



**pennsylvania**  
DEPARTMENT OF PUBLIC WELFARE

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**

**MAILING DATE:** **DEC 20 2013**

Ms. Loriann Putzier, Executive Vice President  
Tithonus Mount 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 November 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.

Sincerely,

A handwritten signature in black ink that reads "Susie Pollock". The signature is written in a cursive, flowing style.

Susie Pollock  
Acting Regional Licensing Administrator

Enclosure  
Licensing Inspection Summary

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

PCH Name: THE PINES OF MT LEBANON		License Number: 43381
Address: 1537 WASHINGTON ROAD, PITTSBURGH, PA 15228		County: Allegheny
Administrator: Gary Remick		Region: WEST
Legal Entity Name: TITHONUS MT LEBANON LP		
Legal Entity Address: 6800 BROOKTREE COURT SUITE 1000, WEXFORD, PA 15090		<b>RECEIVED</b>
Certificate(s) of Occupancy Other 12/08/2005 Mt. Lebanon		WEST REGION FIELD OFFICE Human Services Licensing
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 95	Working Staff: 71
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for inspection(s) Incident		
On-Site Inspections Dates and Department Representatives On-Site 11/05/2013: Gidden, Michelle; McConnell, Deb		
Off-Site Inspection Dates and Inspectors, if Applicable		<b>RECEIVED</b>  WEST REGION FIELD OFFICE Human Services Licensing
Other Details		
Partial or Full Triggers:		Random Indicators:
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 112	Number of Residents who:	
Number of Residents Served: 69	Receive Supplemental Security Income: 0	
Secured Dementia Care Unit In Home: Yes	Are 80 Years of Age or Older: 59	
Area: To the right of the entrance	Have Mental Illness: 1	
Secured Dementia Unit Capacity, if Applicable: 18	Have an Intellectual Disability: 0	
Number of Residents Served in Secured Dementia Care Unit, if applicable: 15	Have a Mobility Need: 38	
Number of Current Hospice Residents: 4	Have a Physical Disability: 0	
Number of Hospice Residents In past year: 25		

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Violation Report: 43351 - 11/05/2013 - 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 #1 was admitted to the home on 8/16/13; 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 Attachment A

By 1/18/14 - All staff persons involved with the completion of assessments will be educated that all residents shall have a detailed, comprehensive initial assessment that identifies all of the residents personal care needs completed within 15 days of admission. Documentation of education will be kept.

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. Smp \* See page 2A of 3B.

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)

*Dany Renwick, Executive Director*

Date 12-16-13

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE

The above plan of correction is approved as of 12-19-13  
(Date)

Plan of correction implementation status as of 12-19-13  
(Date)

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

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

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**A**

2600.225(a)

1. Resident #1 no longer resides at the community. She returned home on 9/24/13.
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.

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DEC 19 2013

WEST REGION FIELD OFFICE  
Human Services Licensing

*Grand*  
12-19-13

Susie Pollack 12-19-13  
Susie Pollack (SMP)  
Regional Licensing Approval of Plan of Correction

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Violation Report: 43361 - 11/05/2013 - Glidden, Michelle  
PCH Name: THE PINES OF MT LEBANON

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 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 #1 was admitted to the Secured Dementia Care Unit (SDCU) on 8/16/13; however, a support plan was not completed.  
Resident #2 was admitted to the SDCU on 8/5/13; however, a support plan was not completed until 8/13/13.

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 B

By 1/18/14 - All staff persons involved with the completion of Support Plans will be educated that all residents shall have a detailed, comprehensive support plan developed and implemented within 72 hours of the admission, or within 72 hours prior to the admission to the secured dementia care unit. Documentation of education will be kept.  
By 1/31/14 - All staff will be educated on fall prevention in residents with dementia by an outside source.

See page 3B of 3B.

SMCP

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 *12-16-13*

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

The above plan of correction is approved as of 12-19-13 (Date)

Plan of correction implementation status as of 12-19-13 (Date)

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

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

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**B**

2600.234(a)

1. Resident #1 no longer resides at the community. She returned home on 9/24/13. Resident #2 no longer resides at the community. He was discharged on 10/7/13 to a higher level of care.
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.

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DEC 19 2013

WEST REGION FIELD OFFICE  
Human Services Licensing

*[Handwritten Signature]*  
12/19/13

Susie Pollack 12-19-13  
Susie Pollack (smup)  
Regional Licensing Approval of Plan of Correction