



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**MAILING DATE: January 17, 2018**

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 October 10, 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,

Jon Kimberland  
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 C-2 LP 06/26/2001 Labor and Industry		DEC 28 2017
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 105	Waking Staff: 79
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Incident		
On-Site Inspections Dates and Department Representatives On-Site 10/10/2017: Grace, Desmond		
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: 74 Secured Dementia Care Unit in Home: Yes Area: Clair Bridge Secured Dementia Unit Capacity, if Applicable: 26 Number of Residents Served in Secured Dementia Care Unit, if applicable: 17 Number of Current Hospice Residents: 7 Number of Hospice Residents in past year: 10		Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 74 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 31 Have a Physical Disability: 0

Violation Report: 42853 - 10/10/2017 - Grace, Desmond  
 PCH Name: BROOKDALE LATROBE

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 #1 assessment, completed on 9/25/17, does not address the resident needs associated with bilateral left sided vision blindness as stated on the resident's preadmission screening, completed on [redacted] 17, and the resident's initial assessment and support plan completed on [redacted] 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 resident #1's assessment to include left-sided vision blindness. On December 22, 2017 the Executive Director retrained the Health and Wellness Director and Health/Wellness Coordinator on the community policy regarding timely and accurate additional resident assessments. The Health and Wellness Coordinator or designee will audit the resident assessments following all admissions 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-** training attendance sheet, updated PA Addendum and assessment on resident #1

**Completion date-** December 22, 2017

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Roni D. Amicus, Executive Director Date: 12/28/2017

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

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

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

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

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

Violation Report: 42853 - 10/10/2017 - Grace, Desmond  
 PCH Name: BROOKDALE LATROBE

1. REGULATION 55 Pa.Code §2600

2600.227(c) - The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

2a. DESCRIPTION OF VIOLATION

Resident #1 support plan, completed on 9/25/17, does not indicate the frequency and responsible party for resident care needs associate with drinking, orientation of time, place, and person, judgement, communication of needs, understanding instructions, short term memory, long term memory, ability to use and avoid poisons and tactile touch.

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 2600.227 (c)

Immediately, the Health and Wellness Director updated the support plan and PA Addendum to include frequency and responsible party for resident care needs associated with drinking, orientation of time, place, person, judgement, communication of needs understanding instructions, short term memory, long term memory, ability to use and avoid poisons and tactile touch. On December 22, 2017 the Executive Director retrained the Health and Wellness Director and Health/Wellness Coordinator on the community policy regarding accurate and complete resident support plans. The Health and Wellness Coordinator or designee will audit the resident assessments following all admissions 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- training attendance sheet, updated PA Addendum and support plan for resident #1

Completion date- December 22, 2017

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Roni D. Angus</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Roni D. Angus, Executive Director</i>	<i>12/28/2017</i>

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