



MAILING DATE: September 10, 2019

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 13, 2019, of the above facility, the citations 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.

Sincerely,

A handwritten signature in black ink that reads "Larry Mazza".

Larry Mazza
Human Services Licensing Supervisor

Enclosure
Violation Report

8/23/19

Violation Report

Western Region Field Office
Bureau of Human Services Licensing
License Number: 42853

Facility Information

Name: *BROOKDALE LATROBE*
Address: *500 BROWERS DRIVE,, LATROBE, PA 15650*
County: *WESTMORELAND* Region: *WESTERN*

Administrator

Name: *Roni Angus* Phone: *7245375255* Email: *RONI.ANGUS@BROOKDALE.COM*

Legal Entity

Name: *EMERITUS CORPORATION*
Address: *6737 W WASHINGTON ST,SUITE 2300, ATTN: CLAYTON STRASBURG, MILWAUKEE, WI, 53214*

Certificate(s) of Occupancy

Type: *C-2 LP* Date: Issued By:

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *99* Waking Staff: *74*

Inspection

Type: *Partial* BHA Docket #: Notice: *Unannounced*
Reason: *Complaint*

Inspection Dates and Department Representative

08/13/2019 - On-Site: Lauren Spagna

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *150* Residents Served: *69*

Secured Dementia Care Unit

In Home: *Yes* Area: *Clare Bridge* Capacity: *40* Residents Served: *29*

Hospice

Current Residents: *6*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *69*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *30* 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

Resident #1's resident-home contract, dated 6/18/18, 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.)

Regulation 2600.25.b

Immediately, the Executive Director had Resident #1 sign the residency agreement.

August 21st-September 13, 2019 an audit is being conducted of all residency agreements for required signatures by the Executive Director and Business Office Manager.

August 22, 2019 the Executive Director re-trained the management team on the community policy regarding resident signatures on residency agreements.

Going forward, the Executive Director will review each residency contract following signing to verify if any further action is warranted.

Evidence: Training Attendance log

Completion Date: September 13, 2019

Legal Entity Representative

Roni Angus

Signature

Roni Angus, Executive Director 8/23/19

Printed Name and Title

Date

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

The above plan of correction is approved as of

8/28/19
(Date)

Plan of correction implementation status as of

8/28/19
(Date)

The above plan of correction was approved by

RM
(Initials)

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