

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 26, 2012 until January 26, 2013,
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

MAR 29 2012

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

Ms. Loriann Putzier, Executive Vice President
Tithonus Mt. Lebanon, LP.
c/o Integracare Corporation
6600 Wexford 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 January 11, 2012, January 12, 2012 and January 13, 2012 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 black ink, appearing to read "Ronald Melusky".

Ronald Melusky
Director

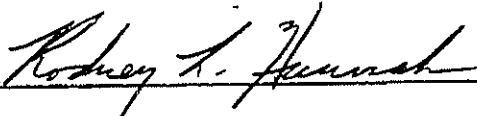
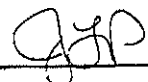
Enclosures
License
Violation Report

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) 01/11/2012, 01/12/2012, 01/13/2012		REGIONAL REPRESENTATIVE Alden Linhart, Diane Whitney, Alden Linhart, Diane Whitney, Alden Linhart	
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 03-06-12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Joe J. Rezzano (JRP)</i>	DATE 3-12-12

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
3c The personal care home shall post the current license, a copy of the current Violation Report (VR) issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.	On 1/11/2012 the required postings were all displayed in the reception area behind a locked glass door, making them inaccessible for review by the public. <div style="border: 1px solid black; padding: 10px; text-align: center; margin: 10px auto; width: fit-content;"> Western Region MAR 07 2012 Adult Residential Licensing </div>	03-05-12 02-29-12 02-29-12 03-29-12 on going	3c Environmental Service Director removed the locks on the glass door display and replaced with a magnetic strip to allow for unrestricted access. Upon review of established environmental rounds audit, it was determined to add the display case to the environmental rounds to monitor that the magnetic strips continue to be in proper working condition. Executive Director and Environmental Service Director discussed the need to revise audit tool to maintain compliance going forward. Executive Director will discuss the compliance requirements of unrestricted access to community license and Violation Report. during March 06 managers morning meeting, Executive Director and Environmental Service Director will conduct environmental audit monthly for compliance.	<i>JRP</i> 3-12-12

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) 01/11/2012, 01/12/2012, 01/13/2012		REGIONAL REPRESENTATIVE Alden Linhart, Diane Whitney, Alden Linhart, Diane Whitney, Alden Linhart	
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 03-06-12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION. 	DATE 3-12-12

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
54a Direct care staff persons shall have the following qualifications: (1) Be 18 years of age or older, except as permitted in subsection (b). (2) Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry. (3) Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care	Direct care staff person A has a Senior School Certificate from the Ministry of Education Kaduna State dated 2/5/2002 as proof of education. A waiver is needed to verify this documentation because the school is located outside the United States of America. <div style="border: 1px solid black; padding: 10px; text-align: center; margin: 10px auto; width: 80%;"> Western Region MAR 07 2012 Adult Residential Licensing </div>	03-01-12	A waiver was submitted to the Adult Licensing Office in Harrisburg on March 1, 2012 in an effort to have direct care staff member A's Senior School Certificate verified.	Steps have been taken to correct violation; full compliance is not verifiable 3/12/12 Date Initials (DPW)
		03-01-12	A review of all existing employees' files was conducted and 6 additional high school diplomas originating outside the United States of America were found. The additional diplomas were included in the waiver request submitted to Adult Licensing on March 1 st .	
		03-06-12	Executive Director and Business Office Manager discussed the need to revise audit tool to maintain compliance going forward. Executive Director will discuss the compliance requirements of non-United States high school diplomas requiring DPW approved waivers during March 06 managers morning meeting.	
		03-06-12 on going	The Business Office Manager will initial new hire orientation documentation to verify compliance. Executive Director will perform a random audit of new hire personnel files monthly for compliance.	

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) 01/11/2012, 01/12/2012, 01/13/2012		REGIONAL REPRESENTATIVE Alden Linhart, Diane Whitney, Alden Linhart, Diane Whitney, <i>Alden Linhart</i>	
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 <i>Rodney L. Hannah</i>	DATE 03-06-12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 3-12-12

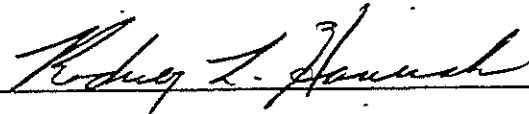
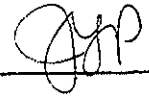
REGULATION 55 Pa. Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
services with reasonable skill and safety.	<div style="border: 1px solid black; padding: 10px; margin: 0 auto; width: 80%;"> <p style="font-size: 1.2em; font-weight: bold; margin: 0;">Western Region</p> <p style="font-size: 1.2em; font-weight: bold; margin: 5px 0 0 0;">MAR 07 2012</p> <p style="margin: 0;">Adult Residential Licensing</p> </div>			


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) 01/11/2012, 01/12/2012, 01/13/2012		REGIONAL REPRESENTATIVE Alden Linhart, Diane Whitney, Alden Linhart, Diane Whitney, <i>Alden Linhart</i>	
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 <i>Rodney L. Howard</i>	DATE 03-06-12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 3-12-12

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
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 12/24/2011, from 10:00PM to 6:00AM, more than 50 residents were present in the home. During this time only one staff person was present in the home who was certified in CPR and First Aid.	03-26-12	63a Community has contacted certified trainer for CPR and First Aid and scheduled for new and existing Direct care staff who need recertified to participate in a training scheduled for March 19 or 26, 2012.	Steps have been taken to correct violation; full compliance is not verifiable <i>[Signature]</i> Date <i>[Signature]</i> (DPW)
	On 12/25/2011, from 10:00PM to 6:00AM more than 50 residents were present in the home. During this time only one staff person was present in the home who was certified in CPR and First Aid.	03-26-12	An audit of the employee files will be conducted to determine compliance with the direct care training. Additional employees were found to need their original or re-certification training. Employees will be included in training scheduled for March 19 or 26, 2012	
		03-06-12	The Business Office Manager, Director of Resident Care & remaining supervisors were reinservice on DPW's requirement for scheduling requirements of CPR & First Aid trained staff.	
		03-26-12 on going	The Director of Resident Care will continue to maintain a CPR & First Aid training binder to monitor staff certification. Executive Director will perform a random audit of the training binder monthly for compliance.	

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) 01/11/2012, 01/12/2012, 01/13/2012		REGIONAL REPRESENTATIVE Alden Linhart, Diane Whitney, Alden Linhart, Diane Whitney, Alden Linhart	
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 03-06-12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 3-12-12

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
65g Direct care staff persons, ancillary staff persons, substitute personnel and regularly-scheduled volunteers shall be trained annually in the following areas: (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. (2) Emergency preparedness procedures and recognition and response to crises and emergency situations. (3) Resident rights (under these	Staff persons B and C did not receive training in Resident Rights, Emergency Preparedness, The Older Adult Protective Services Act, and fall and accident prevention during the training year 2011.	02-24-12	65g A training calendar for direct care staff has been developed for 2012. This training calendar includes the required topics of resident rights, disaster preparedness, The Older Adults Protective Services Act, falls and accident prevention. To move forward in correcting the training for staff B & C the community held the resident rights and The Older Adults Protective Services Act training in the month of February.	 3-12-12
		02-24-12	A review of our practices for required revealed a need to review employee training records monthly and schedule needed make up in-services quarterly to assist employees from falling behind in their training.	
		03-30-12	The Business Office Manager will audit employee training grids monthly to verify compliance. Executive Director will perform a random audit quarterly of employee training for compliance.	

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) 01/11/2012, 01/12/2012, 01/13/2012		REGIONAL REPRESENTATIVE Alden Linhart, Diane Whitney, Alden Linhart, Diane Whitney, Alden Linhart	
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 <i>Rodney L. Hensch</i>	DATE 03-06-12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 3-12-12

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
regulations). (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101—10225.5102). (5) Falls and accident prevention. (6) New population groups that are being served at the home that were not previously served, if applicable.	<div style="border: 1px solid black; padding: 10px; width: fit-content; margin: auto;"> <p style="font-size: 1.2em; font-weight: bold; margin: 0;">Western Region</p> <p style="font-size: 1.2em; font-weight: bold; margin: 5px 0 0 0;">MAR 07 2012</p> <p style="margin: 0;">Adult Residential Licensing</p> </div>			

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

7 of 19

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) 01/11/2012, 01/12/2012, 01/13/2012		REGIONAL REPRESENTATIVE Alden Linhart, Diane Whitney, Alden Linhart, Diane Whitney, Alden Linhart	
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 <i>Rodney L. Hunsch</i>	DATE 03-06-12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>JJP</i>	DATE 3-12-12

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
85e Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.	On 1/11/2012, the dumpster in the rear of the parking area next to the home was uncovered and although it was labeled cardboard only it contained several trash bags. There were also trash bags located on the ground next to the dumpster. <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;"> <p align="center">Western Region</p> <p align="center">MAR 07 2012</p> <p align="center">Adult Residential Licensing</p> </div>	02 / 08 / 12	85e Environmental Service Director placed all trash bags both on the ground and in recycle dumpster in appropriate container following observation of surveyor. Environmental Director contacted waste management contractor and replaced recycle dumpster with unit that has a lid.	<i>JJP</i> 3-12-12
		02 / 05 / 12	Executive Director and Environmental Service Director discussed the need to revise trash collection and recycling to maintain compliance going forward. Environmental Services Director implemented new recycling plan to include additional items that are appropriate for that dumpster. An additional pick up of the recyclable dumpster was scheduled and will assist in relieving the over flow of both the trash and recycle dumpsters.	
		02 / 19 / 12	New recycling policy and additional items list were discussed in the Food Service and Housekeeping departmental meetings held in February. Along with the requirement to close dumpster lids following use.	

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

7a of 19

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) 01/11/2012, 01/12/2012, 01/13/2012		REGIONAL REPRESENTATIVE Alden Linhart, Diane Whitney, Alden Linhart, Diane Whitney, <i>Alden Linhart</i>	
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 <i>Rodney L. Hannah</i>	DATE 03-06-12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 3-10-12

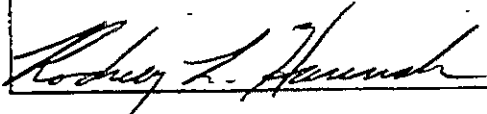
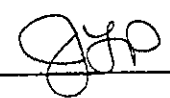
REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
85e Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.	On 1/11/2012, the dumpster in the rear of the parking area next to the home was uncovered and although it was labeled cardboard only it contained several trash bags. There were also trash bags located on the ground next to the dumpster.	03 / 30 / 12	Environmental Service Director will monitor the dumpster area during his weekday shift. Executive Director and Environmental Service Director will conduct environmental audit monthly for compliance.	


Western Region

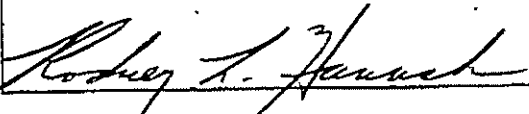
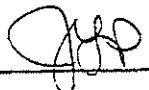
MAR 07 2012

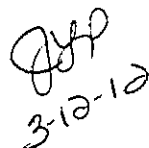
Adult Residential Licensing

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

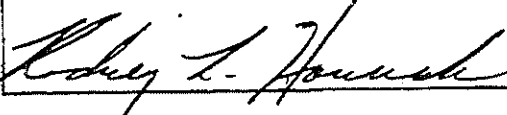

NAME AND ADDRESS OF PERSONAL CARE HOME THE PINES OF MT LEBANON, 1537 WASHINGTON ROAD PITTSBURGH, PA 15228		CURRENT LICENSE NUMBER 433610	
INSPECTION DATES (Include all dates of the inspection) 01/11/2012, 01/12/2012, 01/13/2012		REGIONAL REPRESENTATIVE Alden Linhart, Diane Whitney, Alden Linhart, Diane Whitney, Alden Linhart	
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 03-06-12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 3-12-12

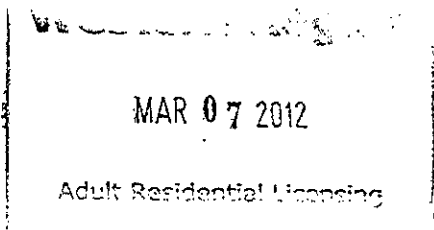

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
141a A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.	Resident #1 was admitted on 6/17/2011. The medical evaluation for resident #1 is dated 8/22/2011. <div style="border: 1px solid black; padding: 10px; text-align: center; margin: 10px auto; width: 80%;"> <p style="font-size: 1.2em; font-weight: bold;">Western Region</p> <p style="font-size: 1.5em; font-weight: bold;">MAR 07 2012</p> <p>Adult Residential Licensing</p> </div>	01-20-12 03-16-12 03-16-12 03-30-12	141a Resident #1's Medical Evaluation was reviewed following the annual inspections exit conference. Resident #1's Medical Evaluation was found to be current Director of Resident Care will audit resident charts, whose admission date is within the last 30 days, to determine if additional charts require Medical Evaluation updates. Audit to be completed by March 16, 2012. Director of Resident Care Services in conjunction with the Marketing Director will revisit the current check off system to meet the regulation requirement. Regional Compliance Nurse as well as Executive Director will randomly audit Medical Evaluations monthly for accuracy.	<div style="writing-mode: vertical-rl; transform: rotate(180deg); font-size: 0.8em;">Steps have been taken to correct violation; full compliance is not verifiable</div>  Date Initials (DPW)

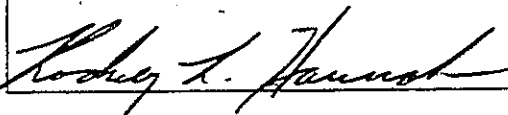
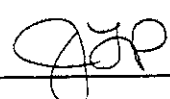
NAME AND ADDRESS OF PERSONAL CARE HOME THE PINES OF MT LEBANON, 1537 WASHINGTON ROAD PITTSBURGH, PA 15228		CURRENT LICENSE NUMBER 433610	
INSPECTION DATES (Include all dates of the inspection) 01/11/2012, 01/12/2012, 01/13/2012		REGIONAL REPRESENTATIVE Alden Linhart, Diane Whitney, Alden Linhart, Diane Whitney, Alden Linhart	
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 03-06-12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 3-12-12

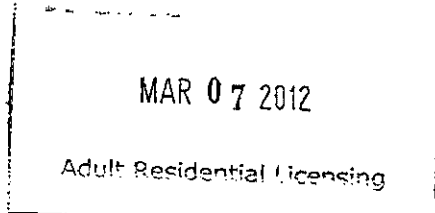
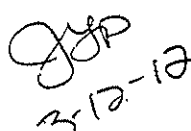
REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
141a The medical evaluation shall include the following: (1) A general 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 #2 dated 2/22/2010 indicates a mechanical soft and nectar thick liquid diet. the current medical evaluation for the resident dated 3/11/2011 lists no special diet. The current assessment and support plan for the resident still list the special diet. Monthly physician orders dated 2/22/2010- 12/23/2011 still include mechanical soft diet with honey thick liquids. <div style="border: 1px dashed black; padding: 10px; margin: 10px auto; width: 80%; text-align: center;"> Western Region MAR 07 2012 Adult Residential Licensing </div>	03-08-12 03-16-12 03-16-12 03-30-12	141a A new Medical Evaluation for resident #2 has been submitted to physician for completion by March 8, 2012. Director of Resident Care currently auditing all charts to determine if additional charts require diet order corrections. Audit to be completed by March 16, 2012. Director of Resident Care Services has established tickler system to alert her to upcoming Medical Evaluations. Medical Evaluations will be faxed to physicians and upon return Director will review for accuracy. Should forms be incomplete the Director will contact the physician's office to resolve and correct needed information. Regional Compliance Nurse as well as Executive Director will randomly audit Medical Evaluations monthly for accuracy.	 3-12-12

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) 01/11/2012, 01/12/2012, 01/13/2012		REGIONAL REPRESENTATIVE Alden Linhart, Diane Whitney, Alden Linhart, Diane Whitney, Alden Linhart	
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 03-06-12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 3-12-12

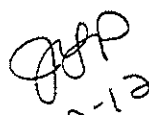
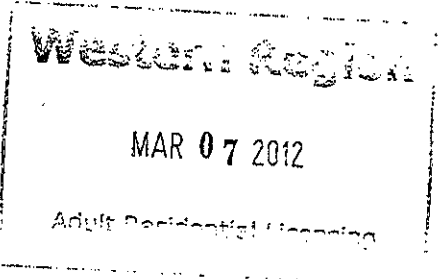
REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
history. (7) Medication regimen, contraindicated medications, medication 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.				 3-12-12

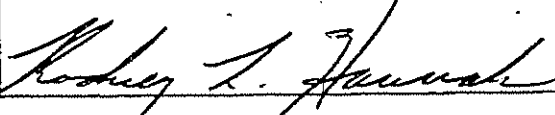
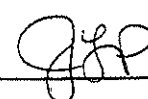
NAME AND ADDRESS OF PERSONAL CARE HOME THE PINES OF MT LEBANON, 1537 WASHINGTON ROAD PITTSBURGH, PA 15228		CURRENT LICENSE NUMBER 433610	
INSPECTION DATES (Include all dates of the inspection) 01/11/2012, 01/12/2012, 01/13/2012		REGIONAL REPRESENTATIVE Alden Linhart, Diane Whitney, Alden Linhart, Diane Whitney, Alden Linhart	
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 03-06-12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 3-12-12

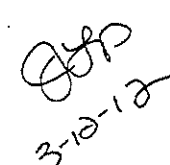
REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
183d Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.	On 1/12/2012 resident #3's discontinued Potassium CL 20meq (11 tablets) and Furosemide for Lasix 40mg (26 tablets) were stored in the medication cart. The medications were discontinued on 12/03/2011. 	01-12-12 01-31-12 03-21-12 03-30-12	183d Resident Care Director removed resident #3's discontinued medications from the medication cart following survey exit conference on January 12, 2012. Discontinued medication was returned to pharmacy for disposal. Medication cart audit was completed for discontinued medications on January 31, 2012. A discontinued ointment was found at that time. Ointment was removed from cart and returned to pharmacy for disposal. Reeducation was conducted with current staff present at audit. In-service to be conducted at March 21 st resident care department meeting concerning discontinued medications for current residents as well as those transferred within and out of the community and those residents discharged for the community. Regional Compliance Nurse as well as Director of Resident Care Services will randomly audit Medication carts for discontinued medications. Medical Evaluations monthly for accuracy.	 3-12-12

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) 01/11/2012, 01/12/2012, 01/13/2012		REGIONAL REPRESENTATIVE Alden Linhart, Diane Whitney, Alden Linhart, Diane Whitney, Alden Linhart	
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 03-06-12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 3-12-12

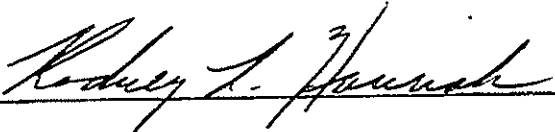
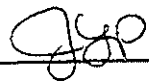
REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
187d The home shall follow the directions of the prescriber.	Resident #4 was prescribed administration of Refresh Eye Drops, one drop in each eye, three times a day. The resident moved to memory care at 4PM on 12/30/2011. The eye drops were not available on 1/1/2012 and on 1/2/2012 until 5PM.	01-12-12	187d Director of Resident Care verified resident #4's current physicians order for Refresh Eye Drops for accuracy. Physicians order was correct, and drops available to resident #4 on medication cart.	 3-12-12
		01-12-12	Resident #4's medical chart was audited for medication accuracy, no additional medication discrepancies found.	
		01-13-12	In review of the Medication Administration Record it was found that medication staff needed re-educating on Medication Administration Rights.	
		03-08-12	Director of Resident Care Services will re-educate Medication Assistant staff of the proper procedure for medication administration review of a transferring resident in their March 8, 2012 monthly staff meeting.	
		03-30-12	Director of Resident Care or Assist DRC will perform an audit of all residents who transfer within the community to compare resident's Medication Administration Record versus medication present in medication cart following transfer. Executive Director will review and sign audit monthly.	

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) 01/11/2012, 01/12/2012, 01/13/2012		REGIONAL REPRESENTATIVE Alden Linhart, Diane Whitney, Alden Linhart, Diane Whitney, Alden Linhart	
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 03-06-12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 3-12-12

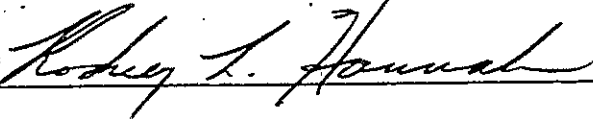
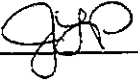
REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
225a A resident shall have a written initial assessment that is documented 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.	<p>Resident #1 was admitted on 6/17/2011 and there is no assessment completed within 15 days of this admission. The assessment in the resident's record is dated 8/22/2011.</p> <p>The assessment dated 8/22/2011 for resident #1 does not include the diagnoses: hyperlipidemia and CABG that are listed on the medical evaluation completed on 8/22/2011.</p> <p>The assessment dated 3/9/2011 for resident #5 does not include the diagnoses: constipation and depression that are listed on the medical evaluations dated 3/2/2011 and 4/16/2011.</p> <p>The assessment dated 10/10/2011 for resident #6 is missing the diagnoses of osteoporosis that is listed on the medical evaluation dated 10/03/2011.</p> <p>The assessment dated 5/30/2011 for resident #7 does not include the diagnosis of Alzheimer dementia, which is listed on the medical evaluation dated 5/2011.</p>	<p>03-08-12</p> <p>03-23-12</p> <p>03-23-12</p> <p>03-30-12</p>	<p>225a Resident #1, #5, #6 & #7's Assessments will be reviewed and updates made, if needed, by March 8, 2012.</p> <p>Director of Resident Care will audit currently active resident charts to determine if additional charts require Assessments updates to include proper diagnosis. Audit to be completed by March 23, 2012.</p> <p>Director of Resident Care Services in conjunction with the Assist Director of Resident Care will review and maintain current tickler system to address proper diagnosis for new and on going Assessments.</p> <p>Regional Compliance Nurse as well as Executive Director will randomly audit Support Plans quarterly for accuracy.</p>	 3-12-12


Region
 07 2012
 Regional Licensing

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

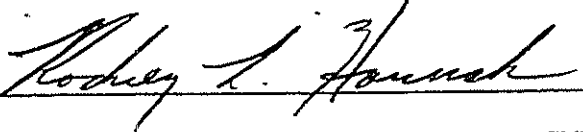
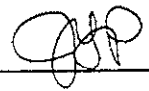
NAME AND ADDRESS OF PERSONAL CARE HOME THE PINES OF MT LEBANON, 1537 WASHINGTON ROAD PITTSBURGH, PA 15228		CURRENT LICENSE NUMBER 433610	
INSPECTION DATES (Include all dates of the inspection) 01/11/2012, 01/12/2012, 01/13/2012		REGIONAL REPRESENTATIVE Alden Linhart, Diane Whitney, Alden Linhart, Diane Whitney, Alden Linhart	
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 03-06-12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 3-12-12


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
	<div style="border: 1px solid black; padding: 10px; width: fit-content; margin: 0 auto;"> <p style="font-size: 1.2em; font-weight: bold; margin: 0;">Western Region</p> <p style="margin: 5px 0 0 0;">MAR 07 2012</p> <p style="margin: 0 0 0 0;">Adult Residential Licensing</p> </div>			

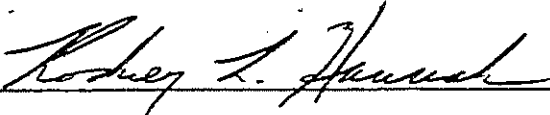
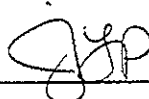
NAME AND ADDRESS OF PERSONAL CARE HOME THE PINES OF MT LEBANON, 1537 WASHINGTON ROAD PITTSBURGH, PA 15228		CURRENT LICENSE NUMBER 433610	
INSPECTION DATES (include all dates of the inspection) 01/11/2012, 01/12/2012, 01/13/2012		REGIONAL REPRESENTATIVE Alden Linhart, Diane Whitney, Alden Linhart, Diane Whitney, Alden Linhart	
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 03-06-12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 3-12-12


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
226a The resident shall be assessed for mobility needs as part of the resident's assessment.	Resident #2's assessment, completed on 10/10/2011, assesses the resident as mobile and the medical evaluation dated 3/03/2011 assesses the resident as immobile. <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;"> <p style="text-align: center;">Western Region</p> <p style="text-align: center;">MAR 07 2012</p> <p style="text-align: center;">Adult Residential Licensing</p> </div>	03-08-12	226a Resident #2's annual Assessment and Medical Evaluation is due to be updated in March 2012. A new Medical Evaluation has been submitted to physician for completion by March 8, 2012	 3-12-12
		03-16-12	Director of Resident Care will audit all remaining charts to determine if additional charts have mobility discrepancies. Audit to be completed by March 16, 2012.	
		03-16-12	Director of Resident Care will maintain monthly audit system to continue tracking both Resident Assessment and Medical Evaluations to verify mobility documentation is correct.	
		03-30-12	Health Care Compliance Coordinator to randomly audit that Resident Assessments and Medical Evaluations accurately reflect current mobility needs quarterly.	

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

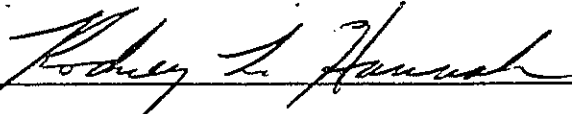
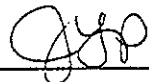
NAME AND ADDRESS OF PERSONAL CARE HOME THE PINES OF MT LEBANON, 1537 WASHINGTON ROAD PITTSBURGH, PA 15228		CURRENT LICENSE NUMBER 433610	
INSPECTION DATES (Include all dates of the inspection) 01/11/2012, 01/12/2012, 01/13/2012		REGIONAL REPRESENTATIVE Alden Linhart, Diane Whitney, Alden Linhart, Diane Whitney, Alden Linhart	
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 03-06-12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 3-12-12


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
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 6/17/2011. The support plan for the resident was not completed until 9/16/2011 after admission to SDCU on 8/22/2011. <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;">Western Region MAR 07 2012</div>	01-23-12	227a Resident #1's Support Plan was reviewed following the annual inspections exit conference. The Support Plan on file is now updated to reflect current condition.	 3-12-12
		03-23-12	Director of Resident Care will audit resident charts, whose admission date is within the last 30 days, to determine if additional charts require Support Plans. Audit to be completed by March 23, 2012.	
		03-23-12	Director of Resident Care Services in conjunction with the Assist Director of Resident Care will review and maintain current tickler system to address all new admission Support Plans.	
		03-30-12	Regional Compliance Nurse as well as Executive Director will randomly audit Support Plans monthly for accuracy.	

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) 01/11/2012, 01/12/2012, 01/13/2012		REGIONAL REPRESENTATIVE Alden Linhart, Diane Whitney, Alden Linhart, Diane Whitney, Alden Linhart	
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 03-06-12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 3-12-12

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
234a Within 72 hours of the admission or within 72 hours prior to the resident's admission to the secured dementia care unit, a support plan shall be developed, implemented and documented in the resident record.	<p>Resident #1 was admitted to the SDCU on 8/22/2011. The support plan for the SDCU admission was dated 9/16/2011 which is more than 72 hours after the admission date.</p> <p>Resident #8 was admitted to the SDCU on 5/10/2011. The support plan for resident #8 was not completed until 5/16/2011 which is more than 72 hours after the admission date.</p> <div style="border: 1px solid black; padding: 10px; margin: 10px auto; width: fit-content;"> <p style="text-align: center; font-weight: bold; font-size: 1.2em;">Western Region</p> <p style="text-align: center; font-weight: bold;">MAR 07 2012</p> <p style="text-align: center;">Adult Residential Licensing</p> </div>	<p>01-23-12</p> <p>03-23-12</p> <p>03-23-12</p> <p>03-30-12</p>	<p>234a Resident #1 & # 8's Support Plans were reviewed following the annual inspections exit conference. The Support Plans on file for residents #1 & #8 are now updated to reflect current conditions.</p> <p>Director of Resident Care will audit all remaining SDCU's Support Plans to determine if additional charts require updating. Audit to be completed by March 23, 2012.</p> <p>Director of Resident Care Services in conjunction with the Assist Director of Resident Care will revised the current tickler system to include the 72 hour due date requirement for SDCU admission Support Plans.</p> <p>Regional Compliance Nurse as well as Executive Director will randomly audit Support Plans monthly for accuracy.</p>	<p> 3-12-12</p>

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) 01/11/2012, 01/12/2012, 01/13/2012		REGIONAL REPRESENTATIVE Alden Linhart, Diane Whitney, Alden Linhart, Diane Whitney, Alden Linhart	
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 03-06-12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 3-12-12

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
254a Records of active and discharged residents shall be maintained in a confidential manner, which prevents unauthorized access.	<p>There was a red binder left unattended at the first floor reception desk that contained the complete record for resident #4.</p> <p>The second floor "Wellness Room" which is located directly across from the elevator door was consistently unlocked and periodically unattended. Resident records are stored on shelves in this room. The room was observed to be unattended at 8:30 AM on 1/13/2012. The home's staff confirm that this room is unlocked.</p> <p>On the second floor there were three unsecured resident charts lying on a desk in a room located across from "Fox Rehabilitation" room. There were no staff in the room.</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px; text-align: center;"> <p>Western Region</p> <p>MAR 07 2012</p> <p>Adult Residential Licensing</p> </div>	<p>01-20-12</p> <p>01-25-12</p> <p>02-10-12</p>	<p>254a Resident #4's business chart was returned to the Business office files for proper storage as were the resident files located in the physician's office across from the Fox Rehabilitation office. In Anticipation of violation report, we replaced the lock on the Wellness Center door and distributed keys to the appropriate staff on January 20th.</p> <p>Reeducation of the receptionist involved and visiting medical staff, on the need to maintain resident documentation in a secure manner, was conducted on a one on one bases on January 18th. Locking of the Wellness Center door, when staff not present, was reviewed at the January 25th Resident Care meeting.</p> <p>Director of Resident Care, Assist Director of Resident Care and Executive Director will monitor resident chart maintenance and Wellness Center door security daily.</p>	<p> 3-12-12</p>