



pennsylvania
DEPARTMENT OF HUMAN SERVICES

OCT 18 2016

Ms. Anna Munoz, Assistant Secretary
Brookdale Living Communities of PA-ML, Inc.
6737 West Washington Street, Suite 230
Milwaukee, Wisconsin 53214

RE: Brookdale Mt. Lebanon
1050 McNeilly Road
Pittsburgh, Pennsylvania 15226
License #: 432360

Dear Ms. Munoz:

As a result of the Department of Human Services' annual licensing inspections on May 3, 2016 and May 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 blue ink, appearing to read "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

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

PCH Name: BROOKDALE MT LEBANON		License Number: 43236
Address: 1050 MCNEILLY ROAD, PITTSBURGH, PA 15226		County: Allegheny
Administrator: Christlna Jones		Region: WEST
Legal Entity Name: BROOKDALE LIVING COMMUNITIES OF PENNSYLVANIA ML INC		RECEIVED SEP 08 2016 WEST REGION FIELD OFFICE Human Services Licensing
Legal Entity Address: 6737 W. WASHINGTON ST STE.2300, MILWAUKEE, WI 53214		
Certificate(s) of Occupancy C-2 LP 03/02/2004 PA L& I		
Staffing Hours Resident Support: 57		Total Daily Staff: 137 Waking Staff: 103
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 05/03/2016: Georgoulls, Keren; Marini, Michael 05/04/2016: Georgoulls, Keren		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details Partial or Full Triggers: N/A Random Indicators: N/A		
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 80 Number of Residents Served: 57 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: 2 Number of Hospice Residents in past year: 5		Number of Residents who: Receive Supplemental Security Income: 0 Are 80 Years of Age or Older: 57 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 23 Have a Physical Disability: 0

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SEP 08 2016

Page 2 of 5

Violation Report: 43236 - 05/03/2016 - Georgoulis, Karen
PCH Name: BROOKDALE MT LEBANON

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 56 Pa. Code §2600

2600.3(c) - The personal care home shall post the current license, a copy of the current licensing inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

2a. DESCRIPTION OF VIOLATION

On 5/3/16, the home's most recent license inspection summary was not posted in a conspicuous or public place. The licensing summary was in a binder on top of a cabinet in the wellness room.

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

Brookdale Mt Lebanon

Plan of Correction

The following is the Plan of Correction for Brookdale Mt Lebanon regarding the Statement of Deficiency dated August 24, 2016 for the Renewal inspection on May 3 2016 and May 4, 2016. This Plan of Correction is not to be as a 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 2600.3 (c)

The Violation binder containing the current licensing summary had been located in the public wellness center with signage in the main corridor stating where the binder was located. The binder was immediately relocated to the main hallway on the personal care unit May 3, 2016. The Health and Wellness Director will re-train appropriate staff on the location of the current licensing inspection survey on September 9, 2016. The Health and Wellness Director or designee will audit weekly to make certain the current licensing summary report remains in the main hallway which is conspicuous and public. The Executive Director or designee will monitor the results of the audit for 3 months to verify if any further action is warranted.

Evidence: Attendance log for training

Completion Date: September 9, 2016

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

Signature of Legal Entity Representative (Required on EVERY Page) *Christina Jones RN., PCMA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Christina Jones* Date *9-1-16*

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

The above plan of correction is approved as of <u>9-8-16</u> (Date)	Plan of correction implementation status as of <u>9-8-16</u> (Date)
The above plan of correction was approved by <u>S</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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Violation Report: 43236 - 05/03/2016 - Georgoulis, Karen
PCH Name: BROOKDALE MT LEBANON

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WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

2a. DESCRIPTION OF VIOLATION

On 5/3/16 at 9:25 a.m., the second floor medication administration records (MAR) were unlocked, unattended and accessible on top of the medication cart in the main hallway.

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 2600.17

The MAR was relocated to a secure area at time of survey. The Medication Technicians/ LPN's will be re-trained on September 9, 2016 regarding the community policy on confidentiality of resident information regarding assuring the MAR is secured when unattended. The Health and Wellness Director or designee will monitor weekly for MAR's to be secured appropriately. The Executive Director or designee will review audit results for 3 months to verify if any further action is warranted.

Evidence: Attendance Log for training

Completion Date: September 9, 2016

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

Signature of Legal Entity Representative (Required on EVERY Page) *Christina Jones RN, PCH-A*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Christina Jones* Date *9-8-16*

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

Plan of correction implementation status as of 9-8-16 (Date)

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

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SEP 08 2016

Violation Report: 43236 - 06/03/2016 - Georgoulls, Karen
PCH Name: BROOKDALE MT LEBANON

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.100(a) - The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION

On 5/4/16, the sidewalk on the right side of the building had a crack across the width of the sidewalk measuring approximately 4 1/2' wide which is a potential trip and fall hazard.

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 100 (a)

The area was immediately marked off by The Maintenance Director to ensure that those using the sidewalk were aware of the need for repair and could not use it. Walking rounds of the entire community grounds was conducted by the Maintenance Director and identified any other potential trip/fall hazards on the sidewalks. The identified cracks were cemented and repaired so no cracks or gaps existed on May 4, 2016. All appropriate maintenance staff were in-serviced by the Maintenance Director August 29, 2016 in identifying and reporting potential hazards when making daily rounds of the exterior of the community and grounds. Trip/fall hazards will be reported immediately by maintenance staff and work orders submitted for repair. Reports from rounds will be reviewed by the Executive Director or designee for 3 months to verify if any further action is warranted.

Evidence: Training attendance log, picture of the repaired sidewalk

Completion Date: August 29, 2016

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Christina Jones Date 9-1-16

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Violation Report: 43236 - 05/03/2016 - Georgoulis, Karen
PCH Name: BROOKDALE MT LEBANON

SEP 08 2016

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- (1) The resident's name.
- (2) The name of the medication.
- (3) The date the prescription was issued.
- (4) The prescribed dosage and instructions for administration.
- (5) The name and title of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #1 is prescribed Atropine 1% 2 drops under the tongue every four hours as needed. However, the medication label indicates Atropine 1% 2 drops under the tongue every hour as needed.

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.

2600.184 (a)

The medication order was verified to be correct on the MAR following notification of the physician. The label was updated with "directions changed refer to MAR" sticker to reflect on the correct medication dosage at time of survey. Appropriate staff will be re-trained by the Health and Wellness Director on 9/9/16 regarding the community policy on medication administration on monitoring and updating medication order changes. The Health and Wellness Coordinator or designee will perform weekly audits of the medication carts. The Health and Wellness Director or designee will review the results of these audits to verify if any further action is warranted.

Evidence: Attendance log for training

Completion Date: September 9, 2016

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
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Christina Jones	9-1-16

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(Date)

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(Initials)

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