

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

March 27, 2024

[REDACTED]
BROOKDALE LIVING COMMUNITIES OF PENNSYLVANIA-ML INC
[REDACTED]
[REDACTED]

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

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/09/2024 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 MT. LEBANON* License #: *43236* License Expiration: *09/11/2024*
 Address: *1050 MCNEILLY ROAD, PITTSBURGH, PA 15226*
 County: *ALLEGHENY* Region: *WESTERN*

Administrator

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

Legal Entity

Name: *BROOKDALE LIVING COMMUNITIES OF PENNSYLVANIA-ML INC*
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *02/20/2024* Issued By: *Labor and Industry*
 Type: *Other* Date: *07/31/2001* Issued By: *Mt Lebanon*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *64* Waking Staff: *48*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Incident* Exit Conference Date: *02/20/2024*

Inspection Dates and Department Representative

02/09/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *80* Residents Served: *45*
 Secured Dementia Care Unit
 In Home: *No* Area: Capacity: Residents Served:
 Hospice
 Current Residents: *6*
 Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *45*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *19* Have Physical Disability: *1*

Inspections / Reviews

02/09/2024 - Partial
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *02/29/2024*

02/28/2024 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *03/26/2024*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *03/05/2024*

Inspections / Reviews *(continued)*

03/05/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/26/2024

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 03/26/2024

03/27/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/26/2024

Reviewer: [REDACTED]

Follow-Up Type: Not Required

15b - Supervisor Plan

1. Requirements

2600.

15.b. If there is an allegation of abuse of a resident involving a home's staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

Description of Violation

On [REDACTED] at approximately [REDACTED], numerous staff persons observed staff person A enter resident [REDACTED] bedroom and began screaming obscenities at resident [REDACTED] and staff person A attempted to take resident [REDACTED] cell phone from resident [REDACTED]. However, staff person A continued to work unsupervised in the home until the end of the shift at 7:00 AM.

Plan of Correction

Directed [REDACTED] - 03/05/2024)

The following is the Plan of Correction for Brookdale Mt Lebanon regarding the Statement of Deficiency dated [REDACTED] for partial survey following an incident on [REDACTED]. 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.

[REDACTED] - Upon notification of the incident, staff person A was suspended pending investigation. Staff person A no longer works in the community as of [REDACTED]. Staff person A was not a Direct Care Staff Member and worked in another department. Staff person A was immediately redirected to the proper department which is in another part of the community. Staff person A was not permitted to return to the department. Staff did receive further training on regulation 15b to avoid delay in staff members involved in any potential abuse being suspended or implementation of a plan of supervision.

[REDACTED] - Management staff were retrained by the Executive Director (ED) and Health and Wellness Director (HWD) on the community policy on abuse, abuse prevention, abuse reporting and suspected abuse allegations involving a specific person requiring suspension or a plan of supervision. All staff persons were retrained on resident rights, abuse, abuse prevention and abuse reporting on 3/4/24 by [REDACTED] of Allegheny County Agency on Aging.

Ongoing- To assist with compliance, the ED, HWD or designee will review any potential incidents daily to ensure timely suspension or implementation of a plan of supervision for all staff members involved in abuse allegations. (DIRECTED: The daily review of internal incidents shall begin on [REDACTED] 3/5/24)

The homes next quality management meeting will be held on [REDACTED]. Documentation of quality management meeting will be kept as well as documentation of staff trainings in accordance with 2600.65i.

Proposed Overall Completion Date: 03/26/2024

Directed Completion Date: 03/26/2024

15b - Supervisor Plan (continued)

Implemented [redacted] 03/27/2024)

42b - Abuse

2. 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 person A entered resident [redacted] bedroom and began yelling and swearing at resident [redacted] regarding resident [redacted] frequent telephone calls to the concierge desk. Staff person A then attempted to grab resident [redacted] cell phone from resident [redacted], then knocked numerous personal items off resident [redacted] side table to include resident [redacted] hearing aids and a water glass. Resident [redacted] indicated the incident upset the resident and that the resident was unable to sleep for numerous nights immediately following the incident.

REPEAT VIOLATION: 7/5/2023

Plan of Correction

Directed [redacted] - 03/05/2024)

[redacted] - Upon notification of the incident, staff person A was suspended pending investigation. Staff person A no longer works in the community as of [redacted].

[redacted] - Management staff were retrained by the Executive Director (ED) and Health and Wellness Director (HWD) on the community policy on abuse, abuse prevention, abuse reporting and suspected abuse allegations involving a specific person requiring suspension or a plan of supervision. All staff persons were retrained on resident rights, abuse, abuse prevention and abuse reporting on [redacted] by [redacted] of Allegheny County Agency on Aging. Documentation of staff education will be kept in accordance with 2600.65i.

Ongoing- To assist with compliance, the ED, AED, HWD or designee will review any potential incidents daily to ensure timely suspension or implementation of a plan of supervision for all staff members involved in abuse allegations. (DIRECTED: The daily review of internal incidents shall begin on [redacted]. [redacted] 3/5/24)

Ongoing - The ED, HWD and management team will continue to promote resident rights at orientation, annual trainings, during staff meetings and whenever indicated. The homes next quality management meeting is scheduled for [redacted]. Documentation of the meeting will be kept. Resident interviews will be conducted monthly to ensure residents are free from abuse and neglect (implementation date [redacted]). Four residents will be interviewed monthly by ED, HWD or designee.

Proposed Overall Completion Date: 03/26/2024

Directed Completion Date: 03/26/2024

42b - Abuse (*continued*)

Implemented [REDACTED] - 03/27/2024)