

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to TITHONUS MT. LEBANON, LP.

LEGAL ENTITY

To operate THE PINES OF MT. LEBANON

NAME OF FACILITY OR AGENCY

Located at 1537 WASHINGTON ROAD, PITTSBURGH, PA 15228

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

To provide Personal Care Homes

TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 94  
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Restrictions: \_\_\_\_\_

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

55 Pa. Code Chapter 2600: Personal Care Homes

(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from January 25, 2010 until January 25, 2011,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 433610

*Robert E. Robinson*

ISSUING OFFICER

*Kim T. Casey*

DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable  
and should be posted in a conspicuous place in the facility.

PW 628 - 4/02



COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE  
PO BOX 2675  
HARRISBURG, PENNSYLVANIA 17105-2675

ADULT RESIDENTIAL LICENSING

JAN 26 2010

PHONE: (717) 783-3670  
FAX: (717) 783-5662

Ms. Loriann Putzier, Exec. Vice President  
Tithonus Mt. Lebanon, LP.  
C/O Integracare Corp.  
6600 Brooktree Court, Suite 1000  
Wexford, Pennsylvania 15090

RE: The Pines of Mt. Lebanon  
1537 Washington Road  
Pittsburgh, Pennsylvania 15228

Dear Ms. Putzier:

As a result of the Department of Public Welfare's licensing inspection on November 25, 2009 of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.

All violations specified on the enclosed Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Adult Residential Licensing so that compliance can be verified.

A regular license is being issued based on the enclosed Violation Report. Your license is enclosed.

Sincerely,



A handwritten signature in cursive script that reads "Kevin T. Casey".

Kevin T. Casey  
Deputy Secretary

Enclosures  
License  
Violation Report

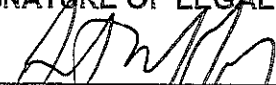
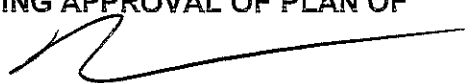



**VIOLATION REPORT**  
**PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> The Pines of Mt Lebanon 1537 Washington Road, Pittsburgh, PA. 15228		<b>CURRENT LICENSE NUMBER</b> 433610	
<b>INSPECTION DATE(S) (Include all dates of the inspection)</b> 11/25/09		<b>REGIONAL REPRESENTATIVE</b> D. McConnell, C. McGrail	
<b>SIGNATURE OF LEGAL ENTITY</b> 	<b>DATE</b> 12/15/09	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> 	<b>DATE</b> 12/24/09

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
	4". This allows the resident to entangle his/her leg or arm causing possible injury.	12/18/09  12/18/09	<p>the Director of Resident Care and the Executive Director if there are any issues with assistive devices.</p> <p>We will educate the residents at resident council meetings, the housekeepers at their staff meeting and the resident care aides at there staff meeting regarding the use of assist devices, the need for the covers to stay in place, the need to monitor rooms with vigilance and also the reporting of any new assist bar brought into the facility.</p> <p>We will monitor monthly on the day of our regular safety meeting to verify that the safety covers are in place for all assist bars within the facility and there are no new devices that we are unaware of. Also, weekly audits will be conducted on all known assist bars by the Executive Director,</p>	<i>Contd</i>



**VIOLATION REPORT**  
**PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

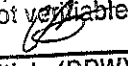
<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> The Pines of Mt Lebanon 1537 Washington Road, Pittsburgh, PA. 15228		<b>CURRENT LICENSE NUMBER</b> 433610	
<b>INSPECTION DATE(S) (Include all dates of the inspection)</b> 11/25/09		<b>REGIONAL REPRESENTATIVE</b> D. McConnell, C. McGrail	
<b>SIGNATURE OF LEGAL ENTITY</b> 	<b>DATE</b> 12/15/09	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> 	<b>DATE</b> 12/26/09

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
89b Hot water temperature in areas accessible to the resident may not exceed 120°F.	The water temperature in the bathroom of resident bedroom #152 is 123 degrees Fahrenheit.	11/25/09  11/25/09  12/11/09  12/11/09	<p>This violation was corrected at the time of inspection. The temperature on the thermostat at the hot water tanks was reduced.</p> <p>We audited all wings of the building on both the first and second floor to verify that the water temperatures are below 120 degrees.</p> <p>We have determined that our thermometer calibration procedure needed to be revised. To correct this problem, we will calibrate the thermometer monthly and test water temperatures weekly.</p> <p>The Director of Environmental Services will be the person responsible for the weekly testing. The Executive Director shall also "spot check" 1 room in each wing on each floor monthly.</p>	1/19/10 



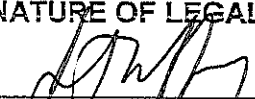


**VIOLATION REPORT**  
**PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**


<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> The Pines of Mt Lebanon 1537 Washington Road, Pittsburgh, PA. 15228		<b>CURRENT LICENSE NUMBER</b> 433610	
<b>INSPECTION DATE(S) (Include all dates of the inspection)</b> 11/25/09		<b>REGIONAL REPRESENTATIVE</b> D. McConnell, C. McGrail	
<b>SIGNATURE OF LEGAL ENTITY</b> 	<b>DATE</b> 12/15/09	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> 	<b>DATE</b> 1/19/10

1	2	3	4	5
REGULATION 55 Pa.Code § 2600.	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY DPW
100a The exterior of the building and the building grounds or yard shall be in good repair and free of hazards.	The fire exit in hallway 150 leads outside and directly down a hill to the parking lot. Administrator A confirms that the parking lot is the home's safe meeting area.  This can be hazardous to residents who have mobility needs or difficulty walking as there is nothing to assist the residents down the hill.	1/15/10	The sidewalk has been budgeted as part of a larger project involving re-capitalization (see attachment). We anticipate financing approval in February 2010, at which time (regardless of the outcome) we would be in communication with the Department concerning compliance dates. We intend to move forward with the proposal, and we have an established record of compliance on this issue (Tithonus Greensburg 09/08 sidewalk installation cost of \$36k). We respectfully request on-going (monthly) communication until such time we can communicate with certainty the installation dates.	Steps have been taken to correct violation; full compliance is not verifiable 1/19/10 Date Initials (DPW) 

*for the administrator-residents are evacuating along a path where the new sidewalk will be installed. Education provided to staff + residents of this evacuation path and any need for assistance.*

**VIOLATION REPORT**  
**PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**



<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> The Pines of Mt Lebanon 1537 Washington Road, Pittsburgh, PA. 15228		<b>CURRENT LICENSE NUMBER</b> 433610	
<b>INSPECTION DATE(S)</b> (Include all dates of the inspection) 1/1/25/09		<b>REGIONAL REPRESENTATIVE</b> D. McConnell, C. McGrail	
<b>SIGNATURE OF LEGAL ENTITY</b> 	<b>DATE</b> 12/15/09	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> 	<b>DATE</b> 

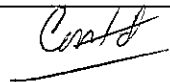
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107c The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.	The home has a water contract where the water is not immediately delivered but within 12 hours. The home does not have enough water on-site to meet resident water needs.	12/11/09          12/30/09	<p>This violation has been corrected. We now have 90 gallons of water on site. This water will be utilized until Turner Dairy delivers our emergency water supply within 12 hours as specified in our contract with them.</p> <p>After additional review of the DPW Regulations, we determined that we need 1 gallon of water per day per resident until our emergency supply arrives on site.</p> <p>The Food Service Director will verify that there is the correct amount of water on-site and verify the expiration dates during the monthly inventory of food. The Food Service Director will also immediately replace the “on-site” water if it is ever used. The Executive Director will check the emergency water supply as a part of our monthly safety meetings.</p>	1/19/10 



**VIOLATION REPORT**  
**PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**


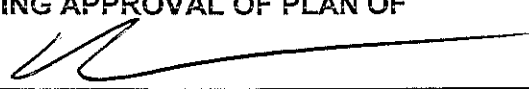
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<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> The Pines of Mt Lebanon 1537 Washington Road, Pittsburgh, PA. 15228		<b>CURRENT LICENSE NUMBER</b> 433610	
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<b>SIGNATURE OF LEGAL ENTITY</b> 	<b>DATE</b> 12/15/09	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> 	<b>DATE</b> 12/25/09

1	2	3	4	5
REGULATION 55 Pa.Code § 2600.	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY DPW
141a-2 The medical evaluation shall include the following:  (4) Special health or dietary needs of the resident.	The medical evaluations for resident #3, dated 1/23/09, and resident #4, dated 11/11/09, do not address the resident's diet information.  <b>Repeated Violation – 10/22/08</b>	12/30/09	We will educate the nursing staff on the proper way to review a medical evaluation for completeness when received from the physician. The Executive Director shall also audit 10 % of the medical evaluations monthly for completeness.	

*Continued from previous page.*

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**PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

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<b>INSPECTION DATE(S)</b> (Include all dates of the inspection) 11/25/09		<b>REGIONAL REPRESENTATIVE</b> D. McConnell, C. McGrail	
<b>SIGNATURE OF LEGAL ENTITY</b> 	<b>DATE</b> 12/15/09	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> 	<b>DATE</b> 12/28/09

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
226a The resident shall be assessed for mobility needs as part of the resident's assessment.	<p>The assessments for the following residents do not accurately address the resident's mobility needs:</p> <ul style="list-style-type: none"> <li>The assessment for resident #4, dated 2/2/09, indicates the resident is mobile. The resident's medical evaluation, dated 1/23/09, indicates "independent". However, the support plan dated 2/9/09 indicates the resident needs assistance to get in and out of bed.</li> <li>The assessment for resident #5, dated 4/10/09, indicates the</li> </ul>	<p>12/18/09</p> <p>12/18/09</p>	<p>Resident # 4 and #5's mobility needs were corrected.</p> <p>All medical evaluations, assessments and support plans will be reviewed to verify that the residents mobility needs are consistent throughout all of the documents. The appropriate modifications, if necessary will be made. The immobile list will then be updated to reflect any changes.</p> <p>Upon review, it was found that additional monitoring is needed with medical evaluations, assessments and support plans as part of the existing new admission audit conducted by the Executive Director.</p>	<p>1/19/10 CB</p>

