

Department of Human Services  
Bureau of Human Service Licensing

February 28, 2022

[REDACTED], ASSISTANT SECRETARY  
[REDACTED]  
[REDACTED]

RE: BROOKDALE PENN HILLS  
7151 SALTSBURG ROAD  
PITTSBURGH, PA, 15235  
LICENSE/COC#: 43159

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/30/2021, 08/31/2021, 09/01/2021, 09/02/2021 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

February 8, 2022

[REDACTED], ASSISTANT SECRETARY  
[REDACTED]

RE: BROOKDALE PENN HILLS  
7151 SALTSBURG ROAD  
PITTSBURGH, PA, 15235  
LICENSE/COC#: 43159

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 08/30/2021, 08/31/2021, 09/01/2021, 09/02/2021 of the above facility, the citations specified on the enclosed Licensing Inspection Summary (LIS) were found.

We have determined that your plan of correction is: Acceptable

All citations specified on the plan of correction must be corrected by the dates specified on the License Inspection Summary (violation report) and continued compliance with Department statutes and regulations 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 - PUBLIC**

**Facility Information**

Name: *BROOKDALE PENN HILLS* License #: *43159* License Expiration: *03/26/2022*  
 Address: *7151 SALTSBURG ROAD, PITTSBURGH, PA 15235*  
 County: *ALLEGHENY* Region: *WESTERN*

**Administrator**

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

**Legal Entity**

[REDACTED]

**Certificate(s) of Occupancy**

Type: *C-2 LP* Date: *09/22/1997* Issued By: *Labor & Industry*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *24* Waking Staff: *18*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
 Reason: *Renewal* Exit Conference Date: *11/10/2021*

**Inspection Dates and Department Representative**

08/30/2021 - On-Site: [REDACTED]  
 08/31/2021 - On-Site: [REDACTED]  
 09/01/2021 - On-Site: [REDACTED]  
 09/02/2021 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *26* Residents Served: *19*

**Secured Dementia Care Unit**

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

**Hospice**

Current Residents: *2*

**Number of Residents Who:**

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *19*  
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *5* Have Physical Disability: *0*

## Inspections / Reviews

08/30/2021 - Full

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *11/28/2021*

02/04/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *02/09/2022*

02/08/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *02/11/2022*

02/28/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

17 - Record Confidentiality

1. Requirements

2600.

17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident’s designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident’s power of attorney for health care or health care proxy or a resident’s designated person, or if a court orders disclosure.

Description of Violation

On 8/30/21, the resident privacy coding document with the licensing inspection summary, dated 5/31/19, identifying residents #1, 2, 3, was hanging in a clear sleeve on the bulletin board directly across from the front door of the home.

On 8/31/21, there were two resident rosters dated, 10/9/20 and 8/27/21, indicating multiple resident names, mobility status and CPR status in the home’s emergency procedures binder located in the front lobby unlocked, unattended and accessible.

On 8/31/21, there was a resident roster dated, 8/27/21, indicating multiple resident names, mobility status and CPR status in the fax closet unlocked, unattended and accessible.

Plan of Correction

Accept

The roster containing confidential information and residents names was immediately removed. ED retrained community managers the importance of maintaining confidentiality of both. ED will audit location of resident roster weekly for 4 weeks then monthly for two moths thereafter.

Document Submission

Implemented

POC audits

82a - Poisonous Materials

1. Requirements

2600.

82.a. Poisonous materials shall be stored in their original, labeled containers.

Description of Violation

On 8/31/21, there was clear liquid in an unlabeled 32-ounce spray bottle staff used to clean the dining room tables. According to staff person A, the administrator, the cleaner was Ecolab sink & surface sanitizer. Original product labeling at the home indicated “First aid: Call a poison control center or doctor for treatment advice.”

Plan of Correction

Accept

The spray bottle was discarded immediately and replaced with a spray bottle with original label. ED/Designee will audit when doing rounds through the community for proper labeling once a week for a month then monthly for 2 months.

Document Submission

Implemented

POC Audits

85e - Trash Outside Home

1. Requirements

2600.

85.e. Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

Description of Violation

On 8/31/21 at 9:00 a.m., there was an uncovered dumpster containing multiple bags of trash and a mattress was sticking out of it. Also, there was a fast-food bag hanging on the side and trash scattered on the ground around the dumpster.

Plan of Correction

Accept

Area around trash container and was cleaned up and secured immediately. A trash container was replaced with a larger one that can accomidate the volume of trash at community.

Maintenance/designee will audit weekly for four weeks and then monthly for 2 months foe compliance.

Document Submission

Implemented

POC Audit

95 - Furniture and Equipment

1. Requirements

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

On 8/31/21, the bottom hinge was broken and detached from the third lower kitchen cabinet door to the left of the pantry.

Plan of Correction

Accept

The cabinet was repaired immediately by maintenance and no other repairs were needed at the time.

Maintenance/designee will audit for needed repairs weekly for for a month then monthly for three monthly.

Document Submission

Implemented

POC Audit for compliance

103c - Food Protected

1. Requirements

2600.

103.c. Food shall be protected from contamination while being stored, prepared, transported and served.

Description of Violation

On 8/31/21, the rim of the lid was dirty with brown grime on the plastic powder sugar shaker and the entire lid and handle was dirty on the plastic cinnamon shaker duster located on the bottom shelf in the 1st upper cabinet to the left of the kitchen stove.

Plan of Correction

Accept

Shakers were emptied and discarded immediately by ED/Designee. A new dining manager has been hired and will be trained to all policies regarding food storage and contamination during his orientation.

Document Submission

Implemented

Dining Service Manager started 2/25/2022

103i - Outdated Food

1. Requirements

- 2600.
- 103.i. Outdated or spoiled food or dented cans may not be used.

**Description of Violation**

*On 8/31/21, multiple undated foods were in the stainless steel, double door freezer, including:*

- *Five 1-gallon plastic bags of raw chicken*
- *A large plastic bag of jumbo pasta shells*
- *A large plastic bag of hot sausage links*

**Plan of Correction**

**Accept**

*ED discarded all unlabeled items. New dining manager/designee will monitor for compliance of food storage and labeled and dated stored items.*

**Document Submission**

**Implemented**

*audit for labeled food*

121a - Unobstructed Egress

1. Requirements

- 2600.
- 121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

**Description of Violation**

*On 8/30/21, the front door was locked and could only be unlocked by entering a code into a keypad near the door. Not all residents of the home are able to independently use the code to open the door without staff assistance. Also, the home is not licensed as a secured dementia care unit and the key code to unlock the door was not posted.*

*On 8/31/21, the two rear doors were locked and could only be unlocked by entering a code into the keypads near the doors. Not all residents of the home are able to independently use the code to open the door without staff assistance. Also, the home is not licensed as a secured dementia care unit and the key code to unlock the door was not posted.*

**Plan of Correction**

**Accept**

*The electronic keypad lock has been disengaged and now doors can be opened from the inside by pushing them open.*

*Maintenance will audit weekly to ensure doors remain unlocked weekly and then monthly for two months.*

**Document Submission**

**Implemented**

*Doors disengaged, Audit attached*

123b - Emergency Procedures Posted

1. Requirements

- 2600.
- 123.b. Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

**Description of Violation**

*The copy of the municipality's emergency procedures was in a binder kept in staff person A, the administrator's, office, which is not a conspicuous and public place.*

123b - Emergency Procedures Posted *(continued)*

**Plan of Correction**

**Accept**

*ED relocated m*

*the emergency procedures to the red disaster manual located at the table upon entering the community.*

*ED/designee will audit for compliance of placement in binder monthly for three months.*

**Document Submission**

**Implemented**

*audit attached*

162e - Menu Changes

1. Requirements

2600.

162.e. A change to a menu shall be posted in a conspicuous and public place in the home and shall be accessible to a resident in advance of the meal. Meal substitutions shall be made in accordance with § 2600.161 (relating to nutritional adequacy).

**Description of Violation**

*On 8/30/21, ranch cube steak was listed on the menu for dinner. However, crab cakes were served. No notice was provided to the residents in advance of the meal.*

*On 8/31/21, cream of broccoli soup, pork loin plate and pistachio ambrosia/reduced sugar pudding was listed on the menu for lunch. However, tilapia, corn, potatoes, and apple pie were served. No notice was provided to the residents in advance of the meal.*

**Plan of Correction**

**Accept**

*The whiteboard in the dining room will continue to be utilized as a source of communication regarding menu changes. This allows residents to easily view menu in addition to meeting regulations. New dining manager utilizes whiteboard for changes.*

*ED/Designee will audit weekly for 2 months then monthly for 2 months for compliance*

**Document Submission**

**Implemented**

*audit for POC compliance*

183d - Prescription Current

1. Requirements

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

**Description of Violation**

*On 8/30/21, there were multiple expired medications in the home's van first aid kit, including:*

- Three packages containing two tablets of non-aspirin pain reliever, expired 9/2018.*
- Ten 0.9g packets of antibiotic ointment, expired 1/2019*
- Ten 0.9g packets of first aid antiseptic cream, expired 3/2019*

**Plan of Correction**

**Accept**

*ED immediately discarded expired medications and only required first aid supplies will be in first aid going forward.*

*ED/Designee will audit monthly for compliance.*

**183d - Prescription Current (continued)****Document Submission****Implemented***audit for expired meds***101j7 - Lighting/Operable Lamp****1. Requirements**

2600.

101.j. Each resident shall have the following in the bedroom:

7. An operable lamp or other source of lighting that can be turned on at bedside.

**Description of Violation**

*On 8/31/21, the bedside lamp was not within reach of the bed and the tap light on the bed's headboard was not in working order in bedroom 5.*

*Repeat violation: 5/31/19.*

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

*The light bulb was replaced immediately by maintenance. Maintenance/designee will audit weekly for 4 weeks then monthly for 2 months.*

**Document Submission****Implemented***audit for inoperable lamps*