



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: July 26, 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
Certificate #: 428530

Dear Ms. Munoz:

As a result of the Department's Bureau of Human Services Licensing inspection on May 30, 2018 and May 31, 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.

Sincerely,

A handwritten signature in black ink that reads '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 LATROBE		License Number: 42853
Address: 500 BROWERS DRIVE, LATROBE, PA 15650		County: Westmoreland
Administrator: Roni Angus		Region: WEST
Legal Entity Name: EMERITUS CORPORATION		RECEIVED JUL 18 2018 WEST REGION FIELD OFFICE Human Services Licensing
Legal Entity Address: 6737 W WASHINGTON ST SUITE 2300, MILWAUKEE, WI 53214		
Certificate(s) of Occupancy C-2 LP 06/28/2001 L & I		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 95	Waking Staff: 71
Type of Inspection: Initial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Complaint		
On-Site Inspections Dates and Department Representatives On-Site 05/30/2018: McConnell, Deb 05/31/2018: McConnell, Deb		
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: 67 Secured Dementia Care Unit in Home: Yes Area: Claire Bridge Memory Care Secured Dementia Unit Capacity, if Applicable: 40 Number of Residents Served in Secured Dementia Care Unit, if applicable: 19 Number of Current Hospice Residents: 8 Number of Hospice Residents in past year: 23		Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 67 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 28 Have a Physical Disability: 0

Brookdale Latrobe

Plan of Correction

The following is the Plan of Correction for Brookdale Latrobe in regard to the Statement of Deficiency dated July 9, 2018 for complaint inspection on May 30, 2018 and May 31, 2018. 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.

JUL 18 2018

Violation Report: 42853 - 05/30/2018 - McConnell, Deb
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 #1 is prescribed Medihoney, once daily for wound care. The medication was not administered on 2/24/18 and 2/27/18 at 10:00 a.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 2600.187 (b)

Immediately, the hospice nurse's progress notes were reviewed. It was determined that the hospice nurse did document in the progress notes that the medication/treatment was administered to the wound, but not documented on the MAR. The Health and Wellness Director retrained the hospice nurse on the community policy regarding treatment documentation on 7/17/2018. An audit on treatment documentation in the MAR will be performed weekly for 2 months by the Health and Wellness Coordinator or designee. The Health and Wellness Director will review the audit results to determine if any further action is warranted.

Evidence: Training attendance sheet and documentation

Completion date: July 17, 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

7/18/2018

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


The above plan of correction is approved as of

7/19/18
(Date)

Plan of correction implementation status as of

7/19/18
(Date)

The above plan of correction was approved by


(Initials)

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

Violation Report: 42853 - 05/30/2018 - McConnell, Deb
PCH Name: BROOKDALE LATROBE

WEST REGION FIELD OFFICE
Human Services Licensing

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

The assessment, dated 1/8/18, for resident #1, does not address the resident's need for 2 person assistance in transfers, wound care, mechanical soft diet, and assistance in eating, as indicated on the resident's hospice care plan.

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)

Resident #1 had a rapid decline in health and died under the care of hospice on [redacted] The Health and Wellness Director retrained the appropriate staff on the community policy regarding updating support plans following change in condition on July 17, 2018. Reassessments will continue to be done every 6 months or with a change in condition according to the community policy. The Health and Wellness Coordinator or designee will audit any support plan updates following change in condition to determine if the support plans has been updated. This will be reviewed weekly for 2 months to ensure accuracy and timely documentation relating to change in condition, as indicated. The Health and Wellness Director will review these audits for 2 months to verify if any further action is warranted.

Evidence: Training attendance sheet

Completion date: 7/18/2018.

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

7/18/2018

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(Date)

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