

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

December 23, 2024

[REDACTED]
BROOKDALE SENIOR LIVING COMMUNITIES INC
[REDACTED]

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

[REDACTED],
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/01/2024 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 PENN HILLS* License #: *43159* License Expiration: *03/26/2025*
 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: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *09/02/1997* Issued By: *Dept. of Labor and Industry*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *31* Waking Staff: *23*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal* Exit Conference Date: *10/01/2024*

Inspection Dates and Department Representative

10/01/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *26* Residents Served: *22*

Secured Dementia Care Unit
 In Home: *No* Area: Capacity: Residents Served:

Hospice
 Current Residents: *5*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *22*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *9* Have Physical Disability: *0*

Inspections / Reviews

10/01/2024 Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *11/22/2024*

11/22/2024 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *12/22/2024*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *11/27/2024*

Inspections / Reviews *(continued)*

12/06/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/22/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 12/16/2024

12/23/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/22/2024

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 [redacted] at 9:30 am, the privacy coding document listing the names of residents [redacted] and [redacted] was attached to the Licensing Inspection Summary (LIS), dated [redacted] which was posted on the bulletin board in the front lobby.

Plan of Correction

Accept [redacted] - 11/22/2024)

[redacted] the document was immediately removed by [redacted]

[redacted] [redacted] retrained Health and Wellness Director (HWD) regarding the community policy on record confidentiality. [redacted] retrained appropriate clinical staff regarding community policy and regulations.

[redacted] & ongoing HWD/designee will complete weekly audits for 3 months to verify the privacy coding document is not attached to the LIS.

[redacted] will review the results of audits to verify if any further action is warranted.

Licensee's Proposed Overall Completion Date: 11/21/2024

Implemented [redacted] - 12/23/2024)

26c - QM Improvement

2. Requirements

2600.

26.c. The quality management plan shall include the development and implementation of measures to address the areas needing improvement that are identified during the periodic review and evaluation.

Description of Violation

The home has not conducted a quality management review since [redacted].

Plan of Correction

Accept [redacted] - 11/22/2024)

[redacted] a quality management review for 2024 completed by ED and communicated to staff.

[redacted] Quality management review will occur every 6 months for 2025.

Ongoing compliance- [redacted]/designee will audit quality management review for compliance for remainder of 2024 and 2025.

[redacted] will review he results of these audits to verify if any further action is warranted.

Licensee's Proposed Overall Completion Date: 12/31/2025

Implemented [redacted] - 12/23/2024)

81b - Resident Personal Equipment

3. 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

Resident [redacted] has an uncovered enabler bar at the top right side of [redacted] bed which measures 12 inches wide and approximately 2 feet long. The enabler bar is not secured to the bed frame and can be pulled out from under the mattress.

Plan of Correction

Accept [redacted] - 11/22/2024)

[redacted] Bedside mobility enabler bar was removed by [redacted]

[redacted] HWD re-trained staff on community and state policy regarding bedside mobility devices.

[redacted] ongoing [redacted] /designee will complete weekly audits for 3 months to verify any bedside enablers are within compliance of community and state regulations.

The [redacted] will review the results of these audits to verify if any further action is warranted.

Licensee's Proposed Overall Completion Date: 11/21/2024

Implemented [redacted] - 12/23/2024)

103e Left Overs

4. Requirements

2600.

103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

Description of Violation

At approximately 10:20 am, there was an unlabeled and undated 24-ounce bag of Swiss cheese slices and 2-pound bag of chopped spinach in the kitchen refrigerator.

Plan of Correction

Accept [redacted] 11/22/2024)

[redacted] - The unlabeled and undated 24 ounce bag of Swiss cheese slices and 2 pound bag of chopped spinach was discarded by the Dining Director.

[redacted] - The ED re-trained the Dining Director, chef, and cooks on the community policy and regulations for unlabeled, outdated food.

Starting [redacted] audit of the refrigerator will be conducted 1 time per week for 3 months by the Dining Director or designee.

The [redacted] will review the results of these audits to verify if any further action is warranted.

Licensee's Proposed Overall Completion Date: 11/21/2024

Implemented [redacted] - 12/23/2024)

103i Outdated Food

5. Requirements

103i - Outdated Food (continued)

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

Description of Violation

At approximately 10:18 am, there was a bag of breadsticks and a 2 pound bag of chicken cubes, unlabeled and undated, in the kitchen freezer.

Plan of Correction

Accept [redacted] - 11/22/2024)

[redacted] - The unlabeled and undated bag of breadsticks and 2 pound bag of chicken cubes was discarded by Dining Director.

[redacted] - The [redacted] re-trained the Dining Director, chef, and cooks on the community policy and regulations for unlabeled, undated food.

Starting [redacted] 4 and ongoing- An audit of the freezer will be conducted 1 time per week for 3 months by the Dining Director or designee.

The [redacted] will review the results of these audits to verify if any further action is warranted.

Licensee's Proposed Overall Completion Date: 11/21/2024

Implemented [redacted] - 12/23/2024)

125a - Combustible Storage

6. Requirements

2600.
125.a. Combustible and flammable materials may not be located near heat sources or hot water heaters.

Description of Violation

At approximately 10:46 am, there was a cardboard box with 6 rolls of paper blueprints and a 6-inch section of insulation located less than one foot from gas furnace #1 in mechanical room [redacted].

At approximately 10:55 am, there were 3 cardboard boxes stored approximately 4 inches from the gas furnace #4 in mechanical room [redacted].

Plan of Correction

Accept [redacted] 11/22/2024)

[redacted] All items removed from mechanical room and stored properly.

[redacted] - The [redacted] re-trained staff regarding community and state policy for combustible and flammable materials storage.

Starting [redacted] and ongoing - The Maintenance Director and or designee will conduct weekly audits for 3 months of the mechanical room to verify combustible and flammable materials are stored properly.

The [redacted] will review the results of these audits to verify if any further action is warranted.

Licensee's Proposed Overall Completion Date: 11/21/2024

Implemented [redacted] - 12/23/2024)

132d - Evacuation

7. Requirements

2600.

132d - Evacuation (continued)

132.d. Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. For purposes of this subsection, the fire safety expert may not be a staff person of the home.

Description of Violation

According to the fire safety expert, in a letter dated [REDACTED] the home had 3 minutes and 45 seconds to safely evacuate to the outside of the building. However, the home exceeded these times during the drills held on the following dates and times:

- [REDACTED] -- 1:30 pm 4 minutes 36 seconds
- [REDACTED] -- 8:54 pm 5 minutes and 1 second

According to the fire safety expert, in letters dated [REDACTED] and [REDACTED], the home does not have internal fire safe areas and must evacuate to the outside during fire drills. However, the residents did not evacuate to the outside of the building during the drill held on [REDACTED]

Plan of Correction

Accept [REDACTED] - 12/06/2024)

[REDACTED] re-trained the staff regarding community policy to evacuate residents to the outside of the building for monthly fire drills.

[REDACTED] and ongoing the [REDACTED] will audit fire drills monthly for 6 months to verify residents are being evacuated within 3 minutes and 45 seconds.

The [REDACTED] will review the results of these audits to verify if any further action is warranted.

-The [REDACTED] will observe 2 fire drills by [REDACTED]

- The [REDACTED] will ensure that evacuations are completed in the time frame designated in writing by a fire safety expert. Note: In a letter dated [REDACTED], 13 minutes is the safe evacuation time specified in writing within the past year by a fire safety expert.

Licensee's Proposed Overall Completion Date: 12/05/2024

Implemented [REDACTED] - 12/23/2024)

182b - Prescription Medication

8. Requirements

2600.

182.b. Prescription medication that is not self-administered by a resident shall be administered by one of the following:

1. A physician, licensed dentist, licensed physician's assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic.
2. A graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the home.
3. A student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the home.
4. A staff person who has completed the medication administration training as specified in § 2600.190 (relating to medication administration training) for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

182b Prescription Medication (continued)

Description of Violation

Resident [redacted] is prescribed [redacted] once a week, a subcutaneous [redacted] medication. This medication is not an [redacted] injection.

[redacted] was administered to resident [redacted] by staff person A, on [redacted] and [redacted] Direct care staff A is not certified to administer [redacted]. Also, on [redacted], [redacted] was administered to resident [redacted] by staff B who is not certified to administer [redacted]

Plan of Correction

Accept [redacted] 11/22/2024)

[redacted] District Director of clinical operations (DDCS) re trained HWD regarding policy for [redacted] medications.

[redacted] and ongoing [redacted] educated the medication techs on policy for [redacted] medications to administered by licensed nurse.

[redacted] Licensed nurse will administer [redacted] medications per policy.

Licensee's Proposed Overall Completion Date: 11/21/2024

Implemented [redacted] 12/23/2024)

183f - Discontinued Medications

9. Requirements

2600.

183.f. Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

Description of Violation

There were 2 discontinued boxes of [redacted] for resident [redacted] in the refrigerator in the medication room. One box contained an opened pen and the other box contained 3 unopened pens with different milligram doses of the medication.

Plan of Correction

Accept [redacted] 11/22/2024)

[redacted] Boxes of medication with previous dosage of [redacted] were discarded.

[redacted] [redacted] re trained clinical staff on community policy regarding the discontinuation of medications and safe disposal.

As of [redacted] and ongoing [redacted] and or designee with complete medication cart and refrigerator audits weekly for 3 months.

The [redacted] will review the results of these audits to verify if any further action is warranted.

Licensee's Proposed Overall Completion Date: 11/21/2024

183f Discontinued Medications (continued)

Implemented [redacted] - 12/23/2024)

184a Resident's Meds Labeled

10. Requirements

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- 4. The prescribed dosage and instructions for administration.

Description of Violation

Resident [redacted] is prescribed [redacted] units into the skin 3 times a day before meals. However, the pharmacy label for resident [redacted] indicates inject per sliding scale as follows [redacted]

Resident [redacted] is ordered [redacted] tablet, take 1 tablet twice a day as needed. However, the pharmacy label indicates [redacted] tablet indicates to take 2 tablets [redacted]) by mouth every day as needed.

Plan of Correction

Accept [redacted] - 11/22/2024)

reside [redacted] - The pharmacy was contacted by [redacted] to verify that the pharmacy labels for [redacted] and [redacted] for resident [redacted] and resident [redacted], were correct to include the

- Name of the medication
- Prescribed dosage
- Instructions for administration
- Route of administration

[redacted] - [redacted] met with the Pharmacy Manager to review the community policy for medication labeling to specify the requirements outlined by the Department of Human Services (DHS) for compliance with medication labeling standards.

[redacted] - Medication technicians and other appropriate clinical staff will be re-trained on the community policy regarding accurate medication labeling by the [redacted]

[redacted] - Monthly audits will be completed by [redacted] and or designee to review a sample medication labels to verify compliance with the community policy weekly for 3 months.

The [redacted] will review these results of these audits to verify if any further action is warranted.

Licensee's Proposed Overall Completion Date: 11/21/2024

Implemented [redacted] - 12/23/2024)