

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

July 13, 2023

[REDACTED] Z, ASSISTANT SECRETARY  
BROOKDALE SENIOR LIVING COMMUNITIES INC  
[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 06/22/2023 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,  
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

**Facility Information**

Name: *BROOKDALE PENN HILLS* License #: *43159* License Expiration: *03/26/2024*  
 Address: *7151 SALTSBURG ROAD, PITTSBURGH, PA 15235*  
 County: *ALLEGHENY* Region: *WESTERN*

**Administrator**

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

**Legal Entity**

Name: *BROOKDALE SENIOR LIVING COMMUNITIES INC*  
 Address: *7151 SALTSBURG ROAD, PITTSBURGH, PA, 15235*  
 Phone: [REDACTED]

**Certificate(s) of Occupancy**

Type: *C-2 LP* Date: *09/02/1997* Issued By: *L&I*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *27* Waking Staff: *20*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
 Reason: *Complaint* Exit Conference Date: *06/22/2023*

**Inspection Dates and Department Representative**

*06/22/2023 - 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: *3*

**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: *8* Have Physical Disability: *0*

**Inspections / Reviews**

**06/22/2023 Partial**  
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *07/07/2023*

**07/07/2023 - POC Submission**  
 Submitted By: [REDACTED] Date Submitted: *07/12/2023*  
 [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *07/14/2023*

Inspections / Reviews *(continued)*

07/13/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 07/12/2023

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

63a First Aid/CPR Training

1. Requirements

2600.

63.a. At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

Description of Violation

On 6/8/23 there were 22 residents present in the home, however, direct care staff person A and direct care staff person B were the only staff in the home and were not trained in first aid and certified in obstructed airway techniques and cardiopulmonary resuscitation (CPR) from 11:00 p.m. until 12:00 a.m.

On 6/9/23 there were 22 residents present in the home, however, direct care staff person A and direct care staff person B were the only staff in the home and were not trained in first aid and certified in obstructed airway techniques and CPR from 12:00 a.m. until 7:00 a.m.

Plan of Correction

Accept (█ - 07/07/2023)

On June 23, 2023, CPR course was scheduled by the Executive Director ("ED") for July 12, 2023, to update training for those staff requiring an updated CPR/First Aide Course. An audit was completed on June 12, 2023 by the ED of staff CPR/First Aid training records. There were no other staff identified whose training was out of compliance. CPR Training was scheduled to also include those staff who have training expiring by year end 2023.

June 12, 2023- ED retrained management staff regarding the community policy on CPR training requirements for the community.

The ED, Health and Wellness Director ("HWD") or designee will review employee files on hire and annually for documentation of CPR trainings according to community policy. The HWD will cross check schedules to verify one staff member per every 50 residents is trained according to community policy effective June 12, 2023.

To assist with ongoing compliance, the ED, HWD or designee, will review employee file audit results for initial and current trainings monthly for the next 3 months to verify compliance for current CPR/First Aide training documentation effective July 12, 2023.

Licensee's Proposed Overall Completion Date: 07/30/2023

Implemented (█ 07/13/2023)

65d Initial Direct Care Training

2. Requirements

2600.

65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:

- 2. Successful completion and passing the Department approved direct care training course and passing of the competency test.

Description of Violation

Direct care staff person B, whose first day of work was █, provided unsupervised direct care services to resident #1 on █. However, direct care staff B did not successfully complete and pass the Department-approved direct care training course and the competency test.

Plan of Correction

Accept (█ - 07/07/2023)

June 12, 2023-The ED retrained the clinical management staff on the community policy regarding completion of

65d - Initial Direct Care Training (continued)

the department-approved training course prior to providing direct care to the residents.

June 12, 2023- ED performed an audit of employee files/ training documentation to verify required trainings have been completed during New Hire Orientation process according to community policy. No other direct care staff files were found to be out of compliance.

To verify current compliance, ED assigned another direct care staff member to work with direct care staff person B to supervise until the approved direct care training course was completed. The training for the Department required direct care course was successfully completed by direct care staff person B on June 26, 2023.

To assist with ongoing compliance, the HWD or designee, will review employee files for initial direct care training completion prior to starting with unsupervised care for the next 3 months to verify compliance starting July 1, 2023. The Executive Director will review the results of these audits to determine if any further action is warranted to maintain compliance.

Licensee's Proposed Overall Completion Date: 07/20/2023

Implemented ( ) - 07/13/2023

228b - Discharge or Transfer

3. Requirements

2600.

228.b. If the home initiates a discharge or transfer of a resident, or if the legal entity chooses to close the home, the home shall provide a 30-day advance written notice to the resident, the resident's designated person and the referral agent citing the reasons for the discharge or transfer. This shall be stipulated in the resident-home contract. A 30-day advance written notice is not required if a delay in discharge or transfer would jeopardize the health, safety or well-being of the resident or others in the home, as certified by a physician or the Department. This may occur when the resident needs psychiatric or long-term care or is abused in the home, or the Department initiates closure of the home.

Description of Violation

On ( ), the home discharged resident #2. However, the home did not issue a 30-day notice and there was no certification that the resident's delay in discharge or transfer would jeopardize the health, safety or wellbeing of the resident or others in the home as determined by a physician or the Department.

Plan of Correction

Accept ( ) - 07/07/2023

June 12, 2023-The District Director of Clinical Services retrained the ED and clinical management staff on the community policy regarding issuing a 30-day notice for change in resident condition and that a delay in discharge would impact the wellbeing of resident.

June 12, 2023- HWD performed an audit of other residents in the community for care needs/ acuity to verify ability to transfer with needed support by assigned care staff. No other residents were found to require the assist of 2 direct care staff persons to safely transfer.

To assist with ongoing compliance, the HWD or designee will review the resident acuity reports quarterly starting August 1, 2023 to determine if the community is able to safely care for each resident's needs.

The HWD or designee will also review new resident's move-in assessments for the community's ability to safely care for each resident's needs. In the event it is determined any current resident is no longer able to be cared for safely by the community, additional documentation will be secured from a certified physician or the Department if hospital return is not able to be safely managed. Documentation of this certification will be kept in the medical record.

The ED will review the results of these audits bi-annually to determine if any further action is warranted to maintain compliance starting August 1, 2023.

228b - Discharge or Transfer (*continued*)

Licensee's Proposed Overall Completion Date: 07/30/2023

Implemented [REDACTED] - 07/13/2023)

## 228h - Grounds Discharge/Transfer

## 4. Requirements

2600.

228.h. The only grounds for discharge or transfer of a resident from a home are for the following conditions:

3. If a home determines that a resident's functional level has advanced or declined so that the resident's needs cannot be met in the home. If a resident or the resident's designated person disagrees with the home's decision to discharge or transfer, consultation with an appropriate assessment agency or the resident's physician shall be made to determine if the resident needs a higher level of care. A plan for other placement shall be made as soon as possible by the administrator in conjunction with the resident and the resident's designated person, if any. If assistance with relocation is needed, the administrator shall contact appropriate local agencies, such as the area agency on aging, county mental health/intellectual disability program or drug and alcohol program, for assistance. The administrator shall also contact the Department's personal care home regional office.

## Description of Violation

On [REDACTED] at approximately [REDACTED] a.m., the designated person for resident #2 was notified verbally by direct care staff person C, the home's administrator, that the resident was to be discharged from the facility due to resident's functional level having declined. Resident #2's designated person disagreed with the home's decision to discharge, however, there was no consultation made with an appropriate assessment agency or the resident's physician to determine a need for a higher level of care.

## Plan of Correction

Accept [REDACTED] - 07/07/2023)

June 12, 2023-The District Director of Clinical Services retrained the ED and clinical management staff on the community policy regarding issuing a 30-day notice for change in resident condition and that a delay in discharge would impact the wellbeing of resident.

June 12, 2023- HWD performed an audit of other residents in the community for care needs/ acuity to verify ability to transfer with needed support by assigned care staff. No other residents were found to require the assist of 2 direct care staff persons to safely transfer.

To assist with ongoing compliance, the HWD or designee will review the resident acuity reports quarterly starting August 1, 2023 to determine if the community is able to safely care for each resident's needs.

The HWD or designee will also review new resident's move-in assessments for the community's ability to safely care for each resident's needs. In the event it is determined any current resident is no longer able to be cared for safely by the community, additional documentation will be secured from a certified physician or the Department if hospital return is not able to be safely managed. Documentation of this certification will be kept in the medical record.

The ED will review the results of these audits bi-annually to determine if any further action is warranted to maintain compliance starting August 1, 2023

Licensee's Proposed Overall Completion Date: 07/20/2023

Implemented [REDACTED] - 07/13/2023)