

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

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, 2013 until January 26, 2014,
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



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

NOV 19 2012

Ms. Loriann Putzier, Executive Vice President
Tithonus Mt. Lebanon, LP
c/o Integracare Corporation
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 (Department) licensing inspection on October 10, 2012 and October 11, 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 Human Services Licensing so that compliance can be verified.

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

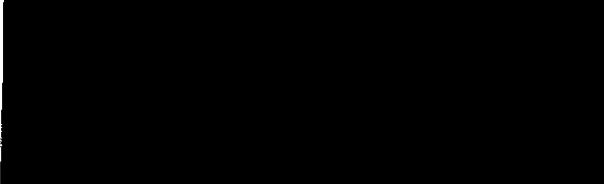
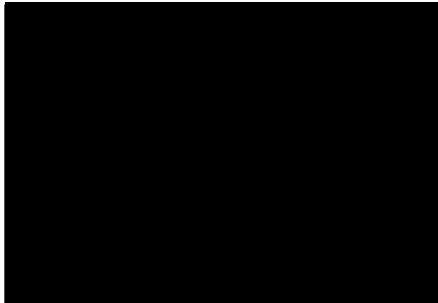
Sincerely,

A handwritten signature in black ink, appearing to read "R. Melusky".

Ronald Melusky
Director

Enclosures
License
Violation Report

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

PCH Name: THE PINES OF MT LEBANON		License Number: 433610
Address: 1537 WASHINGTON ROAD, PITTSBURGH, PA 15228		County: Allegheny
Administrator: Beverly Bowser	Western Field Office Adult Residential Licensing	
Legal Entity Name: TITHONUS MT LEBANON LP		Region: WEST
Legal Entity Address: 6600 BROOKTREE COURT SUITE 1000, WEXFORD, PA 15090		
Certificate(s) of Occupancy		
Other 12/06/2005 Mt. Lebanon		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 94	Waking Staff: 71
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Renewal		
On-Site Inspections Dates and Department Representatives On-Site		
10/10/2012: Goedert, Caroline; Flinner-Alman, Lisa 10/11/2012: Goedert, Caroline		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 112 Number of Residents Served: 57 Secured Dementia Care Unit in Home: Yes Area: Wing on First Floor Secured Dementia Unit Capacity, if Applicable: 18 		Number of Residents who: 

Violation Report: 43361 - 10/10/2012 - Goedert, Caroline
PCH Name: THE PINES OF MT LEBANON

2520%

1. REGULATION 55 Pa.Code §2600
2600.18 - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.
Western Field Office
Adult Residential Licensing

2a. DESCRIPTION OF VIOLATION
Pursuant to Act 56 of 2007, "no person organization, or program shall use the term 'assisted living' in any name or written material" unless the person, organization, or program is an assisted living residence licensed in accordance with 55 Pa. Code 2800 which became effective on January 18, 2011. The home's van which is driven throughout the area to escort residents to appointments and activities has "The Pines of Mt. Lebanon, An Assisted Living Residence" written in large letters on the side.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

12/15/2012 The company will replace the 'Assisted Living' logo on the community van' with 'Senior Living and Memory Care'

12/15/2012 The community has conducted an audit of its signage and collateral materials. One assisted logo was found on the community signed contained 'Assisted Living' the company has ordered a plate with "Senior Living and Memory Care' to place over the sign.

10/21/11 ongoing The Executive Director will monitor all signage and printed material for compliance with 55 Pa. Code 2800.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

Beverly A Bowser

Date

10/29/12

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 10/29/12
(Date)

Plan of correction implementation status as of 10/29/12
(Date)

The above plan of correction was approved by [Signature]
(Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 43361 - 10/10/2012 - Goedert, Caroline
PCH Name: THE PINES OF MT LEBANON

1. REGULATION 55 Pa.Code §2600

2600.63(a) - 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.

Oct 25 2012
Western Field Office
Adult Residential Licensing

2a. DESCRIPTION OF VIOLATION

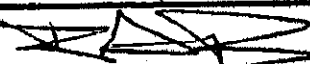
On 09/30/12, from 10:00pm to 8:00am, more than 50 residents were present in the home. During this time 0 staff persons were present in the home who were certified in First Aid.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

- 10/22/2012 CPR and First Aid class was held October 22nd for the night shift.
- 10/25/2012 ongoing An additional CPR/FA class is scheduled for October 25th and training classes will be scheduled as necessary to maintain compliance.
- 10/22/2012 The results of an audit conducted 10/22/12 ,determined that all shifts have the appropriate number of staff persons certified in CPR and First Aid.
- 10/11/2012 The Director of Resident care services has been re-educated on 2600.63
- 10/22/2012 CPR/FA qualifications will be monitored by the Director of Resident Care with every schedule drafted. The schedule will be highlighted to indicate certified CPR/FA staff members on each shift.
- 10/22/2012 Director of Resident Care will update the CPR/FA tickler monthly to maintain current certifications of direct care staff. The Executive Director will audit the CPR/First Aid binder/tickler monthly for compliance.

Repeat Violation: Yes Date(s) of Previous Violation(s): 01/11/2012


Signature of Legal Entity Representative (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) **BEVERLY A Boushey** Date **10/23/12**
EXECUTIVE DIRECTOR

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 10/29/12 (Date)

Plan of correction implementation status as of 10/29/12 (Date)

The above plan of correction was approved by  (initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 43361 - 10/10/2012 - Goedert, Caroline
PCH Name: THE PINES OF MT LEBANON

OCT 25 2012

1. REGULATION 55 Pa.Code §2600

2600.64(c) - An administrator shall have at least 24 hours of annual training relating to the job duties.

Western Field Office
Adult Residential Licensing

2a. DESCRIPTION OF VIOLATION

Staff person A, the home's administrator, completed only 19 hours of annual training in training year 8/1/11 through 7/31/12.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

10/22/12 ongoing The administrator will obtain 5 additional training hours in addition to the 24 hours of continuing education required under 2600.64(c) between August 1, 2012 and July 31, 2013. The additional training will adhere to and surpass regulation 2600.64 which requires 24 hours additional training hours.

10/22/12 ongoing Administrator will monitor training hours quarterly and training will be completed by July, 2013.

10/22/12 ongoing Executive Director will maintain copies of current year training certificates on file at the community

11-30-12 The administrator will submit a schedule to the Western Regional Office to the attention of J. Pezzino, specifying when the 5 hours of required and approved administrator training will be met including: course title, date, time, location, number of approved hours.
JRP 10-29-12

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Beverly Douser EXECUTIVE DIRECTOR Date 10/29/12

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Plan of correction implementation status as of 10/29/12 (Date)

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- Not Implemented

The above plan of correction was approved by JRP (initials)

Violation Report: 43361 - 10/10/2012 - Goedert, Caroline
PCH Name: THE PINES OF MT LEBANON

OCT 25 2012

1. REGULATION 55 Pa.Code §2600

2600.103(e) - Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

Western Field Office
Adult Residential Licensing

2a. DESCRIPTION OF VIOLATION

At 10:30am on 10/10/12, there were 3 dishes of leftover food in the refrigerator on the secure dementia unit that were not labelled or dated. At 11:00am on 10/10/12, there was an uncooked turkey breast in the walk in cooler that was not dated. At 11:00am on 10/10/12, there was a bag of uncooked chicken breasts in the walk in cooler that was not labelled or dated.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

- 10/10/2012 The unlabeled and undated food was immediately removed from the refrigerator and discarded.
- 10/10/2012 Staff audited the refrigerator in the Memory care unit, and walk in coolers - no additional undated /unlabeled food items were found.
- 10/24/2012 Re-education on Proper food storage completed for Memory Care and Dining Service Staff
- 10/24/2012 ongoing The Food Service Director and Memory Care Coordinator/ assigned designee will audit food storage on a daily basis to ensure food is properly labeled and dated. (see attached form)
- 10/24/12 ongoing The Executive Director will perform regular quality assurance rounds to maintain compliance in this area.

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Date

BEVERLY A BOWSER EXECUTIVE DIRECTOR 10/23/12

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The above plan of correction was approved by [Signature] (Initials)

- Fully implemented
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- Not Implemented

Violation Report: 43361 - 10/10/2012 - Goedert, Caroline
 PCH Name: THE PINES OF MT LEBANON

OCT 25 2012

1. REGULATION 55 Pa.Code §2600

2600.132(h) - Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

Water Pollution
 Adult Residential Licensing

2a. DESCRIPTION OF VIOLATION

At least one resident in the home did not evacuate during the following fire drills: 3/26/12, 4/23/12, 5/30/12, 6/5/12, and 7/23/12.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

10/10/2012 The two residents that refused evacuation are no longer residing at the Pines.

10/11/2012 Upon review of the past 12 months, it was determined that no other residents refused to participate in fire drills.

10/26/2012 An in-service will be conducted by the Executive Director at the next Resident Council meeting reviewing requirement that all residents must participate in fire drills.

10/24/2012 ongoing New residents and family members will be Educated by the Sales and Move in Director regarding mandatory participation in fire drills as outlined in the residency agreement.

10/12/12 ongoing Resident's that refuse to evacuate during a fire drill will be re-educated and efforts will be documented on the fire drill log by the Environmental Services Director.

10/12/2012 ongoing The Executive Director and Environmental Service Director will monitor monthly fire drill log monthly to maintain ongoing compliance with 2600.132(h) .

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) **BEVERLY A BOWSER Executive** Date **10/23/12**

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 (Date)

Plan of correction implementation status as of 10/29/12
 (Date)

The above plan of correction was approved by [Signature]
 (Initials)

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Violation Report: 43361 - 10/10/2012 - Goederl, Caroline
PCH Name: THE PINES OF MT LEBANON

OCT 25 2012

1. REGULATION 55 Pa.Code §2600

2600.183(f) - Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

2a. DESCRIPTION OF VIOLATION

Resident #1 is ordered Loratadine 10mg, take one tablet by mouth daily as needed. The medication expired in September, 2012.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

10/11/2012

The expired medication was immediately removed from the medication cart for disposal by the Director of Resident Care Services.

10/11/2012

The medication carts were audited for additional expired medications. No additional expired medications were found. Two medications that were due to expire in October were removed and re-ordered from the pharmacy.

11/2/2012

Med carts will be audited by pharmacy/ medication trained staff every two weeks during medication exchange. Documentation on the Medication Continuous Performance Improvement Monitor Report (CPI) verifying review and absence of expired medication.

11/30/12 ongoing

The Executive Director will review the completed audits on a monthly basis. Verification of review will be documented on the CPI form.

10/31/2012

The Director of Resident Care services will re-educate the nursing department on the revised protocol (outlined above) for auditing medication carts for expired medications.

11/15/12 ongoing

The Executive Director as well as the Director of Resident Care Services will randomly Medication cart reviews on a monthly basis for expired medications. Verification of review will be documented on the CPI form.

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) BEVERLY A BOWSER EXECUTIVE Date 10/23/12

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Plan of correction implementation status as of 10/29/12 (Date)

The above plan of correction was approved by [Signature] (Initials)

- [X] Fully Implemented
[] Partially Implemented - Adequate Progress
[] Partially Implemented - Inadequate Progress
[] Not Implemented

Violation Report: 43361 - 10/10/2012 - Goedert, Caroline
PCH Name: THE PINES OF MT LEBANON

OCT 25 2012

1. REGULATION 55 Pa.Code §2600

2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

2a. DESCRIPTION OF VIOLATION

The preadmission screening form for resident #2, admitted 1/23/12, was not completed. Only the header on page #1 was filled out on the form.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

- 10/24/2012 The community completed an audit to determine if additional pre-screens were out of compliance. Five additional pre-screening forms were identified as missing information.
- 10/24/2012 Director of Sales/Move-ins will be re-educated on proper completion of the pre-screening form and corresponding regulation.
- 10/24/12 ongoing The Director of Sales/Move-ins will complete the pre-screen is completed in its entirety within 30 days prior to move-in.
- 10/24/12 ongoing The Executive Director will review pre-admission paperwork for completion prior to the resident moving into the community. The Prescreen will be initialed and dated as verification of review.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

BEVERLY A BOWSER
EXECUTIVE DIRECTOR

Date 10/23/12

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(Date)

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(Initials)

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Violation Report: 43361 - 10/10/2012 - Goedert, Caroline

PCH Name: THE PINES OF MT LEBANON

OCT 25 2012

1. REGULATION 55 Pa.Code §2600

2600.234(b) - The support plan must identify the resident's physical, medical, social, cognitive and safety needs.

Western Field Office
Adult Residential Licensing

2a. DESCRIPTION OF VIOLATION

On 08/11/12, resident #3's record indicated an order to cleanse an ulcer on the buttock area with normal saline, pack the area with 4 inch gauze lightly and apply 2"X2" tape daily and as needed. The support plan for resident #3, dated 9/07/11, does not address the plan to meet the service need, the person responsible, or the frequency of the service.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

10/11/2012

Resident #3 is no longer a resident at the community. The resident was discharged prior to the survey.

11/30/2012

The Director of Resident Care Services, with support from the Assistant Director of Resident Care Services, will audit and update Support plans to verify resident's physical, medical, social, cognitive and safety needs are identified. The support plan will indicate how each service need will be met, how often the service will be completed and who will complete the service.

11/30/2012

The Director of resident care will educate the nursing staff proper documentation on the support plan.

10/31/2012

The Director of resident care will maintain a list of any resident who is receiving wound care in the community. The Executive Director and/or Regional Compliance Nurse will complete monthly random audits of support plans for resident receiving wound care and document audit on wound list.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

BEVERLY A BOWER EXECUTIVE DIRECTOR

Date

10/23/12

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of

10/29/12
(Date)

Plan of correction implementation status as of

10/29/12
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by

(Initials)