



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail: roni.angus@brookdale.com
cstrasburg@brookdale.com

Mailing Date: March 12, 2020

Ms. Stacey Meyer
Assistant Secretary
Emeritus Corporation
Attn: Clayton Strasburg
6737 West Washington Street, Suite 2300
Milwaukee, Wisconsin 53214

RE: Brookdale Latrobe
500 Browers Drive
Latrobe, Pennsylvania 15650
Certificate #: 428530

Dear Ms. Meyer:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on November 5, 2019 and November 6, 2019, of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

A handwritten signature in black ink, appearing to read "Jason Williams".

Jason Williams
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report

Facility Information

Name: *BROOKDALE LATROBE*

License Number: *42853*

Address: *500 BROWERS DRIVE,, LATROBE, PA 15650*

County: *WESTMORELAND*

Region: *WESTERN*

Administrator

Name: *RONI ANGUS*

Phone: *7245375255*

Email: *CSTRASBURG@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: *06/28/2001*

Issued By: *Dept of L & I*

Staffing Hours

Resident Support Staff: *0*

Total Daily Staff: *91*

Waking Staff: *68*

Inspection

Type: *Full*

BHA Docket #:

Notice: *Unannounced*

Reason: *Renewal*

Inspection Dates and Department Representative

11/05/2019 - On-Site: Jan Cutter, Lauren Spagna

11/06/2019 - On-Site: Jan Cutter

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *150*

Residents Served: *63*

Secured Dementia Care Unit

In Home: *Yes*

Area: *West wing*

Capacity: *40*

Residents Served: *24*

Hospice

Current Residents: *8*

Number of Residents Who:

Receive Supplemental Security Income: *0*

Are 60 Years of Age or Older: *63*

Diagnosed with Mental Illness: *1*

Diagnosed with Intellectual Disability: *7*

Have Mobility Need: *28*

Have Physical Disability: *0*

233c - Key-Locking Devices

Regulations

2600.

233.c. If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

Description of Violation

The directions for operating the home's locking mechanism on the courtyard gate in the Secure Dementia Care Unit are not conspicuously posted.

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 2600.233 (c)

If the key locking devices, electronic systems or other devices that prevent egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

- The directions for operating the home's locking mechanism on the courtyard gate in the secure dementia unit are not conspicuously posted.

page

Immediately, the operation code for the door to the courtyard in the secure dementia was reposted.

January 17, 2020- The Executive Director retrained the appropriate management staff as to the community policy on posting of exit codes in the secure dementia unit.

The Manager of the Memory Care Unit or designee will audit the signage at the exit doors monthly for 2 months and then quarterly for 12 months to verify the required signage is present.

The Executive Director will review the results of the audit to verify if any further action is warranted.

Evidence: Training attendance sheet, picture of the posted door code

Completion Date- January 17, 2019

Legal Entity Representative

Roni Angus
Signature

Roni Angus, Executive Director 1/17/2020
Printed Name and Title Date

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The above plan of correction is approved as of 3/10/20 (Date)

Plan of correction implementation status as of 3/10/20 (Date)

The above plan of correction was approved by JW (Initials)

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