Department of Human Services
Bureau of Human Service Licensing

LICENSING INSPECTION SUMMARY - PUBLIC

November 3, 2025

BROOKDALE LIVING COMMUNITIES OF PENNSYLVANIA-ML INC

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

,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/16/2025 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,

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *BROOKDALE MT. LEBANON* **License #**: *43236* **License Expiration**: *09/11/2026*

Address: *1050 MCNEILLY ROAD, PITTSBURGH, PA 15226*

County: *ALLEGHENY* **Region**: *WESTERN*

Administrator

Name: **Phone**: **Email**:

Legal Entity

Name: *BROOKDALE LIVING COMMUNITIES OF PENNSYLVANIA-ML INC*

Address:

Phone: **Email**:

Certificate(s) of Occupancy

Type: *C-2 LP* **Date**: *07/13/1999* **Issued By**: *L&I*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *73* **Waking Staff**: *55*

Inspection Information

Type: *Full* **Notice**: *Unannounced* **BHA Docket #**:

Reason: *Renewal* **Exit Conference Date**: *09/16/2025*

Inspection Dates and Department Representative

09/16/2025 - On-Site:

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *80* **Residents Served**: *49*

Secured Dementia Care Unit

In Home: *No* **Area**: **Capacity**: **Residents Served**:

Hospice

Current Residents: *7*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *49*

Diagnosed with Mental Illness: *0* **Diagnosed with Intellectual Disability**: *0*

Have Mobility Need: *24* **Have Physical Disability**: *0*

Inspections / Reviews

09/16/2025 Full

Lead Inspector: **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *10/04/2025*

10/03/2025 - POC Submission

Submitted By: **Date Submitted**: *10/30/2025*

Reviewer: **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *10/09/2025*

Inspections / Reviews *(continued)*

10/09/2025 POC Submission

Submitted By: [redacted]
Date Submitted: *10/30/2025*
Reviewer: [redacted]
Follow Up Type: *Document Submission* **Follow Up Date:** *10/30/2025*

11/03/2025 Document Submission

Submitted By: [redacted]
Date Submitted: *10/30/2025*
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

At 10:38am, a book containing resident information for numerous residents was unlocked, unattended and accessible on the side of the medication cart located outside of bedroom Numerous resident documents were present in the book, to include the following:

- *An order summary report for resident indicating numerous diagnoses, to include and*
- *A narcotic count sheet for resident s -Take 1 tablet by mouth every 12 hours for pain*
- *A narcotic count sheet for resident under the tongue 3 times a day*

Plan of Correction ***Accept - 10/03/2025)***

On 9/16/25 all resident records found unattended and accessible were immediately secured in a locked medication cart. On Sept. 29, 2025 the Health & Wellness Director retrained staff on resident confidentiality and regulation 2600.17 with particular attention to the storage and handling of resident information.
Beginning 10-6-25, the HWD and/or designee will audit medication carts and resident record storage areas to ensure resident records are not accessible or unattended-daily for 30days, then weekly for the next 60 days and randomly thereafter.

Licensee's Proposed Overall Completion Date: *10/06/2025*

Implemented - 11/03/2025)

18 - Compliance With Laws

2. Requirements

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

The Care Facility Carbon Monoxide Alarms Standards Act, enacted on , requires the date of battery installation to be present on the battery of all battery-operated carbon monoxide detectors. At the time of inspection, the date of battery installation was not present on the following battery-operated carbon monoxide detectors:

- *The battery-operated carbon monoxide detector located in the basement laundry room*
- *The battery-operated carbon monoxide detector located in the attic*

The Care Facility Carbon Monoxide Alarms Standards Act, enacted on requires carbon monoxide detectors be installed in close proximity of, but not less than 15 feet from any fossil fuel burning device or appliance. At the time of inspection, the following carbon monoxide detectors were too close to the fossil fuel burning device:

18 - Compliance With Laws (continued)

- *A carbon monoxide detector was present approximately 6 feet from the gas stove in the home's 1st floor kitchen*
- *A carbon monoxide detector was present approximately 2 feet from the 2 gas dryers in the basement laundry room*
- *A caron monoxide detector was present approximately 5 feet from the 2 gas boilers in the attic*

The Care Facility Carbon Monoxide Alarms Standards Act, enacted on [redacted] states, "If the approved carbon monoxide alarm cannot be heard by the staff on duty on a specific floor or wing of the home, a single approved carbon monoxide alarm shall be installed where it can be heard by the staff on duty in addition to the alarm installed in close proximity of, but not less than 15 feet from any fossil fuel burning device or appliance. If there are resident bedrooms located between a fossil fuel burning appliance and any additional approved carbon monoxide alarm, a single additional approved carbon monoxide alarm shall be installed in a central location on the same level as the resident bedrooms." At the time of inspection, there were numerous fossil fuel burning devices in the home's basement, 1st floor and attic; however, there was no approved carbon monoxide detector on the 2nd floor of the home where residents reside.

Plan of Correction ***Directed [redacted] 10/09/2025)***

Immediately on 9/16/25 the maintenance staff moved the carbon monoxide detectors in the basement to over 15feet away from the 2 gas dryers and moved the detecter to over 15 feet from the boilers in the attic. The detector in the kitchen, due to the height of the ceiling, was moved later in the day to be more than 15feet from the gas stove. The batteries in all detectors were changed and dated accordingly. On 9/25/25 the Executive Director retrained all maintenance staff regarding the care facility carbon monoxide alarms standard act. (DIRECTED: Documentation of the staff education shall be kept in accordance with 2600.65i. [redacted] 10/9/25). A carbon monoxide detector was added to the personal care floor on September 29, 2025. The Executive Director and/or designee will audit the carbon monoxide detectors for placement and battery dating for the next 3months. The battery replacement for all carbon monoxide detectors was added to the maintenance electronic work order (TEL's) tracking system on 9/29/25 so that the replacement of batteries are monitored and changed at least annually

Proposed Overall Completion Date: 10/09/2025

Directed Completion Date: *10/09/2025*

Implemented [redacted] - 11/03/2025)

65i - Training Record

3. Requirements

2600.
65.i. A record of training including the staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.

Description of Violation

The orientation training record for direct care staff person A, hired on [redacted] does not include the source of training or the specific training topics specified in 2600.65a and 2600.65b.

The orientation training record for direct care staff person B, hired on [redacted] does not include the source of training or the specific training topics specified in 2600.65a and 2600.65b.

65i - Training Record (continued)

Plan of Correction ***Directed [redacted] - 10/09/2025)***

Immediately the new hire training form was updated to include regulations 65a and 65b. The Executive Director, Assistant Executive Director or designee will review the required training with all new hires within the specified time frame (prior to or during the first work day and within the first 40 hours). The trainings under 65a are covered during orientation under Emegency Preparedness and Disaster Response online module and critical conversations as well as topics in 65b (see attached crosswalk and training record) and will now also be included in new form as well. The new form will include dates and signatures of the hiring manager. The Executive Director or designee will audit all new hires for 3months to ensure the regulations are followed and ongoing compliance. The Assistant Executive Director is responsible for new hire staff trainings and was trained on the updated form by the Health &Wellness Director on 10/6/25. Staff member A was retrained on regulation 65a and 65b by Health & Wellness Director on 10/8/25 (see attached). Staff member B is on School LOA and scheduled to return to work 12/17/25. Staff member will be retrained on 12/17/25 on regulations 2600.65a and 2600.65b prior to working. Documentation of staff education will be kept (DIRECTED: Documentation of staff person A and B's training shall be kept in accordance with 2600.65i. [redacted] 10/9/25).

DIRECTED: Beginning on 11/1/25: The administrator/designee shall review all training records at least quarterly to ensure complete training records are present in accordance with 2600.65i. [redacted] 10/9/25

Proposed Overall Completion Date: 12/17/2025

Directed Completion Date: *10/09/2025*

Implemented [redacted] 11/03/2025)

132c - Fire Drill Records

4. Requirements

2600.
132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Description of Violation

The fire drill records for the fire drills conducted on [redacted] at 3:11pm and on [redacted] at 6:00am do not include the year the fire drills were conducted in.

The fire drill records for each monthly fire drill conducted from [redacted] through present do not include the exit routes used during each monthly fire drill.

The fire drill records for each monthly fire drill conducted from [redacted] through present do not indicate the number of residents present in the home or the full number of residents that were evacuated during each monthly fire drill, to include the following fire drills:

- *On [redacted] at 6:00am, the fire drill record indicates "100%" of residents were present in the home; however, only 12 residents were evacuated*
- *On [redacted] at 3:11pm, the fire drill record indicates "60%" of residents were present in the home; however, only 12 residents were evacuated*

132c Fire Drill Records (continued)

- *On [redacted] at 10:55am, the fire drill record indicates "100%" of residents were present in the home; however, only 15 residents were evacuated*
- *On [redacted] at 11:15pm, the fire drill record indicates "100%" of residents were present in the home; however, indicates "NA" for the number of residents evacuated*
- *On [redacted] at 3:14pm, the fire drill record indicates "100%" of residents were present in the home; however, only 10 residents were evacuated*
- *On [redacted] at 3:13pm, the fire drill record indicates "90%" of residents were present in the home; however, only 7 residents were evacuated*

Plan of Correction ***Directed ([redacted] - 10/09/2025)***

Immediately on 9/16/25 the Executive Director reviewed the use of the fire drill record with the Maintenance Director. (DIRECTED: Documentation of the education conducted with the maintenance director shall be kept in accordance with 2600.65i. [redacted] 10/9/25). Beginning 10/13/25 the Executive Director and the Maintenance Director will complete the fire drill log together for the next 3months to ensure compliance. Beginning on 10/13/25he Executive Director and/or desginee will audit the fire drill record montly to ensure compliance.

Proposed Overall Completion Date: 10/13/2025

Directed Completion Date: *10/13/2025*

Implemented [redacted] - 11/03/2025)

183d - Prescription Current

5. Requirements

2600.
183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

Two medication cards containing resident [redacted] tablets were present in the home's medication cart; however, this medication was discontinued by the prescriber on [redacted].

Plan of Correction ***Accept [redacted] - 10/09/2025)***

On 9/16/25 resident [redacted] [redacted] was removed from the medication cart and disposed of per policy. On 9/19/25: Medication audit was completed to ensure only medications with current prescriptions are on the medication cart and medication room. On 10/1/25 The Health & Wellness Director retrained staff on storage and disposal of medications and medical supplies, Resident records and current prescriptions. Documentation of staff education will be kept. Medication Room and Cart Audit will be completed weekly by RCC and/or designee beginning 9/19/25 and will include an audit of medications for a sample of at least 2residents per week.

Licensee's Proposed Overall Completion Date: *10/08/2025*

Implemented [redacted] - 11/03/2025)

184a - Resident's Meds Labeled

6. 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 is currently prescribed tablet-Take 1 tablet by mouth every 12 hours as needed; however, a medication card with a pharmacy label indicating tablet-Take 1 tablet by mouth every 4 hours was present in the home's medication cart.

REPEAT VIOLATION:

Plan of Correction ***Accept - 10/09/2025)***

On 9/16/25: Resident was updated with "directions changed sticker". On 9/19/25 an audit of all medications in the home was completed to confirm all medications meet the regulation requirements related to labeling of medications. Directions changed stickers were applied to any medications where applicable. Medications without current prescriptions removed from medication cart immediately and disposed of per policy.
On 9/26/25 Staff were retrained by the Health & Wellness Director on Labeling of resident medications. Documentation of the staff education will be kept. Starting 9/19/25 weekly cart audits will be completed by and/or designee to include a sample of at least 2 residents medications and MAR to be reviewed weekly.

Licensee's Proposed Overall Completion Date: *10/08/2025*

Implemented - 11/03/2025)

187a - Medication Record

7. Requirements

2600.
187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:
4. Strength.
5. Dosage form.
6. Dose.

Description of Violation

Resident is currently prescribed tablet-Take 1 tablet by mouth every 12 hours as needed; however, resident 's September 2025 medication administration record (MAR) indicates tablet-Take 1/2 tablet by mouth every 12 hours as needed.

Resident s September 2025 MAR indicates tablets; however, also states to give 2 capsules of Gabapentin by mouth every evening on Tuesdays, Thursdays and Saturdays.

Plan of Correction ***Accept - 10/09/2025)***

On 9/16/25 Residents s order was updated on MAR by the Health & Wellness Director.On 9/26/25 After clarification on this violation from DHS inspector, residents gabapentin order was clarified with PCP and MAR updated to reflect that resident is to receive capsules. Capsules were already currently supplied on medication cart.

187a Medication Record (continued)

On 9/26/25 Staff was retrained by the Health & Wellness Director on Medication Records, Prescription Medications and Labeling of medications
Med audit completed on 9/19/25. Documentation of Staff Education will be kept. Medications will be audited weekly by RCC and/or designee beginning 9/19/25 for a sample of at least 2 residents, this audit will include a review of these same residents MAR's to ensure compliance with 2600.187a

Licensee's Proposed Overall Completion Date: *10/08/2025*

Implemented - 11/03/2025)

187b - Date/Time of Medication Admin.

8. Requirements

2600.
187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident September 2025 MAR does not include the initials of the staff person who administered numerous medications to resident on the evening of to include the following:

- *tablet Take 2 capsules by mouth every Tuesday, Thursday, Saturday at in the evening*
- *tablet Give 75mg by mouth daily at bedtime*
- *tablet Take 1 tablet by mouth 2 times a day*
- *capsule Take 1 capsule by mouth 2 times a day*
- *tablet Take 1 tablet by mouth 3 times a day*

Plan of Correction ***Accept (- 10/09/2025)***

Staff member interviewed and it was discovered that the staff member did not complete the change of shift audit in the clinical dashboard of the eMar system to ensure all meds were documented correctly. On 9/26/25 staff was retrained by the Health & Wellness Director on the medication administration process including medication records including regulations 187a through d, prescription medications, medication errors and reporting, resident medications and lableling of medications. Documentation of staff education will be kept. Cart audit was completed on 9/19/25. RCC and/or designee will complete weekly cart audits beginning 9/19/25, the cart audit will consist of a sample of at least 2residents per week and will include a review of those same residents MAR's to ensure compliance with 2600.187b. Audit will also include review of clinical dashboard in eMar system to ensure change of shift audit completion.

Licensee's Proposed Overall Completion Date: *10/10/2025*

Implemented 11/03/2025)

225a - Assessment 15 Days

9. Requirements

2600.

225a - Assessment 15 Days *(continued)*

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

Resident s medical evaluation, dated includes a diagnosis of unspecified however, this diagnosis is not indicated on resident 's assessment, which was signed by the assessor/resident on Also, resident medical evaluation indicates resident # cannot safely use or avoid poisonous materials; however, resident assessment indicates resident has no problem with using poisonous materials.

Plan of Correction ***Accept - 10/09/2025)***

On 9/17/25 residen # s assessment was updated to reflect diagnosis of unspecified atrial fibrillation as well as resident not able to safely use and avoid poisonous materials. Assessment reviewed with resident, all parties in agreement.

On 9/26/25 Staff was retrained by the Health & Wellness Director on Preadmission Screening, Initial and Annual Assessment, Development of the Support Plan and Resident Medical Evaluation. Audit of all resident assessments and support plans will be completed by 10/30/25 for completion and accuracy of information including diagnosis and ability to handle poisonous materials.

Beginning 10/6/25 HWC and /or designee will audit 5 resident assessments weekly for completion and accuracy x3months and then monthly thereafter

Licensee's Proposed Overall Completion Date: *10/30/2025*

Implemented - 11/03/2025)