



**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**MAILING DATE: September 17, 2014**

Mr. Gary Renwick, Administrator  
Tithonus Mt. Lebanon LP  
6600 Brooktree Court, Suite 1000  
Wexford, Pennsylvania 15090

RE: The Pines of Mt. Lebanon  
1537 Washington Road  
Pittsburgh, Pennsylvania 15228  
# 443610

Dear Mr. Renwick:

As a result of the Department of Public Welfare's licensing inspection on February 7, 2014 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.

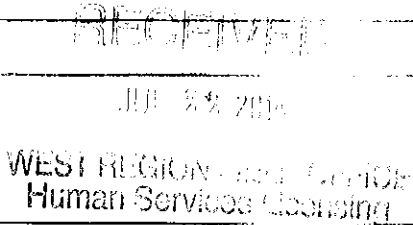
Sincerely,

A handwritten signature in black ink that reads "Janine Wenzig" with a stylized flourish at the end.

Janine Wenzig  
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: 43361
Address: 1537 WASHINGTON ROAD, PITTSBURGH, PA 15228		County: Allegheny
Administrator: Gary Renwick		Region: WEST
Legal Entity Name: TITHONUS MT LEBANON LP		
Legal Entity Address: 6600 BROOKTREE COURT SUITE 1000, WEXFORD, PA 15090		
Certificate(s) of Occupancy C-2 LP 12/06/2005 Mt. Lebanon		
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 81	Waking Staff: 61
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
<b>Reason(s) for Inspection(s)</b> Incident		
<b>On-Site Inspections Dates and Department Representatives On-Site</b> 02/07/2014: Whitney, Diane; Perry, Carole		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>		
<b>Other Details</b>		
Partial or Full Triggers:		Random Indicators:
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 112 Number of Residents Served: 49 Secured Dementia Care Unit in Home: Yes Area: seperate unit, 1st floor. Secured Dementia Unit Capacity, if Applicable: 18 Number of Residents Served in Secured Dementia Care Unit, if applicable: 12 Number of Current Hospice Residents: 5 Number of Hospice Residents in past year: 22	<b>Number of Residents who:</b> Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 49 Have Mental Illness: 2 Have an Intellectual Disability: 0 Have a Mobility Need: 32 Have a Physical Disability: 1	

Violation Report: 43361 - 02/07/2014 - Whitney, Diane

PCH Name: THE PINES OF MT LEBANON

**1. REGULATION 55 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 2-7-2014, in the lobby bathroom, a staff person was assisting a resident with toileting. The bathroom door was unlocked when another person opened the door to the bathroom, exposing the resident while toileting.

**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.*

*Door was locked*

Repeat Violation: Yes	Date(s) of Previous Violation(s):	10/03/2013
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Signature of Legal Entity Representative  
(Required on EVERY Page)

*[Handwritten Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>B. H. Cassidy, Exec. Dir.</i>	<i>9/11</i>

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

The above plan of correction is approved as of 9/16/14  
(Date)

Plan of correction implementation status as of 9/16/14  
(Date)

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

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

# PLAN OF CORRECTION

Community Name: The Pines of Mt. Lebanon,  
1537 Washington Road,  
Pittsburgh, Pa 15228

License Number: 443610

Date of Visit: 2/7/14

Date of Submission: 9/12/14

SEP 14 2014

1. Violation Review:

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.

2. Violation Interpretative Statement:

On 2-7-14, in the lobby bathroom, a staff person was assisting a resident with toileting. The bathroom door was unlocked when another person opened the door to the bathroom, exposing the resident while toileting.

3. Review the benefit of the Regulation, per RCG:

This regulation protects residents' right to privacy while protecting other residents from dangerous and harmful items.

Physical privacy must be provided to all residents during personal care to include toileting.

4. Description of the Repair of the Immediate Problem:

Documentation was made in the daily communication log on 8/21/14 regarding locking the bathroom doors in the lobby when assisting residents to the toilet.

5. Determine / document the Root Cause of the Violation:

Our team member was focused on the Resident, and neglected to lock the door. We will reinforce and emphasize the need to maintain dignity through privacy during regularly scheduled opportunities for communication and training.

Authorized Signature:

Signature Date:

9/1

Plan of Correction Template  
ADM040

9/12/14



SEP 16 2014

Violation Report: 43361 - 02/07/2014 - Whitney, Diane  
PCH Name: THE PINES OF MT LEBANON

**1. REGULATION 55 Pa.Code §2600**

2600.65(b) - Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

- (1) Resident rights.
- (2) Emergency medical plan.
- (3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. §§ 10225.101-10225.5102).
- (4) Reporting of reportable incidents and conditions.

**2a. DESCRIPTION OF VIOLATION**

Staff person C, date of hire 5-25-2013, did not receive orientation in reporting reportable incidents and conditions within the first 40 hours of work.

**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.*

*Violation  
Withdrawn  
9/16/14*

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)	Date
<i>Batuk Assiday, Executive Director</i>	<i>9/16/14</i>

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

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

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

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

Violation Report: 43361 - 02/07/2014 - Whitney, Diane  
 PCH Name: THE PINES OF MT LEBANON

**1. REGULATION 55 Pa.Code §2600**

2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
- (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
- (3) Resident rights.
- (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).
- (5) Falls and accident prevention.
- (6) New population groups that are being served at the home that were not previously served, if applicable

**2a. DESCRIPTION OF VIOLATION**

Staff person A did not receive training in the Older Adult Protective Services Act during training year 2013.

Staff persons B & C did not receive training in the Older Adult Protectives Sevices Act and falls and accident prevention in training year 2013.

Staff persons D & E did not receive training in falls and accident prevention in training year 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.*

*[Faint handwritten notes and signatures in the POC section]*

*Page 4 of 5*

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)	Date
<i>Brian Cassidy, Executive Director</i>	<i>9/1</i>

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 (Date)

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 (Initials)

Plan of correction implementation status as of 9/16/14  
 (Date)

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

PLAN OF CORRECTION

Community Name: The Pines of Mt. Lebanon,  
1537 Washington Road,  
Pittsburgh, Pa 15228

License Number: 443610

SEP 14 2014

Date of Visit: 2/7/14

Date of Submission: 9/12/14

1. Violation Review:

2600.65(g) – Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

(1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.

(2) Emergency preparedness procedures and recognition and response to crises and emergency situations.

(3) Resident Rights

(4) The Older Adult Protective Service Act

(5) Falls and accident prevention

(6) New population groups that are being served at the home that were not previously served, if applicable

2. Violation Interpretative Statement:

In the training year 2013, Staff persons A did not receive annual training on OAPSA, Staff persons B & C did not receive annual training on OAPSA and Falls/Accident prevention, and Staff persons D & E did not receive annual training on Falls/Accident prevention.

3. Review the benefit of the Regulation, per RCG:

The regulation ensures that all staff who work in the community are reminded of the community's emergency procedures and mandated reporting requirements.

See Page 4B of 5

Authorized Signature

*[Handwritten Signature]*

Date: \_\_\_\_\_

*[Handwritten Signature]*  
9/12/14

4. Description of the Repair of the Immediate Problem:

Staff person A did not complete OAPSA training in 2013. ~~She~~ did receive "Abuse and Neglect Fundamentals" and "Abuse & Neglect Prevention Program" via Care 2 Learn online training on 2/28/14 to comply with 2013 requirements, and will attend additional training in 2014 to comply with the 2014 training requirements.

As part of General Orientation for new hires, Staff persons B & C, who were hired on 9/26/13 & 3/26/13, obtained the required trainings including OAPSA & Falls/Accident Prevention. Please see attached General Orientation checklist for Staff persons B & C for verification of timely compliance.

Staff person D did not complete Falls/Accident prevention for 2013. ~~She~~ did complete "Falls Prevention in persons with Dementia" via Care 2 Learn online training on 2/12/14 to comply with 2013 requirements, and will attend additional training in 2014 to comply with the 2014 training requirements.

Staff person E did not complete Falls/Accident prevention for 2013. ~~She~~ did complete "Falls Prevention" and "Understanding Falls" via Care 2 Learn online training on 6/27/14. Also, ~~she~~ did complete "Falls Prevention in persons with Dementia" via Care 2 Learn online training on 2/12/14 to comply with 2013 requirements, and will attend additional training in 2014 to comply with the 2014 training requirements.

5. Determine / document the Root Cause of the Violation:

Failure to properly track annual training for all staff persons.

6. Detail Action Steps / System Developed to prevent future occurrence:

- a. Changing practice?  
A Training Tracker is now in place and being utilized accordingly. The tracker is updated after each training has been successfully completed.
- b. Teaching or Training?  
Training for 2013 requirements has been met.
- c. On-going Monitoring?  
Monthly, the Business Office Manager and Executive Director will review the annual training calendar and verify all employees have successfully completed the required training and document accordingly on the Training Tracker.

7. Designated position responsible and specify target date for correction.

Business Office Manager and Executive Director June 2014.

Authorized Signature:  Date: 9/1/14

*Ch 9/16/14*

Violation Report: 43361 - 02/07/2014 - Whitney, Diane  
 PCH Name: THE PINES OF MT LEBANON

**1. REGULATION 55 Pa.Code §2600**

2600.142(a) - The home shall assist the resident to secure medical care if a resident's health status declines. The home shall document the resident's need for the medical care, including updating the resident's assessment and support plan.

**2a. DESCRIPTION OF VIOLATION**

On 1-25-14, at approximately 4:10 a.m., resident #1 fell in his/her room. The resident indicated that he/she hit head on the recliner next to the bed. The resident was assisted back into bed. At approximately 10:40 a.m., the resident was found unresponsive in bed. The resident was transported to the hospital and diagnosed with an acute left-sided subdural hematoma, then transferred to a trauma center. The resident died on 1-26-14, with the cause of death listed as blunt force trauma of the head, due to ground level fall.

The home did not send the resident for medical evaluation after the fall when he/she indicated that he/she hit head.

**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 Page 5A of 5*

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)

*Butch Cassidy, Executive Director*

Date *9/1*

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 (Date)

Plan of correction implementation status as of 9/16/14  
 (Date)

The above plan of correction was approved by

*[Handwritten Initials]*  
 (Initials)

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

# PLAN OF CORRECTION

Community Name: The Pines of Mt. Lebanon,  
1537 Washington Road,  
Pittsburgh, Pa 15228

License Number: 443610

Date of Visit: 2/7/14

Date of Submission: 9/12/14

1. Violation Review:

2600.142(a) – The home shall assist the resident to secure medical care if a resident’s health status declines. The home shall document the resident’s need for the medical care, including updating the resident’s assessment and support plan.

2. Violation Interpretative Statement:

On 1-25-14, at approximately 4:10 a.m., resident #1 fell in his room. The resident indicated that he hit head on the recliner next to the bed. The resident was assisted back into bed. At approximately 10:40 a.m., the resident was found unresponsive in bed. The resident was transported to the hospital via ambulance and diagnosed with acute left-sided subdural hematoma, then transferred to a trauma center. The resident died on 1-26-14, with the cause of death listed as blunt force trauma of the head, due to ground level fall.

The home did not send the resident for medical evaluation after the fall when he/she indicated that he/she hit head.

3. Review the benefit of the Regulation, per RCG:

Knowledge of a resident’s overall health status allows homes to meet residents’ needs, determine whether the resident’s needs have advanced or declined such that the home can no longer meet such needs, and ensure that residents receive the best and most appropriate medical care.

4. Determine / document the Root Cause of the Violation:

- Failure to document on the RASP that the resident was identified as a fall risk.
- Resident was on Q2 hour checks and was discovered during this time with initial fall. During the Q2 checks, a change in condition was noted, and resident was sent 911 to hospital.

Authorized Signature

*[Handwritten Signature]*

Date:

*9/12*

Plan of Correction Template

*See Page 5B of 5*

- There is no documentation indicating the resident acknowledged hitting his/her head. Please see attached Initial and Final Reportable to DPW, Interdisciplinary Progress Notes and Notification to Physician.

5. Detail Action Steps / System Developed to prevent future occurrence:

a. Changing practice?

- The Home will trend all Resident Falls to determine priority and start assessing for specific risk factors involved with each fall for last 90 days. (9/12/14)
- A Mobility Management (Falls Risk) protocol will be introduced immediately. All Residents will be assessed for their Risk for Falls by 9/19/14.
- Individualized Intervention Strategies will be determined, documented, communicated and implemented by 9/30/14, for those at the highest risk, and 10/15, for those at lower risk.
- RASPS will be updated to reflect assessment and intervention.

b. Teaching or Training?

- All of the Pines Team Members will be educated and trained about the Mobility Management Program (Falls Reduction) by 9/18/14. The training will be documented.

c. On-going Monitoring?

- The Director of Resident Care will oversee the Assessments, Interventions, Documentation, Communication and Training
- The Executive Director will support the Resident Care Director in the data collection and monitoring of fall related incidents, and assist with training across all disciplines, and monitoring the falls data for reduction.

6. Designated position responsible and specify target date for correction.

Falls will be reduced systematically, using trend analysis (9/12/14), assessment, intervention development (9/19/14), and improved awareness of the staff in the community (9/18/14).

*Handwritten signature* 9/16/14

Authorized Signature

*Handwritten signature*

Date: 9/16/14

Plan of Correction Template

ADM040