



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JUN 28 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's Bureau of Human Services Licensing annual inspection on February 20, 2018 and February 21, 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,

Jacqueline L. Rowe
Director

Enclosure
License 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
Certificate(s) of Occupancy C-2 LP 03/02/2001 Dept. of Labor & Industry		JUN 08 2018 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours Resident Support: 0	Total Daily Staff: 60	Waking Staff: 45
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 02/20/2018: Rahuba, Matt; Mulick, Cindy 02/21/2018: Rahuba, Matt; Mulick, Cindy		
Off-Site Inspection Dates and Inspectors, if Applicable Plan of Correction The following is the Plan of Correction for Brookdale Mt Lebanon regarding the Statement of Deficiency dated May 30, 2018 for the annual renewal survey on February 20, 2018 and February 21, 2018. This Plan of Correction 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 improvement to satisfy that objective.		
Other Details Partial or Full Triggers: Random Indicators:		
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 80 Number of Residents Served: 43 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: 6		Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 43 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 17 Have a Physical Disability: 0

*Christina Jones RN RCHA
Christina Jones RN RCHA
6-8-18*

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WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 43236 - 02/20/2018 - Rahuba, Matt
PCH Name: BROOKDALE MT LEBANON

1. REGULATION 55 Pa.Code §2800
2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION
Resident #1's most recent medical evaluation, dated 8/9/17, does not include the resident's height. This section of the form is 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 (b)

The clinical leadership team was re-trained by the Health and Wellness Director on June 1, 2018 on the community policy regarding accepting Medical Evaluations from the medical practitioner that are incomplete. A process has been established that requires 2 staff persons to review and initial each Medical Evaluation on receipt to verify all sections have been completed by the medical professional. Any sections left blank will be completed, as indicated, in conjunction with the medical professional as per community policy.

All existing Medical Evaluations will be audited for completion by the Health and Wellness Coordinator or designee by June 15, 2018. The Health and Wellness Director will review the audit results to verify if any further action is warranted.

Evidence: Attendance in-service sheet
Completion Date: June 15, 2018

Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page)	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	
Date	

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

The above plan of correction is approved as of <u>6/12/18</u> (Date)	Plan of correction implementation status as of <u>6/12/18</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 <u>[Signature]</u> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 43236 - 02/20/2018 - Rahuba, Matt
PCH Name: BROOKDALE MT LEBANON

WEST REGION FIELD OFFICE
Human Services Licensing

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 #1 is prescribed blood glucose checks three times daily. The following readings were indicated on the resident's February 2018 medication administration record (MAR); however, were not present on the resident's glucometer:

Date and Time	Blood Glucose Reading per MAR
2/20/18, 8:00 p.m.	220
2/17/18, 8:00 p.m.	158

Additionally, on 2/13/18 at 9:44 p.m., the resident's February 2018 MAR indicates a blood glucose reading of 165; however, the resident's blood glucose was 157.

Resident #3's February 2018 MAR indicates a blood glucose reading of 98 on 2/14/18 at 7:23 a.m.; however, this reading is not present on the resident's glucometer.

Resident #4 is prescribed blood glucose checks twice daily. There were several readings indicated on the resident's February 2018 MAR; however, were not present on the resident's glucometer, to include the following:

Date and Time	Blood Glucose Reading per MAR
2/14/18, 3:25 p.m.	161
2/12/18, 3:13 p.m.	198
2/8/18, 8:20 a.m.	180
2/7/18, 3:35 p.m.	174

The following blood glucose readings were present on resident #4's glucometer; however, were not indicated on the resident's February 2018 MAR:

Date and Time	Blood Glucose Reading
2/12/18, 11:15	99
2/12/18, 8:54	144
2/12/18, 8:53	212

The glucometers belonging to residents #1 and #3 were not calibrated to the current 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.

Immediately, the glucometer for resident #1 was checked for correct date and time and recalibrated as necessary. The Health and Wellness Director re-trained appropriate staff on June 1, 2018 and June 5, 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 log

Completion Date- June 5, 2018

Repeat Violation: No	Date(s) of Previous Violation(s):	Completion Date- June 5, 2018
Signature of Legal Entity Representative (Required on EVERY Page)		
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date
Christina Jones RN PCHA		6-8-18

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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

Violation Report: 43236 - 02/20/2018 - Rahuba, Matt
PCH Name: BROOKDALE MT LEBANON

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

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

Resident #2's assessment, dated 8/9/17, indicates the resident self-administers his/her medications with no assistance from others. On 2/9/18, a quarterly review of the resident's ability to continue to self-administer medications was completed by one of the home's licensed practical nurses, which indicated the resident is fully capable of self-administering his/her own medications. However, during multiple interviews with agents of the Department on 2/21/18, the resident was unable to indicate the names, dosages or diagnosis or purpose for numerous medications he/she is prescribed.

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 #2 was reassessed by the Health and Wellness Coordinator and found no longer able to self-administer his own medications. The medical professional was notified and the order was updated to reflect that the community would administer medications. All residents who self-administer their own medications were audited on June 1, 2018 for their ability to self-medicate using the Self- Administration of Medication Review form.

Going forward, all residents who self-administer their own medications will continue to be reviewed quarterly or when there is a change in condition by the Health and Wellness Coordinator or designee. The Health and Wellness Director will review the audit results and determine if any further action is warranted.

Evidence: Attendance in-service sheet, medical professional change in order, Self-Administration Review Form
Completion Date: June 1, 2018

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Christina Jones RA PCHA

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

Christina Jones RA PCHA

Date

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The above plan of correction is approved as of 6/12/18
(Date)

Plan of correction implementation status as of 6/12/18
(Date)

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

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