

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

February 20, 2024

[REDACTED]
EMERITUS CORPORATION
[REDACTED]
[REDACTED]

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

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/28/2023, 12/14/2023 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 LATROBE* License #: *42853* License Expiration: *02/05/2024*
 Address: *500 BROUWERS DRIVE, LATROBE, PA 15650*
 County: *WESTMORELAND* Region: *WESTERN*

Administrator

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

Legal Entity

Name: *EMERITUS CORPORATION*
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: Total Daily Staff: *75* Waking Staff: *56*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Complaint, Incident* Exit Conference Date: *12/14/2023*

Inspection Dates and Department Representative

11/28/2023 - On-Site: [REDACTED]
 12/14/2023 - 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: *SDCU* Capacity: *40* Residents Served: *22*

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: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *22* Have Physical Disability: *0*

Inspections / Reviews

11/28/2023 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *12/28/2023*

01/03/2024 - POC Submission

Submitted By: [REDACTED] Date Submitted: *02/01/2024*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *01/09/2024*

Inspections / Reviews *(continued)*

01/03/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 02/01/2024

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 02/15/2024

02/20/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/01/2024

Reviewer: [REDACTED]

Follow-Up Type: Not Required

15a - Resident Abuse Report

1. Requirements

2600.

15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

On [redacted] at approximately [redacted], staff person A yelled at resident [redacted] while attempting to provide care to resident [redacted]. Also, on [redacted] at approximately [redacted], staff person A hit resident [redacted] on the head while providing care to resident [redacted]. These incidents were not reported to the local Area Agency on Aging until [redacted] at [redacted]

Plan of Correction

Directed ([redacted] - 01/03/2024)

Plan of Correction

Brookdale Latrobe

The following is the Plan of Correction for Brookdale Latrobe regarding the Statement of Deficiency dated December 19, 2023 for the partial complaint/incident inspection on November 28, 2023 and December 14, 2023. This Plan of Correction is not to be construed as an admission of or agreement with the findings and conclusions in the Statement of Deficiencies, or any related sanction or fine. Rather, it is submitted as confirmation of our ongoing efforts to comply with statutory and regulatory requirements. In this document, we have outlined specific actions in response to identified issues. We have not provided a detailed response to each allegation or finding, nor have we identified mitigating factors. We remain committed to the delivery of quality health care services and will continue to make changes and improvement to satisfy that objective.

Resident Abuse Report

2600.15. a

On [redacted] at approximately [redacted], staff person A yelled at resident [redacted] while attempting to provide care to resident [redacted]. Also, on [redacted] at approximately [redacted], staff person A hit resident [redacted] on the head while providing care to resident [redacted]. These incidents were not reported to the local Area on Aging until [redacted] at [redacted]

12/20/23-12/27/23- Appropriate clinical and management staff were retrained by the Executive Director (ED) on the community policy regarding suspected abuse and timely notification to the local Area on Aging. (DIRECTED: Documentation of the staff education shall be kept in accordance with 2600.65i. [redacted] 1/3/24).

A community retraining will be completed by OAPSA representative, [redacted], from the Westmoreland County Agency on Aging regarding Mandated Reporting of allegations of abuse/neglect [redacted]. (DIRECTED: Documentation of the staff education shall be kept in accordance with 2600.65i. [redacted] 1/3/24).

Ongoing- To assist with compliance, the ED or designee will review any potential incidents as they occur for 2 months starting [redacted] through [redacted] (DIRECTED: The review shall include a daily review of all internal incidents to ensure all allegations of abuse are immediately reported to the Area Agency on Aging in accordance with the Older Adult Protective Services Act. [redacted] 1/3/24).

Monthly reviews will be then be completed thereafter by the ED or designee to verify compliance and to determine if any further action is warranted starting [redacted].

[redacted] Required training documentation will be reported at the next Quality Management Meeting by the ED along with the plan for incident reviews. (DIRECTED: The home shall conduct a quality management review within 30 days of receipt of the plan of correction. The quality management review shall include a review of this plan of correction. Documentation of the quality management review shall be kept. [redacted] 1/3/24).

Licensee's Proposed overall Completion Date: 2/15/24

Supporting Documentation: record of staff training, Resident Rights, log of training to be completed by [redacted], policy on community policy regarding reporting suspected abuse.

15a - Resident Abuse Report (continued)

Proposed Overall Completion Date: 02/15/2024

Directed Completion Date: 02/15/2024

Implemented [redacted] 02/20/2024)

16c - Written Incident Report

2. Requirements

2600.

16.c. The home shall report the incident or condition to the Department’s personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On [redacted] at approximately [redacted], staff person A yelled at resident [redacted] while attempting to provide care to resident [redacted]. Also, on [redacted] at approximately [redacted] staff person A hit resident [redacted] on the head while providing care to resident [redacted]. However, these incidents were not reported to the Department until [redacted] at [redacted].

Plan of Correction

Directed [redacted] - 01/03/2024)

Written Incident Report

2600 16.c

On [redacted] at approximately [redacted] staff person A yelled at resident [redacted] while attempting to provide care to resident [redacted]. Also, [redacted] at approximately [redacted] staff person A hit resident [redacted] on the head while providing care to resident [redacted]. However, these incidents were not reported to the Department until [redacted] at [redacted]. [redacted] – Direct care clinical and management associates were retrained by the ED on the community policy regarding suspected abuse and timely notification to the Department of Human Services Regional Office. (DIRECTED: Documentation of the staff education shall be kept in accordance with 2600.65i. [redacted] 1/3/24). A community retraining for clinical and management staff will be completed by OAPSA representative, [redacted], from the Westmoreland County Agency on Aging regarding Mandated Reporting of allegations of abuse/neglect in January 12,2024. (DIRECTED: Documentation of the staff education shall be kept in accordance with 2600.65i. [redacted] 1/3/24).

DIRECTED: By 1/12/24: All staff persons shall be educated that all reportable incidents specified in 2600.16a must be reported to the Department within 24 hours in accordance with 2600.16c. Documentation of the staff education shall be kept in accordance with 2600.65i. [redacted] 1/3/24)

Ongoing- To assist with compliance, the ED or designee will review any potential incidents as they occur daily for 1 month starting [redacted] through [redacted]. Following, reviews by the ED or designee will occur weekly for one (1) additional month to verify compliance starting [redacted] and ending [redacted]. Monthly reviews will be then be completed thereafter by the ED or designee to verify compliance and to determine if any further action is warranted starting [redacted].

Licensee’s Proposed overall Completion Date: 2/15/24

Supporting Documentation: record of staff training

16c - Written Incident Report (continued)

DIRECTED: The home shall conduct a quality management review within 30 days of receipt of the plan of correction. The quality management review shall include a review of this plan of correction. Documentation of the quality management review shall be kept. [REDACTED] 1/3/24).

See attached.

Proposed Overall Completion Date: 02/15/2024

Directed Completion Date: 02/15/2024

Implemented [REDACTED] - 02/20/2024)

42b - Abuse

3. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On [REDACTED] at approximately [REDACTED] staff persons A and B were providing care to resident [REDACTED] in a common bathroom. During care, staff person A smacked resident [REDACTED] on the head because resident [REDACTED] tried to bite staff person A.

Plan of Correction

Directed [REDACTED] - 01/03/2024)

Abuse

2600 42.b

On [REDACTED] at approximately [REDACTED], staff persons A and B were providing care to resident [REDACTED] in a common bathroom. During care, staff person A smacked resident [REDACTED] on the head because resident [REDACTED] tried to bite staff person A.

[REDACTED] Staff person A was suspended pending investigation by the ED upon notification of the incident. Staff person A no longer works at the community as of [REDACTED].

[REDACTED] - Direct care clinical and management staff were retrained by the ED and Health and Wellness Director (HWD) on the community policy regarding keeping residents safe. (DIRECTED: Documentation of the staff education shall be kept in accordance with 2600.65i. [REDACTED] 1/3/24).

A community retraining for direct care clinical and management staff is scheduled by OAPSA representative, [REDACTED], from the Westmoreland County Agency on Aging regarding Mandated Reporting of allegations of abuse/neglect in January 12, 2024. (DIRECTED: Documentation of the staff education shall be kept in accordance with 2600.65i. [REDACTED] 1/3/24).

To assist with ongoing compliance, the ED or designee will review any potential incidents daily or as they occur for one month starting [REDACTED] through [REDACTED], and then monthly thereafter starting [REDACTED].

Licensee's Proposed overall Completion Date: 1/15/24

Supporting Documentation: record of staff training, Resident Rights

DIRECTED: The home shall conduct a quality management review within 30 days of receipt of the plan of correction. The quality management review shall include a review of this plan of correction. Documentation of the quality management review shall be kept. [REDACTED] 1/3/24).

42b - Abuse (continued)

DIRECTED: Beginning on 1/9/24: The administrator shall interview at least 3 residents per week for 2 weeks then monthly thereafter, in private, to ensure resident rights are protected and that residents are free from abuse and neglect. Documentation of the interviews shall be kept for 2 months. [REDACTED] 1/3/24

Proposed Overall Completion Date: 01/15/2024

Directed Completion Date: 02/02/2024

Implemented [REDACTED] - 02/20/2024)

42c - Treatment of Residents

4. Requirements

2600.

42.c. A resident shall be treated with dignity and respect.

Description of Violation

On [REDACTED] at approximately [REDACTED], staff person A and staff person B were providing care resident [REDACTED] in [REDACTED] bedroom. Staff person A yelled at resident [REDACTED] while resident [REDACTED] was resistive to care. Staff person C then entered the bedroom to assist with care. Staff person C was attempting to zip up resident [REDACTED] pants, when staff person A made inappropriate comments about resident [REDACTED] [REDACTED] being small.

Plan of Correction

Directed [REDACTED] - 01/03/2024)

Treatment of Residents

2600 42.c

On [REDACTED] at approximately [REDACTED] staff person A and B were providing care to resident [REDACTED] in [REDACTED] bedroom. Staff person A yelled at resident [REDACTED] while resident [REDACTED] was resistant to care. Staff person C then entered the bedroom to assist with care. Staff person C was attempting to zip up resident [REDACTED] pants, when staff person A made inappropriate comments about resident [REDACTED] being small.

12/19/23-12/27/23 –Retraining was initiated by the ED and HWD to appropriate clinical and management staff regarding the community policy on treating the residents with dignity and respect as documented in the Resident Rights. (DIRECTED: Documentation of the staff education shall be kept in accordance with 2600.65i. [REDACTED] 1/3/24).

Ongoing - The ED, HWD and management team will continue to promote resident dignity at orientation, dementia training, annual trainings, during staff meetings and whenever indicated.

Ongoing- To assist with compliance, the ED or designee will review any potential incidents as they occur for one month starting [REDACTED] through [REDACTED].

Monthly reviews will be then be completed thereafter by the ED or designee to verify compliance and to determine if any further action is warranted starting [REDACTED].

Licensee’s Proposed overall Completion Date: 1/15/24

Supporting Documentation: record of staff training, Resident Rights

DIRECTED: The home shall conduct a quality management review within 30 days of receipt of the plan of correction. The quality management review shall include a review of this plan of correction. Documentation of the quality management review shall be kept. [REDACTED] 1/3/24).

DIRECTED: Beginning on 1/9/24: The administrator shall interview at least 3 residents per week for 2 weeks then monthly thereafter, in private, to ensure resident rights are protected and that residents are treated with dignity

42c - Treatment of Residents (continued)

and respect. Documentation of the interviews shall be kept for 2 months. [REDACTED] 1/3/24

Proposed Overall Completion Date: 01/15/2024

Directed Completion Date: 02/02/2024

Implemented [REDACTED] 02/20/2024)