



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: March 1, 2018

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 November 17, 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, 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		
Legal Entity Address: 6737 W. WASHINGTON ST STE.2300, MILWAUKEE, WI 53214		RECEIVED FEB 06 2018 WEST REGION FIELD OFFICE Human Services Licensing
Certificate(s) of Occupancy C-2 LP 03/02/2001 Labor & Industry		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 65	Waking Staff: 49
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Incident		
On-Site Inspections Dates and Department Representatives On-Site		
11/17/2017; Filmer-Alman, Lisa; Park, Belh		
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: 45 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: 45 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 20 Have a Physical Disability: 0

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WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 43236 - 11/17/2017 - Finner-Alman, Lisa
PCH Name: BROOKDALE MT LEBANON

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 11/7/17 at 11:47 a.m., resident #1 alleged staff person A punched him/her in the back on 10/30/17 at approximately 9:50 a.m. Staff person A continued to work unsupervised at times from 11/7/17 through 11/17/17.

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.

The following is the Plan of Correction for Brookdale Mt Lebanon in regard to the Statement of Deficiency dated January 26, 2018 for a complaint/ incident inspection on November 17, 2017. 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.

Regulation 2600.15 (b)

Staff person A was placed on a plan of supervision and assigned to work with another staff person. On one occasion staff person A responded to a resident request without supervision. The Health and Wellness Director retrained the Health and Wellness Coordinator and Resident Care Coordinator on the community policy regarding following plans of supervision on February 1, 2018. The allegation was determined unfounded and staff person A was returned to work. The Executive Director or designee will review any plans of supervision along with compliance with those plans when indicated to verify if further action is warranted.

The administrator will ensure any staff on a plan of supervision is supervised at all times

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Christina Jones RN, RHA* Date *2-5-18*

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

The above plan of correction is approved as of 2/15/18 (Date)

Plan of correction implementation status as of _____ (Date)

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

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

M 2/15/18

WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 43236 - 11/17/2017 - Flinner-Alman, Lisa
PCH Name: BROOKDALE MT LEBANON

1. REGULATION 65 Pa.Code §2800

2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

2a. DESCRIPTION OF VIOLATION

The assessment, dated 7/18/17, indicates resident #1 has no problem with irritability, judgment, agitation and aggression; however, according to staff interviews, resident #1 has a short temper, yells, swears and threatens staff when they address bathing and hygiene issues with the him/her.

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(a)

Immediately, resident #1's assessment was updated to include the behaviors noted, yelling, swearing and threatening. On February 1, 2018 the Health and Wellness Director retrained the Health and Wellness Coordinator on keeping assessments current following a change in condition. The Health and Wellness Director will randomly audit any residents with noted change in condition for updated documentation for 2 months. The Executive Director or designee will review any allegations of abuse for timely submission to the local area agency on aging and department. . The Executive Director or designee will review any plans of supervision along with compliance with those plans when indicated to verify if further action is warranted.

Evidence:

Updated assessment for resident #1, training attendance log

Completion Date: February 2, 2018

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

Signature of Legal Entity Representative (Required on EVERY Page) *Chris Jones RN, PCH*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *CHRISTINA JONES, RN, PCH* Date *2-5-18*

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The above plan of correction is approved as of *2/15/18* (Date)

Plan of correction implementation status as of *2/15/18* (Date)

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

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- Not Implemented