

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

June 9, 2026

[REDACTED]
EMERITUS CORPORATION
[REDACTED]

ATTN: CLAYTON STRASBURG
[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 02/25/2026 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: *02/05/2027*
 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

Type: *C-2 LP* Date: *06/08/2021* Issued By: *Dept. L & I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *80* Waking Staff: *60*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Complaint* Exit Conference Date: *02/25/2026*

Inspection Dates and Department Representative

02/25/2026 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *150* Residents Served: *57*

Secured Dementia Care Unit
 In Home: *Yes* Area: *Clair Bridge* Capacity: *40* Residents Served: *22*

Hospice
 Current Residents: *6*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *56*
 Diagnosed with Mental Illness: *15* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *23* Have Physical Disability: *1*

Inspections / Reviews

02/25/2026 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *03/16/2026*

03/18/2026 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *06/03/2026*
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *03/25/2026*

Inspections / Reviews *(continued)*

06/09/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/03/2026

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 9:05 a.m., the electronic medical records computer in the Abby/Vincent hall, which contained medical records for resident [REDACTED], resident [REDACTED], resident [REDACTED] and resident [REDACTED] was unlocked, unattended and accessible.

Plan of Correction

Accept [REDACTED] - 03/18/2026)

Immediately on 2/25/26 the electric medication record was locked and logged out of on the computer in Abby/Vincent hall.

On 3/12/26 the Executive Director and Health and Wellness Director re-educated the staff regarding HIPPA regulations, resident privacy and record confidentiality. The training included locking computer screens when leaving the med cart, logging out of the computer when not in use and protecting resident information.

3/12/26 Ongoing the Health and Wellness Director or designee will conduct random audits on medication cart security. Audits will occur daily for 1 week, weekly for 4 weeks and then monthly for 3 months. Any noncompliance will result in re-education and disciplinary action per company policy.

Licensee's Proposed Overall Completion Date: 03/13/2026

Implemented ([REDACTED] - 06/09/2026)

42c - Treatment of Residents

2. Requirements

2600.

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

Description of Violation

On [REDACTED] at approximately 2:15 p.m. in the common area of the Secure Dementia Care Unit, resident [REDACTED] who has a history of outbursts, slapped resident [REDACTED] on the right shoulder and the right side of [REDACTED] mouth. Staff indicated the resident [REDACTED] did not like or understand why [REDACTED] was hit.

Plan of Correction

Accept [REDACTED] 03/18/2026)

3/12/26- Retraining was initiated by the Executive Director (ED), Health & Wellness Director (HWD) and Business office Manager (BOM) to appropriate clinical staff, management staff and residents regarding the community policy on treating the residents with dignity and respect as documented in the Resident Rights. Documentation of the staff and resident education shall be kept in accordance with 2600.65i.

3/12/26- Current residents and staff have signed/dated the residents right upon admission/hire and will continue to review resident right during resident counsel and all staff meetings.

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 immediately and will verify current residents understand, to their ability, their resident rights.

42c - Treatment of Residents (continued)

Ongoing- The administrator or designee shall interview at least 3 residents per week for 2 weeks then monthly thereafter, in private, to verify resident rights are protected and that residents are treated with dignity and respect. Documentation of the interviews shall be kept for 2 months.

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

Licensee's Proposed Overall Completion Date: 03/13/2026

Implemented [redacted] - 06/09/2026)

183b - Meds and Syringes Locked

3. Requirements

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

At 9:05 a.m., the medication cart was unlocked, unattended, and accessible in Laurel/Wimmer hall.

Plan of Correction

Accept [redacted] - 03/18/2026)

Immediately on 2/25/26 the cart in Laurel/ Wimmer Hall was locked and secured by the HWD, per the regulation. 3/12/26 -The Executive Director and the Health and Wellness Director re-educated the clinical staff on medication administration policies and locking and supervision of medication carts. Also reviewed was resident safety and regulatory compliance.

3/12/26 Ongoing the Health and Wellness Director or designee will conduct random audits on medication cart security. Audits will occur daily for 1 week, weekly for 4 weeks and then monthly for 3 months. Any noncompliance will result in re-education and disciplinary action per company policy.

Licensee's Proposed Overall Completion Date: 03/13/2026

Implemented [redacted] - 06/09/2026)