



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: December 22, 2017

Ms. Anna Munoz
Assistant Secretary
Emeritus Corporation
Attn: Clayton Strasburg
6737 West Washington Street, Suite 230
Milwaukee, Wisconsin 53214

RE: Brookdale Latrobe
500 Bowers Drive
Latrobe, Pennsylvania 15650
License #428530

Dear Ms. Munoz:

As a result of the Department of Human Services' licensing inspection on July 26, 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.

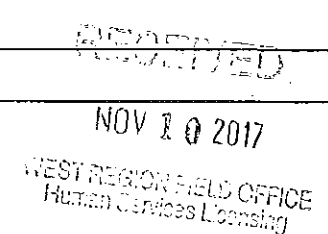
Sincerely,

A handwritten signature in black ink that reads "Jason Williams".

Jason Williams
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

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

PCH Name: BROOKDALE LATROBE		License Number: 42853
Address: 500 BROWERS DRIVE, LATROBE, PA 15650		County: Westmoreland
Administrator: RONI ANGUS		Region: WEST
Legal Entity Name: EMERITUS CORPORATION		
Legal Entity Address: 6737 W WASHINGTON ST SUITE 2300, MILWAUKEE, WI 53214		
Certificate(s) of Occupancy		
I-2	C-2 LP	
06/07/2010 Unity Township	06/26/2001 Labor and Industry	
Staffing Hours		
Resident Support: 0	Total Daily Staff: 104	Waking Staff: 78
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Complaint, Incident		
On-Site Inspections Dates and Department Representatives On-Site 07/26/2017: Culter, Jan; Grace, Desmond; Titterington, Jamie		
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: 150 Number of Residents Served: 75 Secured Dementia Care Unit in Home: Yes Area: SDCU Secured Dementia Unit Capacity, if Applicable: 26 Number of Residents Served in Secured Dementia Care Unit, if applicable: 20 Number of Current Hospice Residents: 6 Number of Hospice Residents in past year: 13		Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 75 Have Mental Illness: 1 Have an Intellectual Disability: 0 Have a Mobility Need: 29 Have a Physical Disability: 0

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NOV 10 2017

Violation Report: 42853 - 07/26/2017 - Cutter, Jan
PCH Name: BROOKDALE LATROBE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

2a. DESCRIPTION OF VIOLATION
The temperature of the reach-in freezer across from the serving table in the kitchen measured 38 degrees Fahrenheit at 10:30 a.m., 24 degrees Fahrenheit at 1:00 p.m. and 19 degrees Fahrenheit at 3:30 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.

Regulation 2600.103 (f)

Immediately, Donahue's Heating and Cooling were notified to repair the freezer. This was completed on 7/27/17 and the freezer has been repaired.

A temperature log continues to be in place. Any deviation out of the range will be noted on the log and maintenance notified. The appropriate dining staff were retrained on the community policy regarding temperature log maintenance by the Executive Director on July 27, 2017. The Dining Director or designee will audit the temperature logs twice weekly for one month then weekly thereafter for 2 months. It will also be reviewed if the temperature falls out of range that maintenance is notified immediately to determine if any repair is required.

Executive Director will review audits for 2 months to verify if any further action is warranted.

Evidence: Training attendance sheet, receipt of repair completion

Completion date: November 5, 2017

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Roni Angus, Executive Director* Date *11/10/2017*

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

The above plan of correction is approved as of 12/19/17
(Date)

Plan of correction implementation status as of 12/19/17
(Date)

The above plan of correction was approved by *RW*
(Initials)

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

Violation Report: 42863 - 07/26/2017 - Cutter, Jan PCH Name: BROOKDALE LATROBE
1. REGULATION 55 Pa.Code §2600 2600.121(a) - Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.
2a. DESCRIPTION OF VIOLATION At approximately 10:00 a.m., the door from the secured dementia care unit to the non-secured part of the home was stuck closed and would not open to allow egress from the secured dementia care unit. Staff from the non-secured part of the home were called to open the door from the outside of the unit. Staff indicated that the door got stuck and would not open on 7/25/2017 as well.
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 2600.121 (a)

Immediately, the door from the secure dementia unit was repaired by the Maintenance Director. The appropriate staff were retrained on the community process for notifying maintenance of areas needing repair in the community by the Executive Director on November 6, 2017. The Maintenance Director or designee will perform weekly environmental rounds to verify and note areas in the community requiring repairs. The maintenance repair log will be reviewed daily for repairs requiring urgent attention. The Executive Director will review these audits for 2 months to verify if any further action is warranted.

Evidence: Training attendance sheet, First Impressions audit form

Completion date: November 10, 2017

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page)			
<i>Roni Angus</i>			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)			Date
<i>Roni Angus, Executive Director</i>			<i>11/10/2017</i>
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!			
The above plan of correction is approved as of		Plan of correction implementation status as of	
<i>12/19/17</i> (Date)		<i>12/19/17</i> (Date)	
The above plan of correction was approved by		<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>RU</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented	
<i>RU</i> (Initials)			

Violation Report: 42853 - 07/26/2017 - Culler, Jan
 PCH Name: BROOKDALE LATROBE

WEST REGION FIELD OFFICE
 Human Services Licensing

1. REGULATION 56 Pa.Code §2600
 2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION

Resident #1's medical evaluation, dated 1/12/2017, does not include the resident's ability to self-administer medications, mobility needs, health status or cognitive functioning. These areas of the form were blank.

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 2600.141 (a)(2)

Immediately, the medical evaluation was rewritten on the resident's return to the community to include the areas not completed. The Health and Wellness Director retrained the appropriate staff regarding the community policy of not accepting an incomplete medical evaluation on November 6, 2017. A process was put in place where 2 clinical staff will review and initial each medical evaluation to verify that all areas are filled in according to policy. The Health and Wellness Director or designee will audit all medical evaluations for completion for 2 months. The Executive Director will review these audits for 2 months to verify if any further action is warranted.

Evidence: Training attendance sheet

Completion date: November 10, 2017

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Koni Angus, Executive Director* Date *11/10/2017*

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

The above plan of correction is approved as of 12/19/17
 (Date)

Plan of correction implementation status as of 12/19/17
 (Date)

The above plan of correction was approved by *JA*
 (Initials)

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

Violation Report: 42853 - 07/26/2017 - Cutler, Jan PCH Name: BROOKDALE LATROBE	WEST REGION FIELD OFFICE Health Services Licensing
1. REGULATION 55 Pa.Code §2600 2600.183(b) - Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.	
2a. DESCRIPTION OF VIOLATION At approximately 3:00 PM, a container of Desenex 2% Miconazole Antifungal Powder, prescribed for resident #2, was on the counter next to the small refrigerator in the resident's unlocked room.	
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 2600.183 (b)

The Desenex was immediately removed from the resident room and secured. The appropriate staff were retrained on the community policy regarding unsecured medications in resident rooms on November 6, 2017 by the Health and Wellness Director. The Health and Wellness Coordinator or designee will audit 6 random resident rooms weekly for medications left unsecured for 2 months. The results of this audit will be reviewed by the Health and Wellness Director to verify if any further action is warranted.

Evidence: Training attendance sheet

Completion date: November 10, 2017

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page) <i>Roni Angus</i>			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Roni Angus, Executive Director</i>			Date <i>11/10/2017</i>
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!			
The above plan of correction is approved as of <u>12/19/17</u> (Date)		Plan of correction implementation status as of <u>12/19/17</u> (Date)	
The above plan of correction was approved by <u>JW</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	

Violation Report: 42853 - 07/26/2017 - Culler, Jan
 PCH Name: BROOKDALE LATROBE

1. REGULATION 56 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 Naproxen Sodium 220 mg, take one tablet at bedtime. The resident has two Naproxen Sodium packages in the medication cart. One is labeled in accordance with the order. The other has a pharmacy label which indicates Naproxen Sodium 220mg, take 1-2 tablets twice a day with food as needed for pain.

Resident #2 is prescribed Digoxin 125 mcg, take 1 tablet one time a day. However, the pharmacy label indicates the strength as Digoxin 250 mcg.

Resident #3 is prescribed Loperamide HCl 2 mg, give 1 tablet by mouth every 6 hours as needed for diarrhea; however, the pharmacy label indicates to take 2 tablets by mouth after the first loose bowel movement then take 1 tablet after each additional loose stool up to 4 times a day for 2 days as needed for diarrhea.

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 Director clarified all the orders with the prescribers and updated the EMAR to correspond with the medication orders and medication in the cart.

An all cart audit was performed by the Health and Wellness Director and Health and Wellness Coordinator to match up all physician orders with the EMAR on July 26, 2017. Direction change stickers were immediately affixed to the pharmacy labels where indicated.

On November 6 and November 7, 2017 the Health and Wellness Director retrained appropriate staff regarding the community policy on Medication Administration which included the process for assuring labels are updated when orders from the prescriber change. The Health and Wellness Coordinator or designee will audit the medication administration records and medication carts weekly to assure all medications labeled to correspond with the order by the prescriber. The Health and Wellness Director will review these audits for compliance weekly for 2 months to verify if any further action is warranted. The Health and Wellness Director will direct additional actions based on audit findings. Evidence: Training attendance sheet

Completion date: November 10, 2017

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Roni Angus

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

Roni Angus, Executive Director

Date

11/10/2017

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The above plan of correction is approved as of

12/19/17
 (Date)

Plan of correction implementation status as of

12/19/17
 (Date)

The above plan of correction was approved by

[Signature]
 (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress *[Signature]*
- Partially Implemented - Inadequate Progress
- Not Implemented

NOV 10 2017

Violation Report: 42853 - 07/26/2017 - Cutter, Jan
PCH Name: BROOKDALE LATROBE

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
Resident #2's glucometer is not calibrated to the correct date and time

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 2600.185 (a)

Immediately, Health and Wellness Director reset the glucometer with the correct date and time. The Executive Director re-trained the Health and Wellness Director and Health Wellness Coordinator on the community policy regarding glucometer maintenance on July 27, 2017.

Ongoing, Health and Wellness Coordinator or designee will audit glucometers weekly for correct calibration regarding date and time. The Health and Wellness Director will review the audit results for compliance and determine if further action is required for the next 2 months. The Health and Wellness Director will direct additional actions based on findings.

Evidence - Training Attendance Form

Completion Date - November 10, 2017

Within 15 days of receipt of the plan of correction - All staff persons qualified to measure residents' blood glucose levels will be educated that all resident glucometers must be calibrated to the correct date and time.

*RW.
12/19/17*

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

Signature of Legal Entity Representative (Required on EVERY Page) *Roni Angus*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Roni Angus, Executive Director* Date *11/10/2017*

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(Date)

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(Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress *RW.*
- Partially Implemented - Inadequate Progress
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Violation Report: 42853 - 07/26/2017 - Cutter, Jan
PCH Name: BROOKDALE LATROBE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.

2a. DESCRIPTION OF VIOLATION

Resident #3's July 2017 medication administration record (MAR) includes staff initials indicating Triple Antibiotic Ointment 5-400-5000 (Neomycin-Bacitracin-Polymyxln), apply to scalp laceration one time a day, was administered at 9:00 AM on 7/24/17, 7/25/17, and 7/26/17. However, this medication was not administered on these dates because it was not available in the home.

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 2600.187 (b)

Immediately, the physician discontinued the medication order for the Triple Antibiotic Ointment for resident #3. The Health and Wellness Director re-trained the appropriate staff on the community policy regarding Medication Administration and assuring medications are available for administration on November 6, 2017 and November 7, 2017.

Ongoing, Health and Wellness Coordinator or designee will audit medication carts weekly. The Health and Wellness Director will review the audit results for compliance and determine if further action is required for the next 2 months. The Health and Wellness Director will direct additional actions based on findings.

Evidence - Training Attendance Form

Completion Date - November 10, 2017 and ongoing

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page) <i>Roni Angus</i>			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Roni Angus, Executive Director</i>			Date <i>11/10/2017</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	

Violation Report: 42853 - 07/26/2017 - Culter, Jan
PCH Name: BROOKDALE LATROBE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #3 is prescribed Triple Antibiotic Ointment 5-400-5000 (Neomycin-Bacitracin-Polymyxin), apply to scalp laceration one time a day. However, this medication is not available in the home and staff indicate that it was also not available for administration on 7/24/17 or 7/25/17.

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 2600.184 (d)
187 (d)

Immediately, Health and Wellness Director contacted the physician and he discontinued the Triple Antibiotic Ointment. The Health and Wellness Director re-trained the appropriate staff on the community policy regarding Medication Administration and assuring medications are available for administration thus following the orders of the prescriber on November 6, 2017 and November 7, 2017.

Ongoing, Health and Wellness Coordinator or designee will audit medication carts weekly. The Health and Wellness Director will review the audit results for compliance and determine if further action is required for the next 2 months. The Health and Wellness Director will review audits and direct additional actions based on findings.

Evidence - Training Attendance Form

Completion Date - November 10, 2017 and ongoing

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

Signature of Legal Entity Representative (Required on EVERY Page) *Roni Angus*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Roni Angus, Executive Director* Date *11/10/2017*

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

The above plan of correction is approved as of 12/19/17
(Date)

Plan of correction implementation status as of 12/19/17
(Date)

The above plan of correction was approved by *pu.*
(Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress *pu.*
- Partially Implemented - Inadequate Progress
- Not Implemented