



July 2, 2019

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 19, 2019, of the above facility, the violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report 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 that reads "J. Rowe". The signature is written in a cursive, flowing style.

Jacqueline L. Rowe
Director

Enclosure
Violation Report

Violation Report

Facility Information

Name: *BROOKDALE MT LEBANON*
Address: *1050 MCNEILLY ROAD, PITTSBURGH, PA 15226*
County: *ALLEGHENY* Region: *WESTERN*

License Number: *432360*

Administrator

Name: *Christina Jones, Wellness Director* Phone: *4123432200* Email: *CSTRASBURG@BROOKDALE.COM*

Legal Entity

Name: *BROOKDALE LIVING COMMUNITIES OF PENNSYLVANIA ML INC*
Address: *6737 W. WASHINGTON ST, STE.2300, WI, 53214*

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *03/02/2001* Issued By: *Dept L & I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *64* Waking Staff: *48*

Inspection

Type: *Full* BHA Docket #: Notice: *Unannounced*
Reason: *Renewal*

Inspection Dates and Department Representative

02/19/2019 - On-Site: Courtney Barry, Hoover, Josh, Pfaff, Vicki

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *80* Residents Served: *45*

Secured Dementia Care Unit

In Home: *No* Area: Capacity: Residents Served:

Hospice

Current Residents: *3*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *45*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *19* Have Physical Disability: *0*

25b - Contract Signatures

Regulations

2600.

25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

Description of Violation

The contract for resident #2, dated 11/8/18, is not signed by the resident.

The contract for resident #3, dated 7/28/18, is not signed by the resident.

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, Business Office Coordinator had resident #2 and resident #3 sign their contracts in addition to the POA's.

May 22, 2019- The appropriate management staff were retrained by the Executive Director on the community policy relating to resident signatures required on all contracts.

An audit will be completed by May 31, 2019 by the Business Office Manager or designee on all resident files in personal care for contract signatures by the resident on all new move-ins for the last 6 months.

Going forward- The Executive Director will review all newly signed contracts for signature completion according to the community policy.

The Executive Director will determine if any further action is warranted based on the results of the audit for 3 months.

Evidence: In-service attendance sheet, signed contract documents for resident # 2 and resident #3

Completion Date: May 31, 2019

Legal Entity Representative



Christina Jones, RN, Personal Care home administrator
 Signature Printed Name and Title Date

5-23-19

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 06/10/2019
(Date)

Plan of correction implementation status as of 06/10/2019
(Date)

The above plan of correction was approved by 
(Initials)

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

BROOKDALE MT LEBANON

41e - Signed Statement

Regulations

2600.

41.e. A statement signed by the resident and, if applicable, the resident's designated person acknowledging receipt of a copy of the information specified in subsection (d), or documentation of efforts made to obtain signature, shall be kept in the resident's record.

Description of Violation

Resident #2, admitted 11/12/18, and resident #3, admitted 7/31/18, have not been educated on residents rights and the right to lodge complaints without intimidation, retaliation, or threats of retaliation.

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 2600.41 (e)

Immediately- Resident #2 and #3 were educated on resident rights and the right to lodge a complaint by the Business Office Coordinator.

May 22, 2019- The Executive Director in-serviced management team regarding the community policy on the training requirements for new residents on move-in to the community.

Ongoing- The Executive Director will review all completed contracts for 3 months to verify that all signature for corresponding training are completed on move-in. The Executive Director will review audit results for the next 3 months to monitor for compliance and determine if further action is required. The Executive Director will direct additional actions based on audit findings.

Evidence: In-service attendance sheet, document confirming the updated training for resident #2 and #3

Completion Date: May 25, 2019

Legal Entity Representative

Christina Jones
Signature

Christina Jones RN.
Personal Care Home Administrator

Printed Name and Title

5-23-19
Date

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BROOKDALE MT LEBANON

65a - FS Orientation 1st Day

Regulations

2600.

65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

Description of Violation

Staff person A and staff person B did not receive training in notification of emergency services. The training record indicates only "Reviewed procedures for answering the telephone and taking messages." This does not specify how to dial out (dialing "9") and how to reach emergency services.

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 2600.65 (a)

May 21, 2019- The Executive Director in-serviced the management team regarding the community policy on the training requirements and documentation of these trainings for all new employees on hire.
Ongoing- The Business Office Manager will trend out the employee completed trainings for each manager on which employee have not completed the required training on hire. The manager will follow up with employees to verify that the required training has been completed.

The Executive Director will review all new hire files for 3 months to verify that all signatures for required training are completed on hire.

The Executive Director will review audit results for the next 3 months to monitor for compliance and determine if further action is required. The Executive Director will direct additional actions based on audit findings.

Completion Date: May 25, 2019

Evidence: In-service attendance sheet, Annual training schedule

Legal Entity Representative

[Handwritten Signature]
Signature

*Christina Jones, RN
Personal care home administrator*

Printed Name and Title

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184a - Labeling OTC/CAM

Regulations

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

Description of Violation

Resident #4 is ordered Novolog, 100 units/ml TID 10 units subq before meals plus sliding scale coverage: 0-150 0 units; 151-200 2 units; 201-250 3 units; 251-300 4 units; 301-350 5 units; 351-400 6 units; 401-450 7 units; 451-500 8 units; 501+ 10 units; however, the sliding scale is not included on the label.

Plan of Correction (POC)

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Regulation 2600.00.184 (a)

Immediately- A "refer to MAR" sticker was included on the medication label at the time of inspection. Medication directions have been printed and enclosed in Ziploc bag along with medication.

May 20, 2019- All medication labels were audited for compliance by the Health and Wellness Coordinator or designee.

May 22, 2019- The Health and Wellness Director will re-train appropriate clinical staff on the community policy regarding medication labeling.

Ongoing- The Resident Care Coordinator and/or designee will audit eMar orders to cart weekly for 1 month then monthly thereafter to verify prescriber directions match medication labels and include the required information.

The Health and Wellness Director will review the audit results to verify if any further action is warranted for 3 months.

Evidence: Training attendance sheet

Completion date: May 31, 2019

Legal Entity Representative

Christina Jones RN
Signature

Christina Jones RN
Personal care home administrator

Printed Name and Title

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226a - Mobility Assessment

Regulations

2600.

226.a. The resident shall be assessed for mobility needs as part of the resident's assessment.

Description of Violation

The assessment for resident #3, dated 8/2/18, does not include an assessment of the resident's mobility needs.

The assessment for resident #4, dated 8/18/18, does not include an assessment of the resident's mobility needs.

The assessment for resident #5, dated 6/22/18, does not include an assessment of the resident's mobility needs.

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 2600.226 (a)

Immediately- The mobility status was updated to include mobility needs for evacuation for resident #3 and #4 by the Health and Wellness Coordinator. Resident #5 has ceased to breathe,

May 22, 2019- Appropriate clinical/direct care staff were retrained by the Health and Wellness Director on the community policy on documentation pertaining to resident mobility.

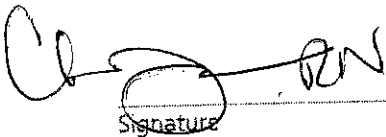
Ongoing- All resident assessments will be reviewed and updated by 6/16/19 by the Health and Wellness Coordinator or designee for mobility status.

The Health and Wellness Director will review the audit results for 3 months and determine if any further action is warranted for 3 months.

Evidence: Training attendance sheet

Completion date: May 25, 2019

Legal Entity Representative


Signature

Christina Jones
Personal Care Home Administrator

Printed Name and Title


5-23-19
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227d - Support Plan Medical/Dental

Regulations

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

Resident #2 receives PT, OT and home health services; however, the support plan, signed on 11/18/18, does not include the contact information for the home health agency. Also, the plan does not address the services the home will provide for the following diagnoses: fracture of unspecified part of right femur, muscle weakness, difficulty in walking, history of falling, unspecified symbolic dysfunctions, right artificial hip joint, unspecified dementia without behaviors, hypothyroidism, major depressive disorder, constipation, and gastroesophageal reflux.

Resident #3 receives OT and PT services; however, the support plan, signed on 8/7/18, does not include the contact information for the agency providing the services. Also, the plan does not address the services the home will provide for the following diagnoses: multiple pelvic fractures, hypertension, atrial fibrillation, bilateral localized edema, hyponatremia, hypo-osmolality, gastroesophageal reflux, anemia, and urine retention.

The support plan for resident #5, dated 6/22/18, does not address how the home will meet the resident's needs relating to diagnoses of spastic hemiplegia affecting non-dominant side, contracture of joint of multiple sites, history of cerebrovascular accident with left hemiparesis, iron deficiency anemia, benign essential hypertension, carpal tunnel syndrome, Alzheimer's, unspecified intestinal obstruction, mixed incontinence urge and stress, unspecified cardiovascular disease, esophageal reflux, abnormality of gait, irritable bowel syndrome, hyperlipidemia, rotator cuff disorder, asymmetrical hearing loss, COPD, back pain, cognitive impairment, hyponatremia, obesity, oropharyngeal dysphagia, sebaceous cyst.

The support plan for resident #4, dated 8/18/18, does not address how the home will meet the resident's needs related to diagnoses of insulin-dependent diabetes mellitus, hypertension, dementia, and hyperlipidemia, as indicated

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 (d)

Immediately, the Health and Wellness Director and Health / Wellness Coordinator updated the support plans to address the services the home is providing as well as the contact information for those providing the services.

May 22, 2019- The Health and Wellness Director re-educated the appropriate clinical staff on the community policy regarding updating the support plans to include plans to meet the needs relating to all diagnoses as well as contact information for providers.

The Health and Wellness Coordinator or designee will review all new move-in support plan/RASP for two months then monthly thereafter for documentation of provider information as well as plans for all noted diagnoses.

The Health and Wellness Director will review the audit results weekly for 3 months to determine if any further action is warranted.

Evidence: retraining attendance sheet, Resident #3 and #4 support plan diagnoses along with the corresponding plan for services. Resident #2 has moved out of the Brookdale PC community and resident #5 has ceased to breathe.

227d - Support Plan Medical/Dental (continued)

Legal Entity Representative

Christina Jones RN
Personal Care Home Administrator

Christina Jones
Signature

Printed Name and Title

5-23-19

Date

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