



DEC 10 2013

Ms. Loriann Putzier, Executive VP
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
License #: 433610

Dear Ms. Putzier:

As a result of the Department of Public Welfare's (Department) licensing inspection on October 3, 2013 and October 4, 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.

Your regular license for the period of January 26, 2014 to January 26, 2015 was issued on November 19, 2013. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink that reads "Matthew J. Jones". The signature is written in a cursive style. There are some initials or a date "8/14" written above the name.

Matthew J. Jones
Acting Director

Enclosure
License Inspection Summary

RECEIVED

NOV 15 2013

Page 2 of 17

Violation Report: 43361 - 10/03/2013 - Glidden, Michella
PCH Name: THE PINES OF MT LEBANON

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.3(c) - The personal care home shall post the current license, a copy of the current licensing inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

2a. DESCRIPTION OF VIOLATION

On 10/3/13, the violation report, dated 10/10/12, that was issued with the most current license was posted in a conspicuous and public place in the home; however, additional violation reports that were issued on 12/27/12 and 4/3/13 were not posted.

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 home's attached plan of correction

See Attachment
A

See Attachment A page 2A of 17

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 Renwick, Executive Director Date 11-15-13

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

The above plan of correction is approved as of 11/22/13 (Date)

The above plan of correction was approved by MS (Initials)

Plan of correction implementation status as of 11/22/13 (Date)

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

Page 2 of 17

A

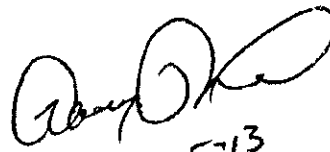
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NOV 15 2013

WEST REGION FIELD OFFICE
Human Services Licensing

2600.3 (c)

1. The Executive Director will ensure that the most current licensing inspection summary and violation reports are posted within the glass door case located in the lobby area.
2. On 11/6/13, the Executive Director posted the violation reports from 12/27/12 & 4/3/13, along with the violation report from 10/10/12 within the glass door display case located in the lobby area.
3. As part of the morning routine and community rounds, The Executive Director or designee will monitor and ensure that the most recent violation reports are posted within the glass door display case located in the lobby area.



11-15-13

MARIA STEPANOVICH (ms) 11/15/13
 Regional Licensing Approval of Plan of Correction
 Maria Stepanovich

NOV 15 2013

Violation Report: 43361 - 10/03/2013 - Glidden, Michelle
PCH Name: THE PINES OF MT LEBANON

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

2a. DESCRIPTION OF VIOLATION

On 10/3/13, at approximately 8:55 AM, the medication administration records for residents of the home were unlocked and accessible on top of the medication carts in the hallway outside of the main dining room.

On 10/3/13, at approximately 10:30 AM, the narcotic count sheets for residents #1, #2 and #3 were unlocked and accessible on the side of the medication cart in the hallway on the 2nd floor.

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 home's attached plan of correction

See Attachment
B

See Attachment B page 3A of 17

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 11-15-13

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(Date)

Plan of correction implementation status as of 11/22/13
(Date)

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- Not Implemented

The above plan of correction was approved by MS
(Initials)

RECEIVED

NOV 15 2013

WEST REGION FIELD OFFICE
Human Services Licensing

Page 3 of 17

B

2600.17

1. The Director of Resident Care, Assistant Director of Resident Care, and Executive Director will ensure that all resident records, including medication administration records utilized during medication pass, are locked and remain confidential at all times.
2. On 10/3/13, the LPN working on both medication carts, removed all accessible resident information found in violation, and immediately locked this information to ensure confidentiality.
3. Reeducation for the LPN involved and all staff responsible for administering medications, on the importance of maintaining resident information in secure and confidential manner, was conducted on a one on one basis during the week of 10/4-10/11/13. An additional review of this requirement will be conducted at the monthly Resident Care department meeting on 11/20/13.
4. The Director of Resident Care, Assistant Director of Resident Care, and Executive Director will monitor the medication carts to ensure that all resident information remains confidential daily.

[Handwritten Signature]
11-10-13

MARVA STEPANOVICH (ms) 11/22/13
Regional Licensing Approval of Plan of Correction
maria stepanovich

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NOV 15 2013

Page 4 of 17

Violation Report: 43361 - 10/03/2013 - Glidden, Michelle
PCH Name: THE PINES OF MT LEBANON

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 56 Pa.Code §2600

2600.42(s) - A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

2a. DESCRIPTION OF VIOLATION

On 10/3/13, an agent of the Department observed direct care staff person A providing wound care to resident #4's elbow at the dining room table in the presence of other residents that were waiting for lunch.

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 home's attached plan of correction

See Attachment
C

See Attachment C page 4A of 17

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 Kenneth Executive Director

Date 11-15-13

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11/22/13
(Date)

Plan of correction implementation status as of

11/22/13
(Date)

- Fully Implemented
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ms
(Initials)

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NOV 15 2013


WEST REGION FIELD OFFICE
Human Services Licensing

Page 4 of 17

C

2600.42 (c)

1. The Director of Resident Care, Assistant Director of Resident Care, Memory Care Program Coordinator and Executive Director will ensure that all resident care is provided within the privacy of the resident's apartment.
2. Reeducation for staff person A and all resident care staff responsible for providing care, on the importance of maintaining a resident's privacy while providing direct care, was conveyed through the Resident Care Department communication log on 11/6/13. An additional review of this requirement will be communicated at the monthly Resident Care department meeting on 11/20/13. See attached communication log from 11/6/13.
3. The Director of Resident Care, Assistant Director of Resident Care, Memory Care Program Coordinator and Executive Director will continually monitor that all care provided within the community is being conducted in the privacy of a resident's apartment.
4. Moving forward, The Director of Resident Care, Assistant Director of Resident Care and Memory Care Program Coordinator will educate all new resident care staff as part of the required Department Orientation regarding the importance of maintaining the privacy of all residents.


11-15-13

MARLA STEPANOVICH (MS) 11/22/13
Regional Licensing Approval of Plan of Correction
maria stepanovich

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NOV 15 2013

Page 5 of 17

Violation Report: 43361 - 10/03/2013 - Glidden, Michelle
PCH Name: THE PINES OF MT LEBANON

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.51 - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (OAPSA) (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (relating to protective services for older adults).

2a. DESCRIPTION OF VIOLATION
Staff person B, hired 4/2/13, did not have a criminal background check completed until 7/8/13.

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 home's attached plan of correction

See Attachment
D

See Attachment D page 5A of 17

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) *Gary Remick, Executive Director* Date *11/15/13*

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(Date)

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(Initials)

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(Date)
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 - Partially Implemented - Adequate Progress *MS*
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 - Not Implemented

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NOV 15 2013

WEST REGION FIELD OFFICE
Human Services Licensing

Page 5 of 17

D

2600.51

1. The Business Office Manager and Executive Director will ensure that criminal history checks are completed and meet the requirements of the OAPSA for all employees prior to the hire date.
2. For Staff person B, it was determined that a federal criminal history record check was required prior to employment because she did not meet the PA residency requirement of two consecutive years. Staff person B was immediately sent for a FBI clearance check prior to employment. On 3/11/13, The Pines received a letter from the Pa Dept. of Aging indicating that Staff person B met the criteria for employment under the OAPSA. Staff person B was hired on 4/2/13. It wasn't until 7/8/13, that we were made aware that a criminal history check through the Pa State Police was also required prior to the hire date. A criminal background check through the PATCH system was completed on 7/8/13 and the clearance was immediately received indicating no criminal history.
3. A review of all personnel files was conducted to ensure that criminal history checks in accordance with the OAPSA were successfully completed prior to all hire dates. No additional files were found to be in non-compliance.
4. As part of our hiring practices, the Business Office Manager and Executive Director will ensure that criminal history checks through the Pa State Police and Pa Dept. of Aging (if applicable) are conducted on all potential employees prior to hire date.
5. Moving forward, the Executive Director will perform a random audit of new hire personnel files monthly for compliance.

Alfred [Signature]
11-15-13

MARIA STEPANOVICH (LMS) 11/22/13
Regional Licensing Approval of Plan of Correction
Mara Stepanovich

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NOV 15 2013

Page 6 of 17

Violation Report: 43361 - 10/03/2013 - Glidden, Michelle
PCH Name: THE PINES OF MT LEBANON

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2900

2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

2a. DESCRIPTION OF VIOLATION

On 10/3/13, at 10:59 AM, the temperature in the walk-in refrigerator of the main kitchen was 48 degrees Fahrenheit and at 3:25 PM it was 45 degrees Fahrenheit.

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 home's attached plan of correction

See Attachment
E

See Attachment E page 6A of 17

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 11-15-13

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(Date)

Plan of correction implementation status as of 11/22/13
(Date)

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

The above plan of correction was approved by MS
(Initials)

Page 6 of 17

E

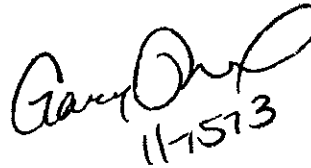
2600.103 (f)

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NOV 15 2013

WEST REGION FIELD OFFICE
Human Services Licensing

1. On 11/7/13, The Regional Director of Environmental Services performed a systems check on the refrigeration cooling unit and it was verified that the cooling system in good working condition.
2. On 11/7/13, it was determined that the cooling unit temperature dial was set on a temperature of 40 degrees. The Regional Director of Environmental Services reset the temperature to 38 degrees because this cooler is accessed frequently by the Food Service staff.
3. The Food Service Director or designee will continually monitor the thermometers to ensure that temperatures within the walk-in refrigerator are maintaining at or below 40 degrees. We will continue to monitor and utilize the daily temperatures log to ensure that we meet this requirement.
4. The Food Service Director will re-educate all current and new staff within the Food Service department on proper food storage temperatures to ensure that food stored within the walk-in refrigerator is at or below 40 degrees.



Gary D. [unclear]
11/15/13

MARIA STEPANOVICH LMS 11/22/13
Regional Licensing Approval of Plan of Correction
Maria Stepanovich

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NOV 15 2013

Violation Report: 43361 - 10/03/2013 - Glidden, Michelle
PCH Name: THE PINES OF MT LEBANON

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2800
2600.105(g)(1) - To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use.

2a. DESCRIPTION OF VIOLATION
On 10/3/13 there was an approximate 1/8 inch accumulation of lint in the lint trap of the commercial dryer in the 1st floor laundry room.

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 home's attached plan of correction

See Attachment
F

MARIA STEPANOVICH (MS) 11/22/13
Regional Licensing Approval of Plan of Correction
maria Stepanovich

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) *Chris Renwick, Executive Director* Date *11/15/13*

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

The above plan of correction is approved as of 11/22/13
(Date)

The above plan of correction was approved by MS
(Initials)

Plan of correction implementation status as of 11/22/13
(Date)

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

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NOV 15 2013

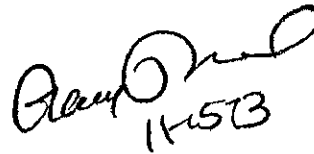
WEST REGION FIELD OFFICE
Human Services Licensing

Page 7 of 17

F

2600.105 (g)(1)

1. On 10/3/13, the Laundry Assistant checked and removed excess lint in the lint trap of the commercial dryer located in the 1st floor laundry room following observation of surveyor.
2. On 11/7/13, The Director of Environmental Services ordered a new lint trap for the commercial dryer as it was determined that the original lint trap was too difficult to remove due to the age and condition of the lint trap.
3. The Executive Director and Regional Director of Environmental Services reeducated the housekeeping & laundry staff and reinforced the use of the daily check lists for proper maintenance and cleaning of lint traps between uses.
4. The Regional Director of Environmental Services will utilize the community preventative maintenance audit "TELS" to monitor for compliance along with the Executive Director conducting environmental audits monthly.


11/5/13

MARIA STEPANOVICH (ms) 11/22/13
Regional Licensing Approval of Plan of Correction
maria stepanovich

NOV 15 2013

Violation Report: 43381 - 10/03/2013 - Giddan, Michelle
PCH Name: THE PINES OF MT LEBANON

1. REGULATION 55 Pa.Code §2800

2600.123(b) - Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

2a. DESCRIPTION OF VIOLATION

On 10/3/13, the home's emergency procedures and the emergency preparedness plan for the municipality were posted at the 2nd floor nurse's station and on a shelf in the 1st floor copy room which are not conspicuous and public places in the home.

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 home's attached plan of correction

See Attachment
G

See Attachment G page 8A of 17

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) *Gary Kenneth, Executive Director* Date *11-15-13*

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

The above plan of correction is approved as of 11/22/13 (Date)

The above plan of correction was approved by MS (Initials)

Plan of correction implementation status as of 11/22/13 (Date)

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

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NOV 15 2013

WEST REGION FIELD OFFICE
Human Services Licensing

Page 8 of 17

G

2600.123 (b)

1. By 12/1/13, a copy of our in-house emergency procedures plan and the municipality emergency preparedness plan will be placed at the sign-in table located in the front lobby. *This was done on 11/19/13. ms 11/22/13*
2. The Executive Director will monitor these binders on a monthly basis to ensure that both binders are being maintained and kept in a public and conspicuous place.

Carol Paul
11-15-13

MARIA STEPANOVICH LMSL 11/22/13
Regional Licensing Approval of Plan of Correction
Maria Stepanovich

RECEIVED

NOV 15 2013

Page 9 of 17

Violation Report: 43361 - 10/03/2013 - Glidden, Michelle
PCH Name: THE PINES OF MT LEBANON

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2800
2600.132(a) - An unannounced fire drill shall be held at least once a month.

2a. DESCRIPTION OF VIOLATION
No fire drill was conducted during the month of May 2013.

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 home's attached plan of correction

See Attachment H

see Attachment H page 9A of 17

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) *Gray, Kenneth, Executive Director* Date *11-15-13*

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(Date)

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(Initials)

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(Date)

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

RECEIVED

NOV 15 2013

WEST REGION FIELD OFFICE
Human Services Licensing

Page 9 of 17

H

2600.132 (a)

1. During the recent field inspection, it was determined that no fire drill was conducted in May 2013.
2. In the absence of a Director of Environmental Services Director, the Executive Director will work with the Regional Director of Environmental Services to ensure that unannounced fire drills are conducted each month.
3. The Executive Director and the Regional Director of Environmental Services will utilize the community preventative maintenance audit "TELS" to monitor for fire drill compliance. A ticker system via Outlook Calendar will be set up each month as reminder to conduct monthly fire drills.

[Handwritten Signature]
11-15-13

A fire drill was conducted on 10/2/13 at 5:38 AM and on 11/14/13 at 4:30 PM. ms 11/22/13

MARIA STEPANOVICH (ms) 11/22/13
Regional Licensing Approval of Plan of Correction
Maria Stepanovich

RECEIVED

NOV 15 2013

Page 10 of 17

Violation Report: 43361 - 10/03/2013 - Glidden, Michelle
PCH Name: THE PINES OF MT LEBANON

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.132(b) - A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

2a. DESCRIPTION OF VIOLATION
The most recent fire safety inspection completed by a fire safety expert was done on 6/20/12.

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.

See home's attached plan of correction

See Attachment
I

See Attachment page 10 A of 17

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Gary Penwick*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Gary Penwick, Executive Director* Date *11/15/13*

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(Initials)

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RECEIVED

NOV 15 2013

WEST REGION FIELD OFFICE
Human Services Licensing

Page 10 of 17

I

2600.132 (b)

1. During the recent field inspection, it was determined that the most recent fire safety inspection was completed on 6/20/12.

2. The annual Fire Safety inspection was conducted by the Lieutenant Inspector from the Mt. Lebanon Fire Department on 7/3/13. The annual inspection by a fire safety expert and annual fire drill with the Mt. Lebanon Fire Department was completed on 11/14/13. A copy of the official letter indicating the community's evacuation times and results from the annual fire drill will be forwarded to DPW Licensing office as soon as it is received. *11/22/13*

3. In the absence of a Director of Environmental Services, the Executive Director will work with the Regional Director of Environmental Services to ensure that the annual fire safety inspection is completed annually.

4. The Executive Director and the Regional Director of Environmental Services will utilize the community preventative maintenance audit "TELS" to monitor for the annual fire safety inspection and fire drill for compliance of 2600.132(b). A ticker system via Outlook Calendar will be set up as a reminder to schedule this annual requirement.

Gary [Signature]
11-15-13

MARIA STEPANOVICH (MS) 11/22/13
Regional Licensing Approval of Plan of Correction
Maria Stepanovich

RECEIVED

NOV 15 2013

Violation Report: 43361 - 10/03/2013 - Glidden, Michelle
PCH Name: THE PINES OF MT LEBANON

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.132(e) - A fire drill shall be held during sleeping hours once every 6 months.

2a. DESCRIPTION OF VIOLATION

The most recent fire drill conducted during sleeping hours was held on 11/19/12 at 5:40 AM.

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 home's attached plan of correction

See Attachment
J

See Attachment J page 11A of 17

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 11-15-13

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(Date)

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11/22/13
(Date)

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MS
(Initials)

J

RECEIVED

NOV 15 2013

WEST REGION FIELD OFFICE
Human Services Licensing

2600.132(e)

1. During the recent field inspection, it was determined that the most recent fire drill conducted during sleeping hours was held on 11/19/12.
2. The Regional Director of Environmental Services conducted a fire drill during sleeping hours on 10/31/13 at 5:38am. Please see the attached fire drill record.
3. As an organization, beginning in April 2014, we will be conducting fire drills during sleeping hours once every 4 months or 3 times every year to ensure compliance with 2600.132(e). In the absence of a Director of Environmental Services, the Executive Director will work with the Regional Director of Environmental Services to ensure that the a fire drill is conducted during sleeping hours to meet the requirement of once every 6 months.
4. The Executive Director and the Regional Director of Environmental Services will utilize the community preventative maintenance audit "TELS" to monitor that fire drills during sleeping hours are conducted once every 4 months for compliance which will exceed the requirements of 2600.132(e). A tickler system via Outlook Calendar will be set up as a reminder to schedule this fire drill.

James [Signature] 11/15/13

MARIA STEPANOVICH (ms) 11/22/13
Regional Licensing Approval of Plan of Correction
Maria Stepanovich

NOV 15 2013

Violation Report: 43361 - 10/03/2013 - Glidden, Michelle
PCH Name: THE PINES OF MT LEBANON

1. REGULATION 65 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

Resident #6 was prescribed Anucort-HC 25mg suppository, insert 1 suppository every 12 hours for 4 days, effective 9/19/13. However, this medication was not included in the resident's September 2013 medication administration record.

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 home's attached plan of correction

See Attachment K

*withdrawn
ms 11/22/13*

See Attachment K page 12A of 17

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
(Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Gary Kenrich, Executive Director* Date *11/5/13*

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

The above plan of correction is approved as of _____ (Date)	Plan of correction implementation status as of _____ (Date)
The above plan of correction was approved by _____ (Initials)	
<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented	

Page 12 of 17

K

2600.187(a)

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NOV 15 2013

WEST REGION FIELD OFFICE
Human Services Licensing

1. During a recent field inspection, it was determined that the medication Anucort-HC Suppository was not included on the September 2013 medication administration record for resident #6.
2. Attached is a copy of the September Medication Administration record for Resident #6 that reflects the medication Anucort-HC 25 mg suppository every 12 hours for 4 days, effective 9/19/13. We believe that the Licensing representative did not see the continued 2nd page of the routine medications on the medication administration record.

[Handwritten Signature]
11-15-13

MARIA STEPANOVICH Insd 11/22/13
Regional Licensing Approval of Plan of Correction
maria stepanovich

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NOV 15 2013

Page 13 of 17

Violation Report: 43381 - 10/03/2013 - Glidden, Michelle
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

Resident #6 was admitted to the home on 8/30/13; however, an assessment was not completed.

Resident #7 was admitted to the home on 8/18/13; however, an assessment was not completed.

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 home's attached plan of correction

See Attachment
L

See Attachment L page 13A of 17

Repeat Violation: Yes Date(s) of Previous Violation(s): 12/27/2012

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Gary Remwick Executive Director* Date *11-15-13*

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

The above plan of correction is approved as of 11/22/13 (Date)

Plan of correction implementation status as of 11/22/13 (Date)

The above plan of correction was approved by ms (Initials)

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

L

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NOV 15 2013

2600.225(a)

WEST REGION FIELD OFFICE
Human Services Licensing

- 1. Resident #6's initial assessment will be completed and updates made, if needed, by 12/15/13. Resident #7 no longer resides at the community.

The assessment for resident #6 was completed on 11/12/13. ms 11/22/13

- 2. The Director of Resident Care and Assistant Director of Resident Care will audit currently active resident charts to determine if additional charts require the completion of initial assessments. Audit to be completed by 12/31/13.

- 3. Director of Resident Care in conjunction with the Assistant Director of Resident Care will review and maintain a current tickler system to monitor and ensure the completion of initial assessments within the required timeframe of 15 days of admission.

- 4. The Regional Compliance Nurse as well as the Executive Director will randomly audit initial assessments monthly for completion and accuracy.

*Garth
11-15-13*

*MARIA STEPANOVICH LMS 11/22/13
Regional Licensing Approval of Plan of Correction
Maria Stepanovich*

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NOV 15 2013

Page 14 of 17

Violation Report: 43361 - 10/03/2013 - Glidden, Michelle
FCH Name: THE PINES OF MT LEBANON

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.227(a) - 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.

2. DESCRIPTION OF VIOLATION
Resident #7 was admitted to the home on 8/18/13; however, a support plan was not completed.

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 home's attached plan of correction

See Attachment
M

See Attachment M page 14A of 17

Repeat Violation: Yes Date(s) of Previous Violation(s): 12/27/2012

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Gary Renwick, Executive Director* Date *11-15-13*

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

The above plan of correction is approved as of 11/22/13 (Date)

The above plan of correction was approved by MS (Initials)

Plan of correction implementation status as of 11/22/13 (Date)

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

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NOV 15 2013

WEST REGION FIELD OFFICE
Human Services Licensing

Page 14 of 17

M

2600.227(a)

1. Resident #7 no longer resides at the community.
2. The Director of Resident Care and Assistant Director of Resident Care will audit currently active resident charts to determine if additional charts require the completion of a support plan. Audit to be completed by 12/31/13.
3. Director of Resident Care in conjunction with the Assistant Director of Resident Care will review and maintain a current tickler system to monitor and ensure the completion of support plans within the required timeframe of 30 days of admission.
4. The Regional Compliance Nurse as well as the Executive Director will randomly audit support plans monthly for completion and accuracy.

[Handwritten Signature]
11-15-13

MARIA STEPANOVICH (ms) 11/22/13
Regional Licensing Approval & Plan of Correction
Maria Stepanovich

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NOV 15 2013

Page 15 of 17

Violation Report: 43361 - 10/03/2013 - Glidden, Michelle
PCH Name: THE PINES OF MT LEBANON

WEST REGION FIELD OFFICE
Human Services Licensing

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.

2. DESCRIPTION OF VIOLATION

The medical evaluation, dated 8/19/13, for resident #8 does not include the resident's diagnosis of Alzheimer's disease or other dementia.

The medical evaluation, dated 4/23/13, for resident #8 does not include the resident's diagnosis of Alzheimer's disease or other 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 home's attached plan of correction

See Attachment
N

See Attachment N page 15 A of 17

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) *Clay Kensch Executive Director* Date *11-15-13*

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

The above plan of correction is approved as of 11/22/13 (Date)

The above plan of correction was approved by MS (Initials)

Plan of correction implementation status as of 11/22/13 (Date)

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

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NOV 15 2013

WEST REGION FIELD OFFICE
Human Services Licensing

Page 15 of 17

N

2600.231(b)

1. Resident #6 & #8's medical evaluation will be updated to reflect the diagnosis of Alzheimer's disease or other dementia by 11/30/13.
2. The Director of Resident Care and Assistant Director of Resident Care will audit currently active resident charts residing in the SDCU to ensure that a diagnosis of Alzheimer's disease or other dementia is listed on all medical evaluations. Audit to be completed by 12/31/13.
3. Director of Resident Care in conjunction with the Assistant Director of Resident Care will review and maintain a current tickler system to monitor and ensure those medical evaluations for residents residing in the SDCU reflects a diagnosis of Alzheimer's disease or other dementia.
4. The Regional Compliance Nurse as well as the Executive Director will randomly audit medical evaluations monthly for completion and accuracy.

Robert Paul
11-15-13

MARIA STEPANOVICH (LMS) 11/22/13
Regional Licensing Approval of Plan of Correction
Maria Stepanovich

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NOV 15 2013

Page 16 of 17

Violation Report: 43361 - 10/03/2013 - Glidden, Michelle
PCH Name: THE PINES OF MT LEBANON

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 56 Pa.Code §2600

2600.234(a) - 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.

2a. DESCRIPTION OF VIOLATION

Resident #6 was admitted to the secured dementia care unit of the home on 8/30/13; however, a support plan was not completed.

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 home's attached plan of correction

See Attachment
0

See Attachment 0 page 16A of 17

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)

Gary Renwick, Executive Director

Date 11-15-13

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

The above plan of correction is approved as of 11/22/13
(Date)

Plan of correction implementation status as of 11/22/13
(Date)

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

The above plan of correction was approved by MS
(Initials)

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NOV 15 2013

WEST REGION FIELD OFFICE
Human Services Licensing

Page 16 of 17



2600.234(a)

1. Resident #6's support plan will be completed and updates made, if needed, by 12/15/13. *This resident's support plan was completed on 11/19/13. ms 11/22/13*
2. The Director of Resident Care and Assistant Director of Resident Care will audit currently active resident charts residing in the SDCU to ensure that support plans are completed within the required timeframe of 72 hours prior to admission. Audit to be completed by 12/31/13.
3. Director of Resident Care in conjunction with the Assistant Director of Resident Care will review and maintain a current tickler system to monitor and ensure those support plans for residents residing in the SDCU is completed within the required timeframe of 72 hours prior to admission.
4. The Regional Compliance Nurse as well as the Executive Director will randomly audit support plans for residents residing in the SDCU monthly for completion and accuracy.

Gary Orndorff
11-15-13

MARIA STEPANOVICH LMS 11/22/13
Regional Licensing Approval of Plan of Correction
Maria Stepanovich

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NOV 15 2013

Page 17 of 17

Violation Report: 43361 - 10/03/2013 - Glidden, Michelle
PCH Name: THE PINES OF MT LEBANON

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.252 - Each resident's record must include the following information: (1) through (26)

2a. DESCRIPTION OF VIOLATION

The records belonging to residents #5, #6, #7, #8 and #9 do not include an inventory of the resident's personal property.

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 home's attached plan & correction

See Attachment
P

See Attachment P page 17A of 17

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) *Gary Kenwick, Executive Director* Date *11/5/13*

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

The above plan of correction is approved as of 11/22/13
(Date)

The above plan of correction was approved by MS
(Initials)

Plan of correction implementation status as of 11/22/13
(Date)

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

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WEST REGION FIELD OFFICE
Human Services Licensing

Page 17 of 17

P

2600.252

1. Resident #5, #6, #8, #9's inventory documentation regarding a resident's personal property will be completed by 11/30/13. Resident #7 no longer resides at the community.
2. The Director of Resident Care and Assistant Director of Resident Care will audit currently active resident charts to monitor and ensure that inventory documentation regarding resident's personal property are completed and included in the resident's records. Audit to be completed by 12/31/13.
3. Director of Resident Care in conjunction with the Assistant Director of Resident Care will review and maintain a current tickler system to monitor that inventory documentation regarding a resident's personal property are completed and included in the resident's records.
4. The Regional Compliance Nurse as well as the Executive Director will randomly inventory documentation monthly for completion and accuracy.

George Orup
11-15-13

MARIA STEPANOVICH (MIS) 11/22/13
Regional Licensing Approval of Plan of Correction
Maria Stepanovich