



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

JUN 07 2017

Ms. Anna Munoz,  
Assistant Secretary  
Brookdale Living Communities of Pennsylvania-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' annual licensing inspections on February 28, 2017 and March 1, 2017 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.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to [https://www.surveymonkey.com/r/BHSL\\_Inspection](https://www.surveymonkey.com/r/BHSL_Inspection).

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in black ink, appearing to read 'J. Rowe'.

Jacqueline L. Rowe  
Director

Enclosure  
License Inspection Summary



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Violation Report: 43236 - 02/28/2017 - Knee, Donald  
PCH Name: BROOKDALE MT LEBANON

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 2/28/17 at approximately 10:50 AM, the physical therapy room was unlocked, unattended, and accessible. Resident records, including records for Resident #1, Resident #2, Resident #3, Resident #4, Resident #5, and Resident #6, were unlocked, unattended, and accessible in the file cabinet.

On 2/28/17 at 11:39 AM, the Wellness Center was unlocked, unattended, and accessible. Resident records, including medication reorder sheets for Resident #7, Resident #8, Resident #9, and Resident #10, were unlocked, unattended, and accessible in the top drawer of the file cabinet.

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 Mt Lebanon regarding the Statement of Deficiency dated April 25, 2017 for the full renewal survey on February 28, 2017 and March 1, 2017. This Plan of Correction is not to be construed as an admission of or agreement with the findings and conclusions in the Statement of Deficiency, or any related action 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.

Regulation 2503.17

Immediately, the records from the outside therapy provider were relocated to a locked file cabinet. Appropriate staff were retrained by the Senior Regional Director from Fox Rehab on March 8, 2017 regarding the community policy on confidentiality of resident records. A combination lock was installed by the Maintenance Director as well as a locking device that automatically locks on closing. The Senior Regional Director of Fox Rehab will audit for compliance weekly for the first month then monthly for 3 months.

Immediately, the medication reorder sheets were removed from the unlocked cabinet. A new process was put in place for all re-order FAX sheets to be placed in a folder which is locked in the medication room. The Health and Wellness Coordinator and Resident Care Coordinator provided a re-training to appropriate staff on May 3, 2017 regarding confidentiality of records. Resident Care Coordinator or designee will audit the wellness office for record confidentiality weekly for 2 months.

The Health and Wellness Director will review audit results to verify if any further action is warranted and will direct additional actions based on audit findings if warranted.

Evidence: Training attendance sheets, picture of the lock installed in therapy department

Completion Date: May 20, 2017

Repeat Violation: Yes	Date(s) of Previous Violation(s):	05/03/2016 et al
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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 RN, PCHA Date 5-5-2017*

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

The above plan of correction is approved as of <u>5/8/17</u> (Date)	Plan of correction implementation status as of <u>5/8/17</u> (Date)
The above plan of correction was approved by <u>BB</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>BB</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

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Violation Report: 43236 - 02/28/2017 - Knea, Donald  
PCH Name: BROOKDALE MT LEBANON

WEST REGION FIELD OFFICE  
Human Services Licensing

REGULATION 55 Pa.Code §2600

2600.42(s) - A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

2a. DESCRIPTION OF VIOLATION

The home was video recording entrances and exits of the home; however, the home does not have signs indicating that images are being recorded in those areas.

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 2600.42(s)

Signs were ordered and will be posted near each video recording device by 5/20/17 to indicate that images are being recorded. There are no video cameras on the Personal Care Unit. Appropriate staff were re-trained on resident right to privacy of self and video recording. The Maintenance Director reviewed appropriate staff on May 4, 2017. The Maintenance Director or designee will review camera usage weekly for 2 months to verify monitoring is in compliance with regulations regarding signage. The Health and Wellness Director will review audit findings and direct additional action if further action is warranted.

Evidence: Staff training attendance log  
Completion Date: May 30, 2017

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page) <i>Christina Jones PCHIA</i>			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Christina Jones RN PCHIA</i> Date <i>5-5-2017</i>			

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Violation Report: 43236 - 02/28/2017 - Knee, Donald  
PCH Name: BROOKDALE MT LEBANON

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.84 - Heat sources, such as steam and hot heating pipes, water pipes, fixed space heaters, hot water heaters and radiators exceeding 120°F that are accessible to the resident must be equipped with protective guards or insulation to prevent the resident from coming in contact with the heat source.

2a. DESCRIPTION OF VIOLATION

On 3/1/17 at approximately 1:50 PM, there was an accessible steam table that measured 232.7 degrees Fahrenheit in the second floor dining room with no protective guards or insulation to prevent residents from coming in contact with it.

2. 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.

Question 2600.84

Immediately, the steam table was relocated from the second floor dining area to the downstairs kitchen area. It was only returned to the second floor dining room only when under the supervision of staff. The Dining Director re-trained appropriate staff on May 4, 2017 regarding the community policy on protecting residents from coming in contact with potentially hazardous heat sources. A structural door/barrier will be installed on May 15, 2017 which will prevent residents from entering this area during food service. The Dining Service Director or designee will audit the 2nd floor dining area weekly for weekly 2 months. The Health and Wellness Director will review audit results for the next 2 months to monitor for compliance and determine if further action is required. The Health and Wellness Director will direct additional actions based on audit findings.  
- Evidence: training attendance log  
- Inspection Date: May 25, 2017

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Christina Jones RN PCHA 55-17

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The above plan of correction is approved as of 5/8/17 (Date)

Plan of correction implementation status as of 5/8/17 (Date)

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

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

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WEST REGION FIELD OFFICE  
Human Services Licensing

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Violation Report: 43236 - 02/28/2017 - Knes, Donald  
PCH Name: BROOKDALE MT LEBANON

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 #12 is prescribed Loperamide 2mg capsule with instructions of 1 capsule once daily as needed; however, the pharmacy label indicates Loperamide 2mg capsule with instructions of 1 capsule three times daily 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.

Regulation 2600.184 (a)

Immediately, the Health and Wellness Coordinator clarified the order with the prescriber and updated the EMAR to correspond with the medication order. A direction change sticker was immediately affixed to the pharmacy label of the Loperamide medication card to read 2mg. capsule with instructions of 1 capsule once daily as needed. On May 5, 2017 the Health and Wellness Director retained appropriate staff regarding the community policy on Medication Administration which included the process for ensuring labels are updated when orders from the prescriber change. The Resident Care Coordinator or designee will audit the medication administration records and medication cards weekly to assure all medications labeled to correspond to the order by the prescriber. The Health and Wellness Director will review these audits for compliance weekly for 3 months to verify if any further action is warranted. The Health and Wellness Director will direct additional actions based on audit findings.

Evidence: staff training attendance sheet

Completion date: May 20, 2017

Repeat Violation: Yes      Date(s) of Previous Violation(s): 05/03/2016 et al

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 RN PCHA*      Date: *5-5-17*

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  - Not Implemented
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Violation Report: 43238 - 02/28/2017 - Knee, Donald  
PCH Name: BROOKDALE MT LEBANON

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

2a. DESCRIPTION OF VIOLATION  
Resident #11 was admitted to the home on [redacted] 16 and the resident's preadmission screening form is dated [redacted] 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.

Regulation 2600 224 (a)  
The Health and Wellness Director re-trained the appropriate staff regarding the community policy on obtaining the preadmission screen within 30 days prior to move-in on May 4, 2017. The Health and Wellness Coordinator or designee will review pre-screens prior to move-in monthly for 3 months. The Health and Wellness Director will review these audits to verify if any further action is warranted and direct additional actions as warranted.  
Evidence: staff training attendance sheet  
Completion Date: May 23, 2017

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *Christina Jones RN PCHIA*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Christina Jones*      Date *5-5-17*

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(Date)

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(Date)

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Violation Report: 43236 - 02/28/2017 - Knee, Donald  
PCH Name: BROOKDALE MT LEBANON

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 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

The annual assessment for resident #13, dated 12/2/16, does not include the diagnoses of glaucoma, essential hypertension, hyperthyroidism, and thyrotoxicosis that are indicated on the medical evaluation dated 11/24/16.

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.

Regulation 2600.225 (c)

Immediately, resident #13's assessment was updated to include the additional diagnoses noted on the new medical evaluation (OME) received by the Health and Wellness Director. The Health and Wellness Director trained the appropriate staff regarding the continuity policy on updating the resident assessments when a new Medical Evaluation is received following a change in condition on May 5, 2017. The Health and Wellness Director or designee will review all assessments following a change in condition for 2 months to verify that the assessment includes all diagnoses noted on the Medical Evaluation. The Health and Wellness Director will review audits to verify if any further action is warranted.

Evidence - staff training attendance sheet

Completion Date - May 20, 2017

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

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

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) Christina Jones      Date 5-5-17

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(Date)

Plan of correction implementation status as of 5/8/17  
(Date)

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- Not Implemented

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