



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: May 5, 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 December 9, 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, appearing to read "Janine Wenzig".

Janine Wenzig
Human 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		RECEIVED
Legal Entity Address: 6737 W. WASHINGTON ST STE.2300, MILWAUKEE, WI 53214		
Certificate(s) of Occupancy C-2 LP 03/02/2004 Labor & Industry		APR 24 2017 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 79	Waking Staff: 59
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Incident		
On-Site Inspections Dates and Department Representatives On-Site 12/09/2016: Flinner-Alman, Lisa; Hoover, Josh; Barone, Barbara		
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: 59 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 60 Years of Age or Older: 59 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 20 Have a Physical Disability: 0

Christina Jones RN, PCAA

Violation Report: 43236 - 12/09/2016 - Flinner-Alman, Lisa
 PCH Name: BROOKDALE MT LEBANON

WEST REGION FIELD OFFICE
 Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.15(b) - If there is an allegation of abuse of a resident involving a home's staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

2a. DESCRIPTION OF VIOLATION

On 11/27/16, shortly before lunch, resident #1 told staff person A that staff person B pushed him/her in the chest while assisting the resident with morning care. A few minutes later staff person A informed staff person C of the allegation. Staff person B continued working unsupervised until 2:30 p.m. on 11/27/16 and worked unsupervised on 11/28/16 from 6:30 a.m. - 2:30 p.m.

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 following is the Plan of Correction for Brookdale at Mt Lebanon in regard to the Statement of Deficiency dated April 13, 2017 for an incident partial inspection on December 9, 2016. The Plan of Correction report 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 improvements to satisfy that objective.

Immediately upon notification of the incident on 11/29/16, the Health and Wellness Director suspended staff person B pending investigation. Following investigation, staff person B was subsequently returned to work after the approval of DHS but resigned on return to work. On February 1, 2017, the Health and Wellness Director retrained appropriate staff regarding the community policy on "Abuse and the Older Adult Protective Services Act." Included in that presentation was the community policy following an allegation of abuse or neglect to either provide a plan of supervision or to suspend the involved employee. The community will continue to provide education on this topic at employee orientation and on an annual basis. Training will be conducted in individual circumstances as warranted. The Health and Wellness Director or designee will continue to raise awareness regarding resident dignity within the community, and they will monitor that staff are treating residents with respect at all times. The Health and Wellness Director or designee will review orientation and annual training for completion of required trainings monthly for 3 months to verify if further action is warranted.

Evidence: Training attendance form
 Completion Date: April 21, 2017

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Christina Jones, RN, RCHA

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

Christina Jones, RN, RCHA

Date: 4-21-17

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

The above plan of correction is approved as of

4/25/17
 (Date)

Plan of correction implementation status as of

4/25/17
 (Date)

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

The above plan of correction was approved by

MS
 (Initials)

APR 24 2017

Violation Report: 43236 - 12/09/2016 - Finner-Alman, Lisa
PCH Name: BROOKDALE MT LEBANON

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.16 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION

On 11/27/16, shortly before lunch, resident #1 told staff person A that staff person B pushed him/her in the chest while assisting the resident with morning care. Resident #1, who has a history of falls, was afraid of falling. A few minutes later, staff person A informed staff person C of the allegation; however, the home did not report the incident to the Department until 11/29/16.

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 incident was reported immediately to the department's personal care home regional office by the Health and Wellness Director upon notification of the incident. On February 1, 2017 appropriate staff members were re-trained by the Health and Wellness Director on the community policy regarding staff responsibility to immediately report any allegations of suspected abuse or neglect. The phone numbers of the department were posted in the community and copies of the form were supplied to the management team. The community will continue to provide education on the community's policy regarding Abuse and Neglect at employee orientation. Training will also be conducted in individual circumstances as warranted. The Health and Wellness Director or designee will review any allegations of abuse for submission to the regional personal care home office. The Health and Wellness Director or designee will review orientation and annual training for completion of required trainings monthly for 3 months to verify if further action is warranted.

Evidence: Attendance in- service sheet
Completion Date: April 21, 2017

Staff trainings shall include the instruction to all staff persons to directly report suspected abuse and reportable incidents to the department in the absence of the administrator in accordance with department of Human services licensing regulations. Documentation of all trainings shall be kept. ms 4/25/17

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
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WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.18 - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

2a. DESCRIPTION OF VIOLATION

Act 58 of 2007 requires that "no person, organization, or program shall use the term 'assisted living' in any name or written material" unless the person, organization, or program is an assisted living residence licensed in accordance with 55 Pa. Code Chapter 2800 (relating to assisted living residences). The home is currently using the term assisted living. Multiple publications, printed documents, marketing materials and the "Postings" on the television at the front desk had a slide indicating the phone numbers for the ombudsman and senior line under the heading "Assisted Living".

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.

Immediately, the television slide screen at the front desk posting was revised to use the term "Personal Care". All marketing materials were audited for the term "assistive living" by the Health and Wellness Director. Management staff were retrained on April 21, 2017 by the Health and Wellness Director regarding the community policy on not using the term "assisted living" unless licensed under Chapter 2800 of residential licensing. The Health and Wellness Director or designee will randomly audit for 3 months marketing materials and posting on the television screen to verify if further action is warranted.

Evidence: Attendance in- service sheet
Completion Date: April 21, 2017

Repeat Violation: No

Date(s) of Previous Violation(s):

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(Required on EVERY Page)

[Handwritten Signature]

Printed Name and Title of Legal Entity Representative
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