



**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE**

11 Stanwix Street
Room 230
Pittsburgh, Pennsylvania 15222

ADULT RESIDENTIAL LICENSING

Phone: (412) 565-5616/5614
Toll Free: 1-888-322-3664
Fax: (412) 565-5633/565-2840
www.dpw.state.pa.us

Mailing Date: MAR 16 2012

Ms. Loriann Putzier, Executive Vice President
Tithonus Mt. Lebanon
6600 Brooktree Court, Ste. 1000
Wexford, PA 15090

RE: The Pines of Mt. Lebanon
1537 Washington Road
Pittsburgh, PA 15237

Dear Ms. Putzier:

As a result of the Department of Public Welfare's licensing inspection on October 26, 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, appearing to read "Janine Wenzig".

Janine Wenzig
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) 10/26/2011		REGIONAL REPRESENTATIVE L. Flinner-Alman	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) RODNEY L. HANNAH INTERIM EXECUTIVE DIRECTOR			
SIGNATURE OF LEGAL ENTITY <i>Rodney L. Hannah</i>	DATE 03-13-12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 3-15-12

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
225c The resident shall have additional assessments as follows: (1) Annually. (2) If the condition of the resident significantly changes prior to the annual assessment. (3) At the request of the Department upon cause to believe that an update is required.	The assessment for resident #1, dated 7/20/2011, does not address resident's history of falls. Resident has a history of falls dating back to at least 3/19/2011, and had several documented falls in 9/2011 and 10/2011.	11-25-11	225c Resident #1's Assessment and Support Plan (RASP) was updated on 11/25/2011 due to a significant change and reflects the resident's history of falls.	<p>Steps have been taken to correct violation, full compliance is not verifiable</p> <p>3-15-12 <i>[Signature]</i> Date Initials (DPI)</p>
		03-23-12	Director of Resident Care currently auditing all remaining charts to determine if additional charts have fall issues that need addressed. Audit to be completed by March 23, 2012.	
		03-23-12	Director of Resident Care will use daily reports and tools to generate necessary changes to the Resident Assessment and Support Plan (RASP). Director of Resident Care will continue tracking the RASP to verify appropriate fall history documentation when needed.	
	<div style="border: 1px solid black; padding: 5px; text-align: center;"> Western Region MAR 15 2012 Adult Residential Licensing </div>	03-23-12	Health Care Compliance Coordinator to randomly audit that Resident Assessments and Support Plan's (RASP's) accurately reflect current needs, as in this case fall history, quarterly.	

