



**pennsylvania**  
DEPARTMENT OF PUBLIC WELFARE

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**

**MAILING DATE: DEC 16 2013**

Mr. Gary Renwick, Administrator  
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 Mr. Renwick:

As a result of the Department of Public Welfare's (Department) licensing inspection on August 5, 2013, of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary 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.

Sincerely,

A handwritten signature in cursive script, appearing to read "Janine Wenzig".

Janine Wenzig  
Regional Licensing Administrator

Enclosure  
Licensing Inspection Summary



Violation Report: 43361 - 08/05/2013 - Flinner-Alman, Lisa  
PCH Name: THE PINES OF MT LEBANON

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.42(b) - A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

2a. DESCRIPTION OF VIOLATION

Resident #1, who is 82 years old and has a diagnosis of dementia, resides on the Secure Care Dementia Unit. The resident had at least ten falls in the home from 5/1/13 through 8/4/13 hitting head numerous times. The majority of falls occurred while the resident was unsupervised in the bedroom or bathroom. On 6/28/13, the resident fell and was diagnosed with bilateral subacute chronic subdural hematomas.

The resident's assessment and support plan, dated 4/25/13, indicate resident needs "extensive supervision...needs to be watched closely as has poor safety awareness", and is a fall risk because resident "feels can do things independently" and forgets that he/she needs assistance. The resident used a walker for mobility, but needed assistance to safely transfer. The home failed to adequately supervise the resident or implement adequate fall prevention measures. Checks on the resident were scheduled once per hour in April 2013 and were not increased to 30 minute checks until 7/30/13. The home placed fall mats around the resident's bed on 8/5/13 and later moved the resident's room closer to the nursing station.

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.

See Attachment A

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *[Handwritten Signature]*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Patty Benwick, Executive Director*      Date: *10-25-13*

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

The above plan of correction is approved as of 12/4/13  
(Date)

Plan of correction implementation status as of 12/4/13  
(Date)

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

- Fully Implemented
- Partially Implemented - Adequate Progress *[Handwritten Mark]*
- Partially Implemented - Inadequate Progress
- Not Implemented

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OCT 25 2013

Plan of Correction  
The Pines of Mt. Lebanon  
1537 Washington Road  
Pittsburgh, Pa 15228  
412-341-4400

WEST REGION FIELD OFFICE  
Human Services Licensing

**Attachment A:**

**1. Regulation:**

A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment in any way.

**2a: Description of Violation:**

Resident #1, who is 82 yo and has a diagnosis of dementia, resides on the secure care dementia unit. The resident had at least ten falls in the home from 5/1/13 thru 8/4/13 hitting head numerous times. The majority of falls occurred while the resident was unsupervised in the bedroom or bathroom. On 6/28/13, the resident fell and was diagnosed with bilateral subacute chronic subdural hematoma.

The resident's assessment and support plan, dated 4/25/13, indicate resident needs "extensive supervision...needs to be watched closely as has poor safety awareness", and is a fall risk because resident "feels can do things independently" and forgets that he/she needs assistance. The resident used a walker for mobility, but needed assistance to safely transfer. The home failed to adequately supervise the resident or implement adequate fall prevention measures. Checks on the resident were scheduled once per hour in April 2013 and were not increased to 30 minute checks until 7/30/13. The home placed fall mats around the resident's bed on 8/5/13 and later moved the resident's room closer to the nurse's station.

**3. POC:**

- During a recent DPW field visit, it was determined that The Pines did not implement adequate fall prevention measures for resident #1.
- The home implemented the following measures to ensure Resident #1's safety and reduce the # of falls:
  - o 30 minute checks
  - o Place floor mats around bed
  - o Moved Resident's room closer to the wellness center. The shared bathroom is within her apartment enabling her to access the bathroom more easily and without the obstacle of handling a second door.
  - o Netf rolls have been added to her bed frame for safety.
  - o Resident #1 has been given an emergency pendant wristwatch for safety.
- The incidents of fall for Resident #1 have significantly declined since the above measures were implemented.
- The Executive Director or designee will continually monitor the safety and fall risk of each resident at the home.

*[Handwritten signature]*  
12/14/13

By 1/31/14 All staff will be educated on fall prevention in residents with dementia by an outside source  
By 5/31/14 The administrator will attend the administrator training on fall prevention provided by the Department. The administrator will contact the regional office in January for schedule.

Violation Report: 43361 - 08/05/2013 - Flinner-Alman, Lisa  
PCH Name: THE PINES OF MT LEBANON

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1. REGULATION 55 Pa.Code §2600  
2600.95 - Furniture and equipment must be in good repair, clean and free of hazards.

OCT 25 2013

2a. DESCRIPTION OF VIOLATION

The square table in the club room in the secure dementia unit wobbles and spins.

WEST REGION FIELD OFFICE  
Human Services Licensing

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.

See Attachment B

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)

Gary Benwick, Executive Director

Date 10-25-13

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

The above plan of correction is approved as of

12/4/13  
(Date)

Plan of correction implementation status as of

12/4/13  
(Date)

The above plan of correction was approved by

(Initials)

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

- Moving forward, the Executive Director or designee will ensure that all safety and preventative measures are taken when there are incidents of falls.

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WEST REGION FIELD OFFICE  
Human Services Licensing

**Attachment B:**

1. Regulation:

Furniture and equipment must be in good repair, clean and free from hazards.

2a: Description of Violation:

The square table in the club room in the secure dementia unit wobbles and spins.

3. POC:

- During a recent DPW field visit, it was determined that the table located in the club room within the secure dementia unit wobbles and spins.
- On 8/5/13, the Director of Environmental Services repaired the table and ensured that it no longer wobbles and spins.
- On 8/5/13, The Executive Director checked all tables within the secured dementia unit to ensure that they are safe and in good repair.
- Moving forward, the Executive Director or designee will periodically check all tables in the secure dementia unit to ensure that they are safe and in good repair. The tables will be routinely checked as part of our preventative maintenance standards.

*[Handwritten signature]*  
8/24/13

Violation Report: 43361 - 08/05/2013 - Flinner-Alman, Lisa

PCH Name: THE PINES OF MT LEBANON

1. REGULATION 55 Pa.Code §2600

2600.101(j)(5) - Each resident shall have the following in the bedroom: A bedside table or a shelf.

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2a. DESCRIPTION OF VIOLATION

There is no bedside table or shelf beside the beds in rooms 158a and 158b.

WEST REGION FIELD OFFICE  
Human Services Licensing

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.

See Attachment C

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*[Handwritten Signature]*

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

*Gary Renwick, Executive Director*

Date *10-25-13*

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

The above plan of correction is approved as of

12/4/13  
(Date)

Plan of correction implementation status as of

12/4/13  
(Date)

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

The above plan of correction was approved by

*[Handwritten Initials]*  
(Initials)

OCT 25 2013

WEST REGION FIELD OFFICE  
Human Services Licensing

**Attachment C:**

1. Regulation:


Each resident shall have the following in the bedroom: A bedside table or a shelf.

2a: Description of Violation:

There is no bedside table or shelf beside the beds in rooms #158a and #158b.

3. POC:

- During a recent DPW field visit, it was determined that there was no bedside table or shelf in rooms #158a and #158b.
- On 8/5/13, the Director of Environmental Services supplied both rooms with a bedside table.
- On 8/5/13, The Executive Director checked all units within the secured dementia unit to ensure that they had a bedside table or shelf.
- Moving forward, the Executive Director or designee will periodically check all units in the secure dementia unit to ensure that they have a bedside table or shelf.

  
12/4/13

Violation Report: 43361 - 08/05/2013 - Flinner-Alman, Lisa  
PCH Name: THE PINES OF MT LEBANON

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.101(j)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.

2a. DESCRIPTION OF VIOLATION  
The beds in rooms 158a and 158b do not have a source of light that can be turned on/off from bedside.

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.

See Attachment D

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

Signature of Legal Entity Representative (Required on EVERY Page) *[Handwritten Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Gary Remwick, Executive Director*      Date *10-25-13*

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

The above plan of correction is approved as of 12/4/13  
(Date)

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

Plan of correction implementation status as of 12/4/13  
(Date)

- Fully Implemented *[Handwritten mark]*
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

OCT 25 2013

WEST REGION FIELD OFFICE  
Human Services Licensing

**Attachment D:**

**1. Regulation:**

Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.

**2a: Description of Violation:**

The beds in rooms #158a and #158b do not have a source of light that can be turned on/off from bedside.

**3. POC:**

- During a recent DPW field visit, it was determined that there was no bedside lamp in rooms #158a and #158b.
- On 8/5/13, the Director of Environmental Services supplied both rooms with an operable bedside lamp.
- On 8/5/13, The Executive Director checked all units within the secured dementia unit to ensure that they had an operable bedside lamp.
- Moving forward, the Executive Director or designee will periodically check all units in the secure dementia unit to ensure that they have an operable bedside lamp.

*BA* 12/4/13

Violation Report: 43361 - 08/05/2013 - Flinner-Alman, Lisa

PCH Name: THE PINES OF MT LEBANON

WEST REGION FIELD OFFICE

Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

2a. DESCRIPTION OF VIOLATION

The medication administration record for resident #1 does not include a diagnosis or purpose for Mirtazapine 15mg or Ensure Nutritional supplement.

The medication administration record for resident #1 was not initialed by staff for the following medications at the indicated dates and times:

- Acetaminophen 325mg, 2 tablets at 8:00 a.m. on 6/21, 6/24, 6/29/13
- Risperidone 0.25mg, 1/2 tablet at 8:00 a.m. on 6/21, 6/24, 6/29, 7/31/13
- Risperidone 0.25mg, 1 tablet at 8:00 p.m. on 6/2/13, 7/31/13
- Acetaminophen 325mg, 2 tablets at 8:00 a.m. on 6/21, 6/24, 6/29/13
- Mirtazapine 15mg, 1/2 tablet at 8:00 p.m. on 7/31/13-

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.

See Attachment E

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*[Handwritten Signature]*

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

*Gregory Kenneth Executive Director*

Date

*10-25-13*

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

The above plan of correction is approved as of \_\_\_\_\_  
(Date)

*12/4/13*

Plan of correction implementation status as of \_\_\_\_\_  
(Date)

*12/4/13*

The above plan of correction was approved by \_\_\_\_\_  
(Initials)

*[Handwritten Initials]*

- Fully Implemented *[Handwritten Signature]*
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

OCT 25 2013

WEST REGION FIELD OFFICE  
Human Services Licensing

**Attachment E:**

1. Regulation:

A medication record shall be kept to include the following for each resident for whom medications are administered. (1) through (14).

2a: Description of Violation:

The medication administration record for resident #1 does not include a diagnosis or purpose for Mirtazapine 15mg or Ensure Nutritional supplement.

The medication administration record for resident #1 was not initialed by staff for the following medications at the indicated dates and times:

Acetaminophen x 2  
Risperidone x 2  
Mirtazapine

3. POC:

- During a recent DPW field visit, it was determined that the medication Mirtazapine did not include a purpose on the medication record and the above medications were not initialed by staff at the indicated dates and times.
- Immediately after this was discovered, the medication administration record was corrected to reflect staff initials. Additionally, the diagnosis/purpose for Mirtazapine was added to the MAR.
- On 10/15/13, The Director of Resident Care conducted a re-training with all Resident Care staff regarding the importance of initialing the medication record when medications are administered.
- Moving forward, The Director of Resident Care or designee will routinely check all MAR's to ensure completeness for both staff initials and diagnosis/purpose of each medication. *- at least weekly*

*J 12/1/13*

OCT 25 2013

Violation Report: 43361 - 08/05/2013 - Flinner-Alman, Lisa  
PCH Name: THE PINES OF MT LEBANON WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.225(a) - 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.

2a. DESCRIPTION OF VIOLATION  
The medical evaluation, dated 4/23/13, indicates Resident #1 is totally immobile. The assessment, dated 4/26/13, indicates the resident is moderately immobile.

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.

See Attachment F

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Hary Renuick, Executive Director* Date *10-25-13*

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

The above plan of correction is approved as of 12/4/13  
(Date)

Plan of correction implementation status as of 12/4/13  
(Date)

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

- Fully Implemented *[Signature]*
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

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OCT 25 2013

WEST REGION FIELD OFFICE  
Human Services Liaison

**Attachment E:**

1. Regulation:

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.

2a: Description of Violation:

The medical evaluation, dated 4/23/13, indicates Resident #1 is totally immobile. The assessment, dated 4/26/13, indicates the resident is moderately immobile.

3. POC:

- During a recent DPW field visit, it was determined that the medical evaluation regarding mobility, dated 4/23/13, did not match the assessment dated, 4/26/13.
- Because Resident #1 is regarded as a total immobile, it was determined that the error is in the assessment dated 4/26/13.
- Upon this determination, the assessment dated 4/26/13, was immediately corrected to reflect total immobile to match the medical evaluation for Resident #1.
- By December 15, the Executive Director, Director of Resident Care or designee will ensure that the medical evaluations and assessments for all current residents match, specifically, information regarding mobility.
- Moving forward, the Executive Director, Director of Resident Care or designee will ensure that all medical evaluations and assessments on new admissions match, specifically, information regarding mobility.

*If a resident's mobility needs improve or decline after the medical evaluation has been completed, the assessment and support plan will be updated to reflect the resident's current status.*

*J 12/4/13*

OCT 25 2013

Violation Report: 43381 - 03/05/2013 - Flinner-Alman, Lisa

PCH Name: THE PINES OF MT LEBANON

WEST REGION FIELD OFFICE  
Human Services Director

1. REGULATION 55 Pa.Code §2600

2600.231(b) - A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit.

2a. DESCRIPTION OF VIOLATION

The medical evaluation for resident #1, dated 4/23/13, does not document the resident's diagnosis of dementia.

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.

See Attachment G

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*[Handwritten Signature]*

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

*Hany Kenwick, Executive Director*

Date *10-25-13*

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

The above plan of correction is approved as of

12/4/13  
(Date)

Plan of correction implementation status as of

12/4/13  
(Date)

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

The above plan of correction was approved by

*[Handwritten Initials]*  
(Initials)

OCT 25 2013

WEST REGION FIELD OFFICE  
Human Services Division**Attachment G:****1. Regulation:**

A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit.

**2a: Description of Violation:**

The medical evaluation for resident #1, dated 4/23/13, does not document the resident's diagnosis of dementia.

**3. POC:**

- During a recent DPW field visit, it was determined that Resident #1's medical evaluation did not indicate a diagnosis of dementia.
- The medical evaluation for Resident #1 will be corrected to reflect a diagnosis of dementia by Dr. [REDACTED] on 10/31/13.
- By December 15, The Executive Director or designee will ensure that all medical evaluations for all current residents residing within the SDCU, indicates the diagnosis of dementia.
- Moving forward, The Executive Director or designee will verify that all new admissions to the home's SDCU reflects the diagnosis of dementia on the medical evaluation documentation.

12/2/13

Violation Report: 43351 - 08/05/2013 - Flinner-Alman, Lisa  
PCH Name: THE PINES OF MT LEBANON

WEST REGION FIELD OFFICE  
Human Services Coordinator

1. REGULATION 55 Pa.Code §2600

2600.233(c) - If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

2a. DESCRIPTION OF VIOLATION

The directions for operating the home's locking mechanism are not conspicuously posted near the SDCU courtyard gate.

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.

See attachment H

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*[Handwritten Signature]*

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

*Gary Bennett, Executive Director*

Date

10-25-13

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

The above plan of correction is approved as of

12/4/13  
(Date)

Plan of correction implementation status as of

12/4/13  
(Date)

The above plan of correction was approved by

*[Handwritten Signature]*  
(Initials)

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

RECEIVED

OCT 25 2013

Page 9A of 9

WEST REGION FIELD OFFICE  
Human Services Department

**Attachment H:**

**1. Regulation:**

If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock or unlock exits, directions for their operation shall be conspicuously posted near the device.

**2a: Description of Violation:**

The directions for operating the home's locking mechanism are not conspicuously posted near the SDCU courtyard gate.

**3. POC:**

- During a recent DPW field visit, it was determined that the home did not have directions posted near the courtyard gate within the SDCU.
- On 8/6/13, the Memory Care Program Coordinator posted directions for our locking mechanism at the gate of the courtyard within the SDCU.
- On 8/6/13, The Executive Director ensured that the directions are conspicuously located near the gate and meet regulatory guidelines.
- Moving forward, the Executive Director or designee will periodically check the directions to ensure that it is posted and meets regulatory guidelines.

2-12-13