



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

FEB 23 2018

Ms. Betty Ulmer  
Vice President-Legal Operations  
Brookdale Senior Living Communities, Inc.  
7151 Saltsburg Road  
Pittsburgh, Pennsylvania 15235

RE: Brookdale Penn Hills  
Certificate #: 431590

Dear Ms. Ulmer:

As a result of the Department of Human Services' annual licensing inspection on June 5, 2017 and June 9, 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 that reads "J. Rowe".

Jacqueline L. Rowe  
Director

Enclosure  
License Inspection Summary



JAN 04 2018

Violation Report: 43159 - 06/05/2017 - Pfaff, Vicki  
PCH Name: BROOKDALE PENN HILLS

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 6/5/17, the Licensing Inspection Summary, dated 7/18/16, was posted on the board to the left of the kitchen which included the resident privacy coding page.

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**

*Immediately, the resident privacy code page was removed from the bulletin board. Appropriate management staff were re-trained by the Executive Director on December 29, 2017 regarding the community policy on confidentiality of resident information. The Executive Director will audit for compliance weekly for 2 months.*

*The Executive 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

**Completion Date:** December 29, 2017

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *Judith Cavalieri*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Judith Cavalieri  
Executive Director*      Date *1/4/18*

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

The above plan of correction is approved as of 1-4-18  
(Date)

Plan of correction implementation status as of 1-4-18  
(Date)

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

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

JAN 04 2018

Violation Report: 43159 - 06/05/2017 - Pfaff, Vicki  
PCH Name: BROOKDALE PENN HILLS

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 56 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 as follows: the term Assisted Living appears on page 1 of 5 of the home's "Personal Service Plan" which is to be provided to the resident and/or the resident's designated person upon request.

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 2600.18

*Immediately, the Personal Service Plan form template was revised to reflect the term Personal Care Home going forward under the header titled Assessment Type. This verbiage replaced the term Assisted Living on all forms going forward for Brookdale Senior Living communities located in Pennsylvania.*

Evidence- copy of revised Personal Service Plan header

Completion Date: July 1, 2017

Immediately: The administrator or designated staff person shall review all of the home's documentation provided to residents, visitors and prospective residents to ensure the term Assisted Living is not included in the documents.

1-4-18

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Judith Carrabba*

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

*Judith Carrabba  
Executive Director*

Date

*1/4/18*

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(Date)

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(Date)

- Fully Implemented
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- Not Implemented

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

JAN 9 2018

Violation Report: 43159 - 06/05/2017 - Pfaff, Vicki  
PCH Name: BROOKDALE PENN HILLS

1. REGULATION 55 Pa.Code §2600

2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION

Resident #1 is prescribed Ipratropium Bromide and Albuterol Sulfate 0.5mg and 3mg/3ml - inhale 1 vial via nebulizer twice daily as needed for shortness of breath - Asthma. On 0/6/17 there was a box of individual packets of the medication with an expiration date of 03/2017.

Resident #2 is prescribed Humalog 100unit/1ml insulin pen - inject as per sliding scale. On 6/9/17 there was a Humalog Kwik pen on which there was a sticker applied that read "date opened 1/30/17."

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 (d)

*Immediately, the Ipratropium Bromide and Albuterol were discarded and reordered from the pharmacy for replacement.*

*Immediately, the Kwik pen was discarded and reordered from the pharmacy for replacement.*

*The Health and Wellness Director will retrain the appropriate staff on the community policy regarding Medication Administration relating to reviewing medication labels for expiration dates by January 5, 2018.*

*The Resident Care Coordinator or designee will audit the medication cart weekly for 2 months for expired medications. The Health and Wellness Director will review the audit findings to verify if any further action is warranted.*

Evidence- training attendance log

Date Completed: January 5, 2018

*will submit training sheet by Jan. 5 after completed*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Judith Cavallero*

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

*Judith Cavallero  
Executive Director*

Date

*1/4/18*

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(Date)

Plan of correction implementation status as of 1-4-18  
(Date)

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- Not Implemented

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

JAN 14 2018

Violation Report: 43159 - 08/05/2017 - Pfaff, Vicki  
PCH Name: BROOKDALE PENN HILLS

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

On 6/9/17, resident #2's glucometer was not calibrated to current date and time.

Resident #2's June 2017 medication administration record (MAR) indicates blood glucose readings that are not indicated on the resident's glucometer as follows:

- \* 6/2/17 at 4:00 p.m. - 100
- \* 6/2/17 at 8:00 p.m. - 100
- \* 6/5/17 at 11:00 a.m. - 160
- \* 6/5/17 at 4:00 p.m. - 160
- \* 6/5/17 at 8:00 p.m. - 150
- \* 6/6/17 at 11:00 a.m. - 120
- \* 6/6/17 at 4:00 p.m. - 120
- \* 6/6/17 at 8:00 p.m. - 120
- \* 6/7/17 at 4:00 p.m. - 132
- \* 6/7/17 at 4:00 p.m. - 115
- \* 6/7/17 at 8:00 p.m. - 118
- \* 6/8/17 at 4:00 p.m. - 92
- \* 6/8/17 at 8:00 p.m. - 92

Regulation 2600.185(a)

Immediately, the glucometer for resident #1 was checked for correct date and time. The Health and Wellness Director re-trained appropriate staff as part of their training for Point Click Care which was in the process of implementation day of survey. June 5, 2017. Appropriate staff will be retrained by January 5, 2018 regarding the community policy on documentation of blood glucose readings. The Resident Care Coordinator or designee will audit documentation of blood glucose readings weekly for 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

Completion Date- January 5, 2018 will submit training sheets when completed

(Required on EVERY Page)

Judith Carrabba

Printed Name and Title of Legal Entity Representative

Judith Carrabba  
Executive Director

Date

1/4/18

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

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(Date)

Plan of correction implementation status as of 1-4-18  
(Date)

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

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

JAN 04 2018

Violation Report: 43159 - 06/05/2017 - Pfaff, Vicki  
PCH Name: BROOKDALE PENN HILLS

1. REGULATION 65 Pa.Code §2600  
2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:
- (1) Resident's name.
  - (2) Drug allergies.
  - (3) Name of medication.
  - (4) Strength.
  - (5) Dosage form.
  - (6) Dose.
  - (7) Route of administration.
  - (8) Frequency of administration.
  - (9) Administration times.
  - (10) Duration of therapy, if applicable.
  - (11) Special precautions, if applicable.
  - (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
  - (13) Date and time of medication administration.
  - (14) Name and initials of the staff person administering the medication.

2a. DESCRIPTION OF VIOLATION

Resident #1 is prescribed Polyethylene Glycol - dissolve 1 capful in 8oz water and take by mouth as needed for constipation. The medication was not listed on resident's June 2017 MAR.

There was a blister pack of medication for Resident #1 with pharmacy label that reads "Acetaminophen 500mg sub for Tylenol - take 2 tablets by mouth twice a day as needed." The medication is only listed as MAPAP on the resident's June 2017 MAR.

Resident #1 is prescribed Clonidine Hcl 0.2mg tablet - 1 tab by mouth every 3 hours as needed for hypertension SBP greater than 200. The resident's June 2017 MAR entry for the medication does not include the qualifier of "SBP greater than 200."

There was a bottle of Salina Mist in the medication cart with a pharmacy label for resident #1 that reads "spray into each nostril every 4 hours as needed." The medication was not included on the resident's June 2017 MAR.

Resident #2 is prescribed Milk of Magnesia 120mg/15ml - 30ml every day as needed for constipation. The medication was not included on the resident's June 2017 MAR.

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.

*522 PCH 6A1F 7*

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative  
(Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Sue Carrobbio*  
*Executive Director* Date *1/4/18*

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

The above plan of correction is approved as of <u>1-4-18</u> (Date)	Plan of correction implementation status as of <u>1-4-18</u> (Date)
The above plan of correction was approved by <u>[Signature]</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

1/4/18

JAN 04 2018

STATE OF NEW YORK  
DEPARTMENT OF HEALTH  
OFFICE OF THE ATTORNEY GENERAL

Page 6 of 7

**Regulation 2600.187 (a)**

*Immediately, all medications were entered into the medication administration record correctly as part of the Point Click Care conversion process. There were no missed doses for any resident during the Point Click Care conversion from a paper MAR system. The Health and Wellness Director reviewed with the appropriate staff the policy on medication administration regarding transferring and transcribing orders. The Resident Care Coordinator or designee will audit the electronic MAR weekly for accurate and complete orders. 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**

Completion Date- January 5, 2018 - will submit training sheets when completed 1/15/18

Judith Carrabba

Suzanne Carrabba Executive Director

1/15/18

1-11-18

JAN 04 2018

Violation Report: 43159 - 06/05/2017 - Pfaff, Vicki  
PCH Name: BROOKDALE PENN HILLS

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

Resident #2's assessment, dated 5/8/17, was not updated to include the resident's 4/26/17 diet change to "regular diet with thin liquids." The resident's 5/8/17 assessment also does not address the resident's admission to hospice services on 5/4/17.

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, the Health and Wellness Director updated the assessment to include the diet order upgrade and initiation of hospice care by June 5, 2017 the Executive Director will retrain the Health and Wellness Director and Resident Care Coordinator on the community policy regarding timely updates for additional assessments with resident change in condition by January 5, 2018 The Resident Care Coordinator or designee will audit the resident assessments following a change in condition monthly for 3 months. 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, updated assessment on resident #2  
Completion date- January 5, 2018

*Will submit training sheet upon completion by 1/5/18.*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative.  
(Required on EVERY Page)

*Judith Cavallo*

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

*Judith Corrobbia, E.D*

Date

*1-4-18*

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The above plan of correction is approved as of

*1-4-18*  
(Date)

Plan of correction implementation status as of

*1-4-18*  
(Date)

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

The above plan of correction was approved by

*[Signature]*  
(Initials)