

Department of Human Services
Bureau of Human Service Licensing

July 29, 2022

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

RE: BROOKDALE MT. LEBANON
1050 MCNEILLY ROAD
PITTSBURGH, PA, 15226
LICENSE/COC#: 43236

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/13/2022, 06/14/2022, 06/15/2022 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

July 27, 2022

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

RE: BROOKDALE MT. LEBANON
1050 MCNEILLY ROAD
PITTSBURGH, PA, 15226
LICENSE/COC#: 43236

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 06/13/2022, 06/14/2022, 06/15/2022 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 MT. LEBANON* License #: *43236* License Expiration: *09/11/2022*
Address: *1050 MCNEILLY ROAD, PITTSBURGH, PA 15226*
County: *ALLEGHENY* Region: *WESTERN*

Administrator

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

Legal Entity

[REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *03/02/2001* Issued By: *Labor & Industry*
Type: *Other* Date: *07/31/2001* Issued By: *Mt. Lebanon*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *66* Waking Staff: *50*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *06/15/2022*

Inspection Dates and Department Representative

06/13/2022 - On-Site: [REDACTED]
06/14/2022 - On-Site: [REDACTED]
06/15/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *80* Residents Served: *46*

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: *46*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *20* Have Physical Disability: *0*

Inspections / Reviews

06/13/2022 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *07/01/2022*

07/27/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *07/29/2022*

07/29/2022 - Document Submission

Reviewer: [REDACTED] Follow-Up Type: *Not Required*

81b - Resident Personal Equipment

1. Requirements

2600.

81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

The right armrest on the wheelchair of resident #1 was missing padding and the vinyl was only attached approximately 2 ½ inches, exposing the underlying hard plastic and hardware, also. Also, the outer edge of the left armrest was cracked, exposing the fabric beneath the vinyl. These pose a skin tear hazard.

Plan of Correction

Accept

Immediately on June 13, 2022, Health and Wellness Director replaced resident #1's wheelchair with a loaner wheelchair. The durable medical equipment vendor who provided the chair was notified and replaced the armrest. The Health & Wellness Director and Health and Wellness Coordinator audited the other resident wheelchairs with no hazardous issues being identified.

August 3, 2022-Health and Wellness Director will retrain appropriate clinical staff regarding the community policy on equipment being maintained in good repair.

Going forward- The Health and Wellness Coordinator or designee will audit resident wheelchairs monthly for 3 months for being free of hazards and in good repair..

To assist with ongoing compliance, the Health and Wellness Director or designee will review audit results for the next 3 months to verify compliance and determine if any further action is warranted.

Evidence: In-service attendance sheet

Completion Date: 08/03/2022

Document Submission

Implemented

Immediately on June 13, 2022, Health and Wellness Director replaced resident #1's wheelchair with a loaner wheelchair. The durable medical equipment vendor who provided the chair was notified and replaced the armrest. The Health & Wellness Director and Health and Wellness Coordinator audited the other resident wheelchairs with no hazardous issues being identified.

August 3, 2022-Health and Wellness Director will retrain appropriate clinical staff regarding the community policy on equipment being maintained in good repair.

Going forward- The Health and Wellness Coordinator or designee will audit resident wheelchairs monthly for 3 months for being free of hazards and in good repair..

To assist with ongoing compliance, the Health and Wellness Director or designee will review audit results for the next 3 months to verify compliance and determine if any further action is warranted.

Evidence: In-service attendance sheet

96a - First Aid Kit

1. Requirements

2600.

96a - First Aid Kit (continued)

96.a. The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

Description of Violation

On 6/14/22, the first aid kit in the wellness center did not include gauze.

Plan of Correction

Accept

Immediately- The Health and Wellness Coordinator restocked the gauze in the first aid kit and audited other first kits for required supplies. No other missing supplies were identified.

August 3, 2022- The Health and Wellness Director will retrain the appropriate staff on the community policy regarding maintaining supplies in the first aid kits.

Ongoing- Resident Care Coordinator and/or designee will monitor first aid kit inventory monthly for 3 months to ensure compliance.

The Health and Wellness Director or designee will review the audit results to verify if any further action is warranted.

Evidence: training attendance sheet

Completion Date: 08/03/2022

Document Submission

Implemented

Immediately- The Health and Wellness Coordinator restocked the gauze in the first aid kit and audited other first kits for required supplies. No other missing supplies were identified.

August 3, 2022- The Health and Wellness Director will retrain the appropriate staff on the community policy regarding maintaining supplies in the first aid kits.

Ongoing- Resident Care Coordinator and/or designee will monitor first aid kit inventory monthly for 3 months to ensure compliance.

The Health and Wellness Director or designee will review the audit results to verify if any further action is warranted.

Evidence: training attendance sheet

109b - Rabies Vaccination

1. Requirements

2600.

109.b. Cats and dogs present at the home shall have a current rabies vaccination. A current certificate of rabies vaccination from a licensed veterinarian shall be kept.

Description of Violation

On 6/15/22, a cat named Penelope was in the home; however, the home does not have a current certificate of rabies vaccination for it.

Plan of Correction

Accept

Immediately- The Executive Director notified the family to schedule an appointment to get the cat vaccinated and provide that documentation to the home. Penelope will be going to the vet on August 19, 2022 (first available appointment). The next annual appointment will be made and added to the outlook calendar to ensure compliance. An audit was completed of the other 3 cats residing in the community for vaccination status. Any identified issues were addressed.

July 26, 2022- The Executive Director retrained appropriate staff regarding the community policy on maintaining annual records of rabies vaccinations for pets residing in the community.

Ongoing- The Resident Program Manager or designee will establish a process for auditing pet vaccination records as well as collecting information on any new pets brought in to reside in the community.

109b - Rabies Vaccination (continued)

The Executive Director or designee will review audit results to verify compliance and determine if any further action is warranted.

Evidence: In-service attendance sheet, Copy of cat rabies vaccine pending

Completion Date: 07/26/2022

Document Submission

Implemented

Immediately- The Executive Director notified the family to schedule an appointment to get the cat vaccinated and provide that documentation to the home. Penelope will be going to the vet on August 19, 2022 (first available appointment). The next annual appointment will be made and added to the outlook calendar to ensure compliance. An audit was completed of the other 3 cats residing in the community for vaccination status. Any identified issues were addressed.

July 26, 2022- The Executive Director retrained appropriate staff regarding the community policy on maintaining annual records of rabies vaccinations for pets residing in the community.

Ongoing- The Resident Program Manager or designee will establish a process for auditing pet vaccination records as well as collecting information on any new pets brought in to reside in the community.

The Executive Director or designee will review audit results to verify compliance and determine if any further action is warranted.

Evidence: In-service attendance sheet, Copy of cat rabies vaccine pending

141b1 - Annual Medical Evaluation

1. Requirements

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

The medical evaluation, dated [redacted] for resident #2 is blank in the area of body positioning/movement.

Plan of Correction

Accept

Immediately, June 14, 2022- Resident #2's Primary Care Physician was contacted by the Health and Wellness Coordinator to update the medical evaluation regarding the section noted as proper body positioning/movement.

August 3, 2022- Appropriate clinical staff will be retrained by the Health and Wellness Director or designee on monitoring Medical Evaluation's for thorough completion of all areas prior to placing them in the medical record. Health & Wellness Coordinator and/or designee will audit all existing Medical Evaluations for completion by 8/3/2022.

Ongoing-All medical evaluations will be reviewed by 2 clinical staff to verify information is complete. This review will be verified by initials in the upper corner of the medical evaluation for 3 months.

To assist with ongoing compliance, the Health and Wellness Director or designee, will review audit results for the next 3 months to verify compliance.

Evidence: In-service attendance sheet

Completion Date: 08/03/2022

Document Submission

Implemented

Immediately, June 14, 2022- Resident #2's Primary Care Physician was contacted by the Health and Wellness Coordinator to update the medical evaluation regarding the section noted as proper body positioning/movement.

August 3, 2022- Appropriate clinical staff will be retrained by the Health and Wellness Director or designee on

141b1 - Annual Medical Evaluation (continued)

monitoring Medical Evaluation's for thorough completion of all areas prior to placing them in the medical record. Health & Wellness Coordinator and/or designee will audit all existing Medical Evaluations for completion by 8/3/2022.

Ongoing-All medical evaluations will be reviewed by 2 clinical staff to verify information is complete. This review will be verified by initials in the upper corner of the medical evaluation for 3 months.

To assist with ongoing compliance, the Health and Wellness Director or designee, will review audit results for the next 3 months to verify compliance.

Evidence: In-service attendance sheet

171b5 - First Aid Kit

1. Requirements

2600.

171.b. The following requirements apply whenever staff persons or volunteers of the home provide transportation for the resident:

5. The vehicle must have a first aid kit with the contents as specified in § 2600.96 (relating to first aid kit).

Description of Violation

On 6/14/22, the first aid kit in the van used for transporting residents did not contain eye coverings.

Plan of Correction

Accept

Immediately, June 14, 2022- The Health and Wellness Coordinator replaced the eye covering in the van first aid kit. On review no other items were noted missing at this time. A list of required items has been included in the first aid kit for reference. Extra supplies for items in the First Aid Kit are available for restocking at the front desk.

July 26, 2022- The Health and Wellness Director retrained the appropriate staff on the community policy regarding maintaining supplies in the van's first aid kit.

Ongoing- The Activities Director or designee will audit the van first aid kit monthly for 3 months to review for necessary components.

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

Evidence: training attendance sheet

Completion Date: 07/26/2022

Document Submission

Implemented

Immediately, June 14, 2022- The Health and Wellness Coordinator replaced the eye covering in the van first aid kit. On review no other items were noted missing at this time. A list of required items has been included in the first aid kit for reference. Extra supplies for items in the First Aid Kit are available for restocking at the front desk.

July 26, 2022- The Health and Wellness Director retrained the appropriate staff on the community policy regarding maintaining supplies in the van's first aid kit.

Ongoing- The Activities Director or designee will audit the van first aid kit monthly for 3 months to review for necessary components.

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

Evidence: training attendance sheet