Brookdale CORPORATION		
Legal Entity Address: 3131 ELLIOTT AVENUE SUITE 500, SEATTLE, WA 98121		
Certificate(s) of Occupancy C-2 LP 06/26/2001 L&I		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 115	Working Staff: 86
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 02/03/2016: Rosenblat, Dale; McCloskey, Jason 02/04/2016: Rosenblat, Dale; McCloskey, Jason		
Off-Site Inspection Dates and Inspectors, if Applicable		
<p>RECEIVED</p> <p>APR 11 2016</p> <p>CENTRAL REGION FIELD OFFICE Human Services Licensing</p>		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 150 Number of Residents Served: 87 Secured Dementia Care Unit in Home: Yes Area: Claire Bridge Secured Dementia Unit Capacity, if Applicable: 26 Number of Residents Served in Secured Dementia Care Unit, if applicable: 19 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: 87 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 28 Have a Physical Disability: 0	

Brookdale Latrobe

Plan of Correction

The following is the Plan of Correction for Brookdale Latrobe regarding the Statement of Deficiency dated April 1, 2016 for the Renewal and complaint follow-up on February 3 and 4th, 2016. This Plan of Correction is not to be as a Statement of Deficiencies, or any related sanction or fine. Rather, it is a 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.

Violation Report: 42853 - 02/03/2016 - Rosenblat, Dale
 PCH Name: BROOKDALE AT LATROBE

1. REGULATION 55 Pa. Code §2600
 2000.65(e) - Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.

2a. DESCRIPTION OF VIOLATION
 Direct care staff persons A, B, C and D did not receive the required 12 hours of annual training in 2015.

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 2600.65 (e)

Direct Care staff persons A, B, C and D did not receive the required 12 hours of annual training in 2015.

Immediately the Business Office Manager implemented a file checklist tool to verify that all of the required associate documentation is in each file moving forward. Immediately the Business Office Manager implemented an associate file checklist for current and future associates. The Executive Director (ED) re-trained appropriate staff on March 8, 2016 regarding the community policy on annual staff training requirements. The Executive Director or designee will review audit results for the next 3 months to monitor for compliance and determine if further action is required. The ED will direct additional actions based on audit findings.

Evidence- Staff training attendance log Attachment A

Completion Date: June 15, 2016

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Ka Anderson HWD*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Karen Anderson, Health Wellness Director* Date *4/8/16*

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

The above plan of correction is approved as of 5-25-16
 (Date)

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

Plan of correction implementation status as of 5-25-16
 (Date)

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

Violation Report: 42853 - 02/03/2016 - Rosenblat, Dale
 PCH Name: BROOKDALE AT LATROBE

- 1. REGULATION 55 Pa.Code §2600**
 2600.65(f) - Training topics for the annual training for direct care staff persons shall include the following:
- (1) Medication self-administration training.
 - (2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
 - (3) Care for residents with dementia and cognitive impairments.
 - (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
 - (5) Personal care service needs of the resident.
 - (6) Safe management techniques.
 - (7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

2a. DESCRIPTION OF VIOLATION

The annual training provided to direct care staff person A in 2015 did not include the following required topics:

1. Medication self-administration
2. Care for residents with dementia and cognitive impairments
3. Infection control

The annual training provided to direct care staff person B in 2015, did not include the following required topics:

1. Medication self-administration
2. Safe management techniques

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 2600.65 (f)

The annual training provided for staff person A in 2015 did not include the following required topics: Medication Administration, care of residents with dementia, infection control. Annual training for staff person B did not include: medication self-administration and safe management techniques.

Immediately the Business Office Manager implemented a file checklist tool to verify that all of the required associate documentation is in each file moving forward. Immediately the Business Office Manager implemented an associate file checklist for current and future associates. The Executive Director(ED) re-trained appropriate staff on March 8, 2016 regarding the community policy on annual staff training requirements. The Executive Director or designee will review audit results for the next 3 months to monitor for compliance and determine if further action is required. The ED will direct additional actions based on audit findings.

Evidence-Staff training attendance log Attachment B

Completion Date: June 15, 2016

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

Signature of Legal Entity Representative
 (Required on EVERY Page)

[Handwritten Signature]

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

Kara Anderson Health Wellness Director

Date *4/8/16*

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 (Date)

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 (Date)

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

- Fully Implemented
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- Partially Implemented - Inadequate Progress
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Violation Report: 42853 - 02/03/2016 - Rosenblat, Dale
 PCH Name: BROOKDALE AT LATROBE

1. REGULATION 55 Pa.Code §2600
 2600.82(c) - Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

2a. DESCRIPTION OF VIOLATION
 A bottle of Great Value brand automatic dishwashing gel, with a manufacturer's label indicating, "If swallowed call a poison control center or doctor immediately," was unlocked and accessible to residents in the kitchen of the secured dementia care unit.

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 2600.82 (c)

A bottle of Great Value automatic dishwashing gel, with a label indicating " if swallowed call a poison control center or doctor immediately", was unlocked and accessible to residents in the kitchen of the secure dementia unit.

The bottle of dishwashing was removed from the Secure Dementia Unit (SDU) immediately. The appropriate staff were re-trained on the community policy regarding " Handling of Poisonous Materials" by the Health and Wellness Director on March 7, 2016. The Memory Care Program Director or designee will audit the SDU weekly for 3 months to verify for compliance with locking of poisonous materials. The Executive Director or designee will monitor results to determine if further action is warranted.

Evidence: Staff training attendance forms Attachment C

Completion Date: June 30, 2016.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Ka Anderson Alwed*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Kaen Anderson Health Wellness Director</i>	Date <i>4/8/16</i>
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The above plan of correction is approved as of <u>5-25-16</u> (Date)	Plan of correction implementation status as of <u>5-25-16</u> (Date)
The above plan of correction was approved by <u>bc</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

Violation Report: 42853 - 02/03/2016 - Rosenblat, Dale
 PCH Name: BROOKDALE AT LATROBE

1. REGULATION 55 Pa.Code §2600

2600.141(a)(1) - A resident shall have a medical evaluation by a physician, physician's assistant, or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

2a. DESCRIPTION OF VIOLATION

Resident #1's medical evaluation, dated 10/14/2015, does not include immunization history information or the medical professional's name and license number.

Resident #2's medical evaluation, dated 6/15/2015, does not include the medical professional's name and license number.

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.

141A Resident shall have a Medical Evaluation:

Health and Wellness Director and or designee to train any and all "charge staff" on proper completion of DME to ensure completed DME are completed accurately to include all state required information. Two (2) Charge Staff will review all completed DME for total completion prior to filing in medical record. See attachment D

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Health and Wellness Director* Date *4/8/16*

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Plan of correction implementation status as of 5-25-16 (Date)

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- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 42853 - 02/03/2016 - Rosenblat, Dale
 PCH Name: BROOKDALE AT LATROBE

1. REGULATION 55 Pa.Code §2600
 2600.236 - Each direct care staff person working in a secured dementia care unit shall have 6 hours of annual training related to dementia care and services, in addition to the 12 hours of annual training specified in § 2600.65 (relating to direct care staff person training and orientation).

2a. DESCRIPTION OF VIOLATION
 Direct care staff persons B and C did not complete the required hours of dementia care training in 2015.

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 2600.236

Direct Care staff persons B and C did not complete the required hours of dementia care training in 2015.

Immediately the Business Office Manager implemented a file checklist tool to verify that all of the required associate documentation is in each file moving forward. Immediately the Business Office Manager implemented an associate file checklist for current and future associates. The Executive Director (ED) re-trained appropriate staff on March 11th, 17th and 25th, 2016 regarding the community policy on annual staff training requirements. The Executive Director or designee will review audit results for the next 3 months to monitor for compliance and determine if further action is required. The ED will direct additional actions based on audit findings.

Executive Director or designee will review annual training for 3 months to completion of required trainings monthly to verify if further action is warranted.

Evidence- staff training attendance Attachment E

Completion Date: June 15, 2016

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Kean Anderson Health Wellness Director* Date *4/5/16*

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The above plan of correction was approved by <u>BE</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