

Department of Human Services
Bureau of Human Service Licensing

July 6, 2021

██████████ ASSISTANT SECRETARY
BROOKDALE LIVING COMMUNITIES OF PENNSYLVANIA-ML INC
6737 W. WASHINGTON ST, STE.2300
MILWAUKEE, WI 53214

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

Dear ██████████

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/01/2021, 04/02/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Suzy Quinn

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

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

Facility Information

Name: BROOKDALE MT LEBANON **Licen e #:** 43236 **Licen e Expiration Date:** 09/11/2021
Addr e : 1050 MCNEILLY ROAD, PITTSBURGH, PA 15226
County: ALLEGHENY **Region:** WESTERN

Administrator

Name: [REDACTED] **Phone:** 4123432200 **Email:** [REDACTED]

Legal Entity

Name: BROOKDALE LIVING COMMUNITIES OF PENNSYLVANIA-ML INC
Address: 6737 W. WASHINGTON ST, STE.2300, MILWAUKEE, WI, 53214
Phone: 4123432200 **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP **Date:** 03/02/2001 **Issued By:** L&I
Type: Other **Date:** 07/31/2001 **Issued By:** MT. LEBANON

Staffing Hours

Re ident Support Staff: 0 **Total Daily Staff:** 51 **Waking Staff:** 38

Inspection

Type: Full **Notice:** Unannounced **BHA Docket #:**
Reason: Renewal **Exit Conference Date:** 04/02/2021

Inspection Dates and Department Representative

04/01/2021 - On-Site: Barbara Barone
 04/02/2021 - On-Site: Barbara Barone

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 80 **Residents Served:** 36

Secured Dementia Care Unit

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

Hospice

Current Re ident : 1

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 36
Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 15 **Have Physical Disability:** 0

Inspections / Reviews

04/01/2021 - Full

Lead Inspector: [REDACTED] Follow Up Type: *POC Submission* Follow-Up Date: *06/12/2021*

6/16/2021 POC Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *06/26/2021*

7/6/2021 - Document Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *Not Required*

18 - Compliance With Laws

1. 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 6/23/16, indicates a carbon monoxide alarm battery shall be labeled with the date of installation and replaced at least once annually or at such time as the unit signals a drained or failing battery, whichever is sooner. However, on 3/31/21, the batteries were undated in the battery operated carbon monoxide detector in the boiler room in the attic.

Plan of Correction

Accept

mmediately, the Maintenance Manager replaced the battery with a new one with documentation of the installation date. On March 21, 2021 the appropriate maintenance staff were retrained by the Executive Director on the community policy regarding dating batteries in Carbon Monoxide Detectors that are battery operated. March 22, 2021, audit completed by the Maintenance Manager of all Carbon Monoxide Detectors for batteries dated according to policy. Any batteries noted to be out of compliance were replaced and documented with installation date. Going forward, Maintenance Manager will set up a schedule for battery replacement in the detectors according to the community policy with audit process. The task of changing the batteries in all carbon monoxide detectors was added to our TELs system, an electronic tracking system. The batteries will be changed every 6 months (June and December) and dated accordingly The Executive Director will determine if any further action is warranted based on results of the audit.

Completion Date: 03/31/2021

Document Submission

Implemented

documentation submitted

101j5 - Bedside Table/Shelf

1. Requirements

2600.

- 101.j. Each resident shall have the following in the bedroom:
 - 5. A bedside table or a shelf.

Description of Violation

On 4/1/21, there was no bedside table or shelf beside resident #1's bed in bedroom [REDACTED]

Plan of Correction

Accept

mmediately, the bedside table was relocated in the room to beside the resident's bed by the care staff. April 1, 2021, the Health & Wellness Director retrained the appropriate staff on the community policy regarding placement of the bedside table. Resident #1 was also educated on this policy regarding placement of the bedside table. Ongoing, the Health & Wellness Coordinator or designee will randomly audit resident rooms monthly for furniture placement for 3months. After 3 months of monthly monitoring, HWE and/or designee will monitor quarterly for 1 year. The Health and Wellness Director will review audit results for the next 3 months to monitor for compliance and determine if further action is required. The Health and Wellness Director will direct additional actions based on audit findings.

Completion Date: 04/02/2021

Document Submission

Implemented

documentation submitted

101j7 - Lighting/Operable Lamp

1. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

- 7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

On 4/1/21, resident #1 did not have access to a source of light that can be turned on/off at bedside.

Plan of Correction

Accept

Immediately- The bedside lamp was relocated in the room to beside the resident's bed by the care staff.

April 2, 2021- The Health and Wellness Director retrained the appropriate staff on the community policy regarding placement of the bedside table. Resident #1 was also educated on the community policy on placement of the bedside table with lamp.

Ongoing- The Health and Wellness Coordinator or designee will randomly audit resident rooms monthly for furniture placement with appropriate lighting for 3 months and quarterly thereafter.

The Health and Wellness Director will review audit results for the next 3 months to monitor for compliance and determine if further action is required.

The Health and Wellness Director will direct additional actions based on audit findings.

Completion Date: 04/02/2021

Document Submission

Implemented

documentation submitted

103c - Food Protected

1. Requirements

2600.

103.c. Food shall be protected from contamination while being stored, prepared, transported and served.

Description of Violation

On 4/1/21 at 10:13 am, there was an uncovered tray of cooked rice stored in the walk-in cooler.

Plan of Correction

Accept

Immediately- The Dining Director removed the rice tray from the cooler and discarded it.

April 1, 2021- The Dining Director retrained the appropriate dining staff regarding the community policy on protecting food from contamination.

Ongoing- The Dining Director or designee will establish an audit schedule for the cooler weekly for 3 months. The Dining Director will review the results of these audits for 3 months. The Chef or designee will review proper cooling procedures at each Pre-Shift Meeting. These meetings occur daily. All food items that are to be cooled will be covered in order to meet the regulation.

The Dining Director will review audit results for the next 3 months to monitor for compliance and determine if further action is required. The Dining Director will then direct additional actions based on audit findings.

Completion Date: 04/01/2021

Document Submission

Implemented

documentation submitted

103d - Storing Food Off Floor

1. Requirements

2600.

103.d. Food shall be stored off the floor.

Description of Violation

On 4/1/21 at 10:25 am, ten 5 gallon bottles of water were stored on the floor in the basement.

Plan of Correction

Accept

Immediately- The Maintenance Director relocated the bottles of water to a storage space off the floor.

April 1, 2021- The Executive Director retrained the appropriate staff regarding the community policy on storage of food.

Ongoing- The Maintenance Director or designee will inspect the placement of the water during monthly delivery for 3 months. The inspection will be signed off on and documented on a clip board at the site of the emergency water. The Maintenance Director will review the results of these audits for 3 months to monitor for compliance and determine if further action is required. The Executive Director will then direct additional actions based on audit findings.

Completion Date: 04/01/2021

Document Submission

Implemented

documentation submitted

103g Storing Food

1. Requirements

2600.

103.g. Food shall be stored in closed or sealed containers.

Description of Violation

On 4/1/21 at 10:15 am, there was an unsealed bag of french-fries stored in the kitchen freezer.

Plan of Correction

Accept

Immediately The Dining Director removed the french fries from the freezer and discarded them.

April 1, 2021 The Dining Director retrained the appropriate dining staff regarding the community policy on food storage. The Chef or designee will review proper wrapping and labeling of food once opened.

Ongoing The Dining Director or designee will establish an audit schedule for the freezer weekly for 3 months. The Pre Shift meetings occur daily. The Dining Director will review the results of these audits for 3 months.

The Dining Director will review audit results for the next 3 months to monitor for compliance and determine if further action is required. The Dining Director will then direct additional actions based on audit findings.

Completion Date 04/01/2021

Document Submission

Implemented

documentation submitted