



pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAY 30 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 annual licensing inspection January 9, 2018 and January 10, 2018, 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.

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

APR 20 2018

Violation Report: 42853 - 01/09/2018 - Cutler, Jan
 PCH Name: BROOKDALE LATROBE
 WEST PENNSYLVANIA FIELD OFFICE
 Human Services Licensing

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
 On 1/10/2018, Docusate Sodium 100 mg, belonging to resident #1, was being kept in the medication cart; however, resident #1 is not currently prescribed this medication.

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 Docusate Sodium 100mg was removed from the cart and discarded. All medications for resident #1 were reviewed to ensure there were no additional medications available in the cart that were not prescriber ordered.

On April 16, 2018 and April 17, 2018 appropriate clinical staff were retrained on the community policy on Medication Administration and the process to remove any medications from the cart when discontinued. The Health and Wellness Coordinator and/or designee will audit medications weekly for 2 months.. The Health and Wellness Director will review the audit results to verify if any further action is warranted

Evidence: Training attendance sheet

Completion date: April 20, 2018

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

Signature of Legal Entity Representative (Required on EVERY Page) *Roni D. Angus, ED*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Roni D. Angus, Executive Director* Date *4/19/2018*

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

The above plan of correction is approved as of 4/20/18
 (Date)

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

Plan of correction implementation status as of 4/20/18
 (Date)

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

Violation Report: 42853 - 01/09/2018 - Cutler, Jan
PCH Name: BROOKDALE LATROBE

WEST HESSON FIELD OFFICE
1100 W. 10TH AVE. SUITE 200
HARRISBURG, PA 17104

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 is prescribed blood glucose monitoring to be completed 4 times a day (6:00 a.m., 11:00 a.m., 4:00 p.m. and 9:00 p.m.). On 1/5/2018 at 9:00 p.m., a reading of 148 was recorded on the MAR; however, no reading was recorded on the resident's glucometer for that date and time.

Resident #3 is prescribed blood glucose monitoring to be completed every morning at 6:00 a.m and in the afternoon at 4:00 p.m. every Monday, Wednesday and Friday. On 1/3/2018 at 4:00 p.m., a reading of 142 was recorded on the MAR; however, no reading was recorded on the resident's glucometer for that 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)

The Health and Wellness Director re-trained appropriate staff on April 16, 2018 and April 17, 2018 regarding the community policy on documentation of blood glucose readings. The Health and Wellness 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 sheet, policy on Blood Glucose Monitoring

Completion date: April 20, 2018

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Roni D. Angus, ED

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

Roni D. Angus, Executive Director

Date

4/19/2018

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

The above plan of correction is approved as of

4/20/18
(Date)

Plan of correction implementation status as of

4/20/18
(Date)

Fully Implemented

Partially Implemented - Adequate Progress

Partially Implemented - Inadequate Progress

Not Implemented

The above plan of correction was approved by

[Signature]
(Initials)

[Signature]