



**COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE**

11 Stanwix Street  
Room 230  
Pittsburgh, Pennsylvania 15222

**ADULT RESIDENTIAL LICENSING**

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[www.dpw.state.pa.us](http://www.dpw.state.pa.us)

Mailing Date: **AUG 19 2011**

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 July 21, 2011 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.

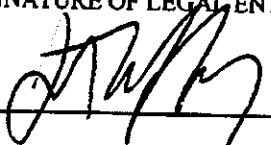

Sincerely,


A handwritten signature in black ink that reads "Jon Kimberland".

Jon Kimberland  
Regional Licensing Administrator

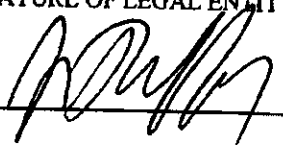
Enclosure(s)


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

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) 07/21/2011		REGIONAL REPRESENTATIVE Amanda Schumacher, Jason Williams	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY 	DATE 8/15/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 8-19-11

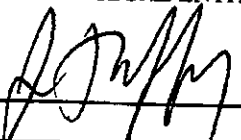
REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
16c The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).	On 7/9/11, resident #1 had an unwitnessed fall with a head injury and was sent to the hospital for treatment. The home has not submitted an incident report to the department.  <p style="text-align: center;"><b>Western Region</b></p> <p style="text-align: center;">AUG 17 2011</p>	8/15/2011  9-15-11	The Executive Director and/or the Director of Resident Care will institute a change in practice and fax an initial reportable incident to the Department of Public Welfare within 24 hours for all falls sent out for evaluation following the guidelines of 2600.16c. Once the facility is informed of the outcome of the resident's emergency room visit, a final report will be faxed informing the Department of Public Welfare the outcome of the emergency room visit and what will be instituted to prevent further incidents with that particular resident.  <i>All staff persons will be educated on the change in practice. Documentation will be kept. 8-19-11</i>	8-19-11 

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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
225a A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.	The initial assessment dated 4/26/11 for resident #1 does not include an assessment for the activities of daily living, communication assessment, cognitive assessment or preferences. The assessment is does not indicate who completed the assessment and the assessment is not signed or dated.  <p align="center">Western Region AUG 17 2011</p>	8/15/2011	The initial assessment dated for resident #1 was completed as of 07/22/2011 and signed by the person who completed the form. In the future the Executive Director and the Director of Resident Care will monitor all initial assessments within a five day time frame from admission to assure completeness and proper signage of the assessment. A tickler will be used to indicate timing. This will keep the facility in compliance with 2600.225a. Enclosed is a copy of the completed assessment for resident #1.	8-19-11 

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227a A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.	Resident #1 was admitted to the home on 4/25/11. The home has not developed a support plan for the resident.  <p style="text-align: center; font-size: 1.2em;">Western Region</p> <p style="text-align: center;">AUG 17 2011</p>	8/15/2011  9-15-11	The Executive Director and/or the Director of Resident Care will follow up on all new admissions. The resident's move in date will be entered into a tickler and be reviewed within the 30 day time frame to remain in compliance with the 2600.227a regulation. On 07/22/2011 the support plan for resident #1 was completed and a copy of the support plan is enclosed.  <i>The Administrator or designated staff person will review all resident records to ensure each resident has a current support plan. 8-19-11.</i>	