



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**MAILING DATE: October 15, 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 August 6, 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, appearing to read "Jon Kimberland".

Jon Kimberland  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary



Violation Report: 42853 - 08/06/2018 - 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's assessment was completed on 4/12/18. However, the resident's care diagnoses and needs of hypertension, hyperlipidemia, hypertension, expressive language disorder, muscle weakness, and depression as indicated on the resident medical evaluation completed on 3/9/18 were not included in the resident's assessment.

Resident #2's assessment was completed on 2/28/18. However, the resident's diagnoses and needs of dementia, anxiety, and depression as indicated on the resident's medical evaluation completed on 7/6/18 were not included in the resident's assessment.

Resident #3's assessment was completed on 5/19/18. However, the resident's dietary need for a mechanical soft diet was not included in the resident's assessment.

**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, Resident #1's assessment was updated to include the exact wording of the diagnosis given by the physician as documented on the DME.*

*Resident #3's assessment was updated to reflect the diet order in accordance with the DME prescriber orders. Any prescriber written change in the diet order will be reflected in the change of condition document and Point Click Care when indicated. The Executive Director re-trained the appropriate clinical staff on August 30, 2018 regarding the community policy on resident assessment documentation.*

*An audit of all assessments, to assure diagnosis is worded as prescriber written on the DME, will be performed. Diet orders will also be reviewed for correlation with prescriber written orders. New move-in assessments will be reviewed for 2 months by the Health and Wellness Coordinator or designee. This will be evidenced by verification initials. The Health and Wellness Director will review the audit results to determine if any further action is warranted.*

Evidence: Training attendance sheet, updated documentation on Resident #1's revised assessment, Resident #3's revised assessment

Completion date: September 28, 2018

|   |                                   |                                  |  |  |  |
|---|-----------------------------------|----------------------------------|--|--|--|
| Repeat Violation: No  | Date(s) of Previous Violation(s): |                                  |  |  |  |
| Signature of Legal Entity Representative (Required on EVERY Page) <i>Roni D Argus</i>                             |                                   |                                  |  |  |  |
| Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Roni D Argus, Administrator</i> |                                   |                                  | Date <i>8/30/2018</i>  |  |  |
| <b>DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!</b>   |                                   |                                  |  |  |  |
| The above plan of correction is approved as of  |                                   | <u>8/31/18</u><br>(Date)         | Plan of correction implementation status as of <u>8/31/18</u><br>(Date)  |  |  |
| The above plan of correction was approved by  |                                   | <i>[Signature]</i><br>(Initials) | <input type="checkbox"/> Fully Implemented<br><input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>[Signature]</i><br><input type="checkbox"/> Partially Implemented - Inadequate Progress<br><input type="checkbox"/> Not Implemented |  |  |

Violation Report: 42853 - 08/06/2018 - 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 #3's support plan was completed on 5/19/18. The resident had multiple falls in the home to include 1/28/18, 2/1/18, 2/17/18, 5/10/18, 6/27/18, and 7/24/18. The resident's support plan was not updated to include the care and services the home will provide to protect the resident.

**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, Resident #3's support plan/RASP was updated to reflect more detailed interventions to prevent the falls. On August 30, 2018 the Executive Director retrained the appropriate clinical staff on the community policy regarding updating the support plan/RASP when there is a change in condition. Post fall investigation reports will be updated on an individual basis within 24 hours of a fall. Audits will be performed weekly on resident changes in condition to include falls prevention strategies. This review for documented interventions will also assess effectiveness in reducing falls for the next 2 months. A family meeting is being scheduled to discuss Resident #3's care needs and to increase level of care.*

Evidence: Training attendance sheet, Post fall Follow-up forms for above noted falls, updated service plan/RASP current intervention plan in place for resident #3's fall prevention, Falls Management Policy, Change in condition update documents for all above noted falls

Completion date: September 7, 2018

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Roni D. Angus, Administrator* Date *8/30/2018*

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

|  |  |
|--|--|
| The above plan of correction is approved as of <u>8/31/18</u><br>(Date)              | Plan of correction implementation status as of <u>8/31/18</u><br>(Date)  |
| The above plan of correction was approved by <u><i>[Signature]</i></u><br>(Initials) | <input type="checkbox"/> Fully Implemented<br><input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>[Signature]</i><br><input type="checkbox"/> Partially Implemented - Inadequate Progress<br><input type="checkbox"/> Not Implemented |