

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

November 3, 2025

[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 licensing inspections on 10/16/2025 of the above facility, no regulatory citations have been identified as a result of this inspection.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,

[REDACTED]

Enclosure  
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

**Facility Information**

Name: *BROOKDALE LATROBE* License #: *42853* License Expiration: *02/05/2026*  
 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: *93* Waking Staff: *70*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
 Reason: *Complaint* Exit Conference Date: *10/16/2025*

**Inspection Dates and Department Representative**

*10/16/2025 - On-Site: Courtney Barry*

**Resident Demographic Data as of Inspection Dates**

**General Information**  
 License Capacity: *150* Residents Served: *67*

**Secured Dementia Care Unit**  
 In Home: *Yes* Area: *Claire Bridge* Capacity: *40* Residents Served: *25*

**Hospice**  
 Current Residents: *4*

**Number of Residents Who:**  
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *66*  
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *26* Have Physical Disability: *0*

**Inspections / Reviews**

*10/16/2025 Partial*  
 Lead Inspector: [Redacted] Follow-Up Type: *Not Required*

**NO DEFICIENCIES FOUND**