

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 112  
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller. (MAXIMUM CAPACITY)

Restrictions: Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 18

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, 2011 until January 25, 2012,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 433610

*Robert E. Robinson*

ISSUING OFFICER

*R C King*

DIRECTOR

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 - 01/11



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

ADULT RESIDENTIAL LICENSING

FEB 09 2011

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

Ms. Loriann Putzier, Executive Vice President  
Tithonus Mt. Lebanon, LP  
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 December 1, 2010, 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.

As a result of your personal care home's recent adjustment of the use of physical space, we are revising your licensed capacity.

Sincerely,

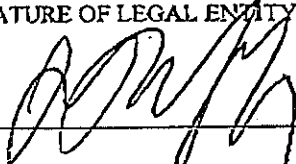
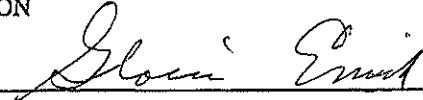
A handwritten signature in cursive script that reads "Ronald Melusky" with a date "1/28" written at the end.

Ronald Melusky  
Acting Director

Enclosures  
License  
Violation Report

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

01-13-11:08:29AM

NAME AND ADDRESS OF PERSONAL CARE HOME THE PINES OF MT LEBANON, 1537 WASHINGTON ROAD PITTSBURGH, PA .15228		CURRENT LICENSE NUMBER 433610	
INSPECTION DATES (Include all dates of the inspection) 12/21/2010		REGIONAL REPRESENTATIVE Michael Palermo, Diane Whitney	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <b>James TUFFY - Executive Director</b>			
SIGNATURE OF LEGAL ENTITY 	DATE 1/13/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 1/13/11

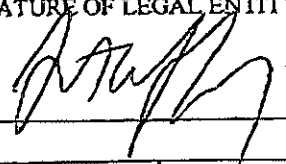

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
63a At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.	On 12/15/10, from 10 PM to 6 AM, 60 residents were present in the home. During this time one staff person was present in the home who was certified in first aid and CPR.  On 12/26/10, from 10 PM to 6 AM, 60 residents were present in the home. During this time one staff person was present in the home who was certified in first aid and CPR.	1/5/11	All night staff was trained in first aid on 1/5/11. This will alleviate the issue of not having two staff members trained in first aid present at the same time. (see attached training documentation)	1/13/11 BE
		1/21/11	All current staff 1 <sup>st</sup> aid and CPR training will be audited by the Director of Resident Care to verify that all resident care staff is current with their training. During our initial review, it was determined that the issue was that we were not training the newly hired staff quickly enough. 1 <sup>st</sup> Aid and CPR training will now be included as part of our orientation.	

# 3 / 7

*add on Next*

OFFICE TIME JAN 13 0.29AM

VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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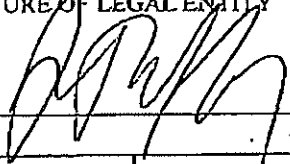

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*Cont. From previous page*

DECEMBER 13 8:29AM

01-13-11:08:29AM

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

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REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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
141a The medical evaluation shall include the following: (1) A general physical examination by a physician, physician's assistant or nurse practitioner. (2) Medical diagnosis including physical or mental disabilities of the resident, if any. (3) Medical information pertinent to diagnosis and treatment in case of an emergency. (4) Special health or dietary needs of the resident. (5) Allergies. (6) Immunization	The medical evaluation for resident # 1, dated 11/19/10, indicates "see attached". However, nothing was attached.	1/6/11	All referenced Medical Evaluations were corrected on 1/6/11. (see attached).  All current Medical Evaluations will be reviewed by the Director of Resident Care to verify that they have been completed correctly. If not, they will be completed by the physician. This will occur by 1/21/11.  Upon initial review, It was determined that the Medical Evaluations that were updated annually were not reviewed closely enough by the staff.	Steps have been taken to correct violation; full compliance is not verifiable 1/13/11 EE Date Initials (DPW)
	The medical evaluation for resident # 2, dated 12/14/10, was missing the physician license number.			
	The medical evaluation for resident # 3, dated 9/9/10, was missing the physician license number.			
	The medical evaluation for resident # 4, dated 7/8/10, was missing the physician license number.	1/21/11		
		1/5/11		

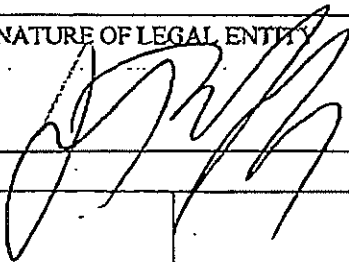
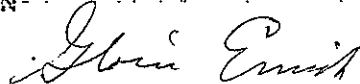
01-13-11:08:29AM

RECEIVED TIME JAN 13 9:20AM

VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

01-13-11:04:42PM

DEPARTMENT TIME JAN 19 4:44PM

NAME AND ADDRESS OF PERSONAL CARE HOME THE PINES OF MT LEBANON, 1537 WASHINGTON ROAD PITTSBURGH, PA 15228		CURRENT LICENSE NUMBER 433610	
INSPECTION DATES (Include all dates of the inspection) 12/21/2010		REGIONAL REPRESENTATIVE Michael Palermo, Diane Whitney	
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REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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
history. (7) Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications. (8) Body positioning and movement stimulation for residents, if appropriate. (9) Health status. (10) Mobility assessment, updated annually or at the Department's request.		1/19/11	The resident care staff will be educated by the Director of Resident Care on the review of medical evaluations and how they should be properly completed by the physician. This staff education meeting will take place on 1/19/11.	
		2/1/11	An ongoing audit will take place in which the Director of Resident Care and the Executive Director will review and sign off on each Medical Evaluation as they are received at the community to verify that the Medical Evaluations are completed properly by the physicians.	