

Department of Human Services  
Bureau of Human Service Licensing

August 17, 2021

RE: BROOKDALE LATROBE  
500 BROWERS DRIVE  
LATROBE, PA, 15650  
LICENSE/COC#: 42853

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/28/2021, 07/29/2021, 07/30/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,  
[REDACTED]

Enclosure  
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

Department of Human Services  
Bureau of Human Service Licensing  
LICENSING INSPECTION SUMMARY

Facility Information

Name: *BROOKDALE LATROBE* License #: *42853* License Expiration Date: *02/05/2022*  
Address: *500 BROWERS DRIVE, LATROBE, PA 15650*  
County: *WESTMORELAND* Region: *WESTERN*

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

[REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *06/28/2001* Issued By: *Labor and Industry*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *71* Waking Staff: *53*

Inspection

Type: *Full* Notice: *Unannounced* BHA Docket #:  
Reason: *Renewal* Exit Conference Date: *07/30/2021*

Inspection Dates and Department Representative

07/28/2021 - On-Site: [REDACTED]  
07/29/2021 - On-Site: [REDACTED]  
07/30/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *150* Residents Served: *53*

Secured Dementia Care Unit

In Home: *Yes* Area: [REDACTED] Capacity: *40* Residents Served: *18*

Hospice

Current Residents: *4*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *53*  
Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *18* Have Physical Disability: *0*

## Inspections / Reviews

07/28/2021 - Full

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *08/19/2021*

8/16/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *08/18/2021*

8/17/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

187a - Medication Record

1. Requirements

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

Description of Violation

On 2/2/21, resident #1 was prescribed [redacted], give [redacted] by mouth two times a day for [redacted]. However, the July 2021 Medication Administration Record does not indicate the dose of the medication.

Plan of Correction

Accept

Immediately the Health and Wellness Director corrected in the Point Click Care system (Emar) to reflect the [redacted] dosage after confirmation with the prescriber.

August 2, 2021-The Health and Wellness Director retrained appropriate staff regarding the community policy on medication administration.

The HWC or designee will complete an audit of resident medications to ensure accuracy. Weekly medication audits will be done weekly for 2 months, then monthly for 12 months.

The Health and Wellness Director will review the results of the audits to verify if any further action is warranted.

Evidence: Training attendance sheet, verification that the above med only is distributed in [redacted]

Completion Date: 08/13/2021

Document Submission

Implemented

See attached

233c - Key-Locking Devices

1. Requirements

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 to open and exit the magnetic locking mechanism of the Secured Dementia Care Unit patio indicated to enter code [redacted]. However, the code to open the lock was [redacted].

## 233c - Key-Locking Devices (continued)

**Plan of Correction****Accept**

*Immediately the directions to open the court yard gate locking mechanism in the SCDU was changed to the correct code of [REDACTED] and reposted.*

*8/10/2021- The Executive Director retrained the management staff on the community policy regarding posting of the codes in the SDU.*

*The Memory Care Manager or designee will audit the signage at the exit doors weekly for 2 months to verify the security posted codes open the doors, then quarterly for 12 months to verify the signage is correct.*

*The Executive Director will review the results of the audits to identify if any further action is warranted.*

*Evidence: Training attendance sheet, picture of correct door code that was immediately reposted*

**Completion Date:** 08/12/2021

**Document Submission****Implemented**

*See attached*