



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: February 1, 2017

Ms. Anna Munoz, Assistant Secretary
Brookdale Living Communities of PA-ML, Inc.
6737 West Washington Street, Suite 2300
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' licensing inspection on October 12, 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 "Jason Williams" with a stylized initial "W" at the end.

Jason Williams
Services Licensing Supervisor

Enclosure
Licensing 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: Christina Jones		Region: WEST
Legal Entity Name: BROOKDALE LIVING COMMUNITIES OF PENNSYLVANIA ML INC		
Legal Entity Address: 6737 W. WASHINGTON ST STE.2300, MILWAUKEE, WI 53214		RECEIVED
Certificate(s) of Occupancy C-2 LP 03/02/2001 Labor & Industry		JAN 13 2017 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: N/A	Total Daily Staff: 71	Waking Staff: 53
Type of Inspection: Partial	BHA Docket Number: N/A	Notice: Unannounced
Reason(s) for Inspection(s)		
Complaint		
On-Site Inspections Dates and Department Representatives On-Site		
10/12/2016: Park, Beth; Quinn, Suzanne; Roser, Ashley		
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: 54 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: 4 Number of Hospice Residents In past year: 6	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 54 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 17 Have a Physical Disability: 1	

Christina Jones Christina Jones
1-13-17

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JAN 13 2017

Page 2 of 5

WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 43236 - 10/12/2016 - Park, Beth
PCH Name: BROOKDALE MT LEBANON

1. REGULATION 55 Pa.Code §2600
2600.65(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 person A, hired [redacted] 01, only received 7.5 hours of training during the 2015 training year.

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.

Staff person A completed the required amount of annual training hours during the 2016 training year. *pu. 1/30/17*

Regulation 2600.65 (e)

Staff member A was noted to be on Leave of Absence (LOA) during the 2015 training year. The Health and Wellness Coordinator or designee will review, on return from LOA, if any required trainings have been missed during the LOA time period. Any required annual trainings missed while on LOA will be rescheduled at that time by the Health and Wellness Coordinator or designee. Staff records will be audited on a quarterly basis by the Health and Wellness Coordinator or designee for the completion of required training topics for that quarter and rescheduled as necessary. The Health and Wellness Director will review the results of the audits to verify compliance and to determine if any further action is warranted.

Evidence: Annual PA Training Schedule
Completion Date: January 27, 2017

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* Date *1-13-17*

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

The above plan of correction is approved as of 1/30/17 (Date)
The above plan of correction was approved by *pu.* (Initials)
Plan of correction implementation status as of 1/30/17 (Date)
 Fully Implemented
 Partially Implemented - Adequate Progress *pu.*
 Partially Implemented - Inadequate Progress
 Not Implemented

WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 43236 - 10/12/2016 - Park, Beth
PCH Name: BROOKDALE MT LEBANON

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

Direct care staff person A, hired 5/10/01, did not receive training during the 2015 training year in the following topics:

- * Safe management techniques
- * Medication self-administration training
- * Care for residents with dementia and cognitive impairments

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)

Staff member A was noted to be on Leave of Absence (LOA) during the 2015 training year. The Health and Wellness Coordinator or designee will review, on return from LOA, if any required trainings have been missed during the LOA time period. Any required annual trainings missed while on LOA will be rescheduled at that time by the Health and Wellness Coordinator or designee. Staff records will be audited on a quarterly basis by the Health and Wellness Coordinator or designee for the completion of required training topics for that quarter and rescheduled as necessary. The Health and Wellness Director will review the results of the audits to verify compliance and to determine if any further action is warranted.

Evidence: Annual Training Schedule

Completion Date: January 27, 2017

Staff person A completed the required training topics during the 2016 training year.
per 1/30/17

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Christina Jones, PCHA</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Christina Jones</i>	<i>1-13-17</i>

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

The above plan of correction is approved as of <u>1/30/17</u> (Date)	Plan of correction implementation status as of <u>1/30/17</u> (Date)
The above plan of correction was approved by <u>J.W.</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>J.W.</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 43236 - 10/12/2016 - Park, Beth
PCH Name: BROOKDALE MT LEBANON

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.183(f) - Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

2a. DESCRIPTION OF VIOLATION
A card of resident #2's Hydrocodone/APAP 5mg, take 1 tablet every 6 hours as needed, expired on 9/20/2016 and was still in the medication cart.

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 2600.183 (f)

The expired medication was disposed of per community policy at time of the inspection. The Resident Care Coordinator and/or designee will audit medication carts weekly for expired medications. All expired medications will be disposed of per community policy. No expired medications were administered to the resident. A retraining for all Medication Technicians on the Medication Administration policy for monitoring and disposing of expired medications will be completed by 1/31/17 by the Health and Wellness Director. The Health and Wellness Director will review the results of the audits to verify compliance and to determine if any further action is warranted.

Evidence: Attendance log will be forward when completed

Completion Date: January 31, 2017

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page) <i>Christina Jones</i>			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Christina Jones</i>			Date <i>1-13-17</i>
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!			
The above plan of correction is approved as of <u>1/30/17</u> (Date)		Plan of correction implementation status as of <u>1/30/17</u> (Date)	
The above plan of correction was approved by <u>J.M.</u> (Initials)		<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>J.M.</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented	

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JAN 13 2017

Violation Report: 43236 - 10/12/2016 - Park, Beth PCH Name: BROOKDALE MT LEBANON	WEST REGIONAL FIELD OFFICE Human Services Licensing
1. REGULATION 55 Pa.Code §2600 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.	
2a. DESCRIPTION OF VIOLATION The home's medication policy indicates that controlled substances are to be counted at the end of each shift or when control of the medication keys is passed to another staff person and that, if there is a discrepancy, staff persons should immediately notify the nurse, Executive Director or designee. Resident #1 is prescribed morphine, 20 mg/ml, take 10 mg (0.5 ml) every 2 hours as needed. Of the 13 syringes available for administration, only 8 contained the full dose of 0.5mg. One contained only 4.5mg, two contained only 0.4mg, one contained only 0.3mg and one contained only 0.25mg.	
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>	

Regulation 2600.185 (a)

The supplying hospice pharmacy was contacted at time of inspection. The Pharmacist confirmed that there was an error by the pharmacy with the filling of the syringes to the correct amounts. The pharmacy sent new syringes and collected syringes on hand for disposal on day of inspection. The Health and Wellness Director will re-train Medication Technicians on the community policy on medication administration regarding controlled substances end of shift count as well as receiving delivered narcotics by 1/31/17. The Health and Wellness Coordinator or designee will audit controlled substances change of shift log for compliance on a daily basis for 2 months and weekly thereafter. The Health and Wellness Director will review the results of the audits to verify compliance and to determine if any further action is warranted.

Evidence: Attendance log will be forward when completed

Completion Date: January 31, 2017

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page) <i>Christina Jones</i>			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Christina Jones</i>			Date <i>1-13-17</i>
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The above plan of correction was approved by <u><i>JW</i></u> (Initials)		<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>JW</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented	