



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 August 1, 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 "Jill Pezzino". The signature is fluid and cursive, with a long, sweeping underline that extends to the right.

Jill Pezzino
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

SEP 11 2014

Violation Report: 43361 - 08/01/2014 - Williams, Jason
PCH Name: THE PINES OF MT LEBANON

1. REGULATION 55 Pa.Code §2600

2600.15(b) - If there is an allegation of abuse of a resident involving a home's staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

2a. DESCRIPTION OF VIOLATION

On 7/29/14 at approximately 6:30 PM, staff person A responded to a call for assistance from staff person B in Resident #1's bedroom. Staff person A observed staff person B standing beside Resident #1 who was in bed. Staff person B's right hand was around the resident's right hand and staff person B's other hand was behind the resident trying to remove the resident's undergarment. Resident #1 was physically resisting Staff person B and said "(him/her), out of here!" Staff person A asked staff person B to leave the room and staff person B took off his/her gloves and threw them at the resident before leaving the room. The resident had a resulting bruise approximately 3 inches wide from the wrist to the top of the hand and was upset and crying. Staff person A reported this incident of resident abuse to staff person C, the medication aide at approximately 6:45 PM. Staff person C then informed staff person D, the charge nurse at approximately 7:30 PM. Staff person D then reported the incident via telephone to staff person E, the Director of Resident Care Services, at approximately 10:30 PM.

As a result of the delay in reporting, staff person B was not immediately supervised or suspended and worked the remainder of the shift which went until 10:15 PM.

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.

Immediately: If any future allegations of abuse occur, the home will immediately take the following steps:

- Place the accused staff person on a plan of supervision which includes not having access to any residents without the presence of another qualified direct care staff person or suspend the staff person or persons involved.

- Report the alleged abuse to the Department.
 - Report the alleged abuse to the local Area Agency on Aging
 - Report the alleged abuse to the resident's designated person.
- Jerry JJP 9-16-14*

see page 2A & 2B of 4

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)

Barbara A. Sridhar, Executive Director

Date

9/1/14

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

[Handwritten Initials]
(Initials)

Fully Implemented

Partially Implemented - Adequate Progress *JJP*

Partially Implemented - Inadequate Progress

Not Implemented

PLAN OF CORRECTION TEMPLATE

page 2A of 4

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

License Number: 443610

Date of Visit: 8/1/14

Date of Submission: 9/12/14

SEP 14 2014

1. Violation Review:

2600.15(b) – If there is an allegation of abuse of a resident involving a home's staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

2. Violation Interpretative Statement:

On 7/29/14 at approximately 6:30pm, staff person A responded to a call for assistance from staff person B in Resident #1's bedroom. Staff person A observed staff person B standing beside Resident #1 who was in bed. Staff person B's right hand was around the resident's right hand and staff person B's other hand was behind the resident trying to remove the resident's undergarment. Resident #1 was physically resisting Staff person B and said "(him/her), out of here!" Staff person A asked staff person B to leave the room and staff person B took off his/her gloves and threw them at the resident before leaving the room. The resident had a resulting bruise approximately 3 inches wide from the wrist to the top of the hand and was upset and crying. Staff person A reported this incident of resident abuse to staff person C, the medication aide at approximately 6:45 PM. Staff person C then informed staff person D, the charge nurse at approximately 7:30 PM. Staff person D then reported the incident via telephone to staff person E, the Director of Resident Care Services, at approximately 10:30 PM.

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

Ensures that abuse or suspected abuse is appropriately reported and investigated.

Authorized Signature: _____

Plan of Correction Template

Business Number: _____ Date: _____

Jill Reynolds 9-16-14

ADM040

4. Description of the Repair of the Immediate Problem:

Education and re-training to be conducted on 9/10/14 for all Resident Care Staff persons.
Education and re-training to be conducted on 9/18/14 for all Staff Persons of the community. A request has been sent to the local Ombudsman, [REDACTED] to provide this education to all Staff persons on 9/18/14.

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

The Medication Assistant failed to report the alleged abuse to the Director of Resident Care or the Executive Director immediately and waited until the end of her scheduled shift to provide that communication to the Director of Resident Care, resulting in a delay in reporting.

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

a. Changing practice?

Establishing a chain of command to be contacted. This chain of command includes notifying; Executive Director, Director of Resident Care, Memory Care Program Coordinator, Business Office Manager, Environmental Services Director, Activities Director, Marketing Director or the Food Service Director.

b. Teaching or Training?

Re-educating on the correct notification of alleged abuse utilizing the chain of command and enforcing immediate notification is required. This will be reviewed and reinforced with ALL employees during each monthly department meeting as well as the quarterly staff meetings, for all employees, for the remainder of 2014.

c. On going Monitoring?

The Executive Director will review each department monthly meeting agenda prior to the meeting with staff persons to ensure topics are addressed accordingly starting immediately.

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

The Executive Director - 9/18/14 Quarterly Staff Meeting

Authorized Signature

[Handwritten Signature]

[Handwritten Signature]

Date: 9/1/14

Plan of Correction Template

[Handwritten Signature]

9/16/14

Violation Report: 43361 - 08/01/2014 - Williams, Jason
PCH Name: THE PINES OF MT LEBANON

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

On 7/29/14 at approximately 6:30 PM, staff person A responded to a call for assistance from staff person B in Resident #1's bedroom. Staff person A observed staff person B standing beside Resident #1 who was in bed. Staff person B's right hand was around the resident's right hand and staff person B's other hand was behind the resident trying to remove the resident's undergarment. Resident #1 was physically resisting Staff person B and said "(him/her), out of here!" Staff person A asked staff person B to leave the room and staff person B took off his/her gloves and threw them at the resident before leaving the room. The resident had a resulting bruise approximately 3 inches wide from the wrist to the top of the hand and was upset and crying.

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.

Handwritten: POC is attached

Handwritten: Staff person B was terminated. JJP

Handwritten: see pages 3A and 3B of 4

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

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

Date

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)

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

The above plan of correction was approved by

JJP
(Initials)

Handwritten initials: JJP

PLAN OF CORRECTION TEMPLATE

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

License Number: 443610

Date of Visit: 8/1/14

Date of Submission: 9/12/14

2600.42(b)
2600.42(c)
8/1/14

1. Violation Review:

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

2. Violation Interpretative Statement:

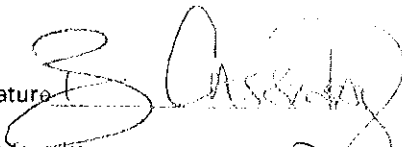
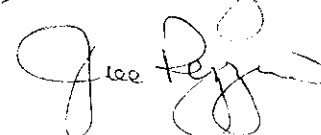
On 7/29/14 at approximately 6:30pm, staff person A responded to a call for assistance from staff person B in Resident #1's bedroom. Staff person A observed staff person B standing beside Resident #1 who was in bed. Staff person B's right hand was around the resident's right hand and staff person B's other hand was behind the resident trying to remove the resident's undergarment. Resident #1 was physically resisting Staff person B and said "(him/her), out of here!" Staff person A asked staff person B to leave the room and staff person B took off his/her gloves and threw them at the resident before leaving the room. The resident had a resulting bruise approximately 3 inches wide from the wrist to the top of the hand and was upset and crying.

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

Protects residents from abuse and neglect.

4. Description of the Repair of the Immediate Problem:

Education and re-training to be conducted on 9/10/14 for all Resident Care Staff persons. Education and re-training to be conducted on 9/18/14 for all Staff Persons of the community. A request has been sent to the local Ombudsman, [redacted] to provide this education to all Staff persons on 9/18/14.

Authorized Signature:  Bruce Cassidy Date: 9/22/14
Plan of Correction Template:  Joe Pappas 9-16-14

PLAN OF CORRECTION TEMPLATE

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

License Number: 443610

Date of Visit: 8/1/14

Date of Submission: 9/12/14

SEP 14 2014

1. Violation Review:

2600.42(c) – A resident shall be treated with dignity and respect.

2. Violation Interpretative Statement:

According to resident and staff interviews, Resident #1 is sometimes told to lie down on the bed and urinate in his/her adult brief and then be changed rather than taking the resident to the bathroom. This practice is embarrassing to the resident. The resident's support plan, dated 4/30/14, indicates that staff is to take the resident to the bathroom or change his/her adult brief every 2 hours and as needed.

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

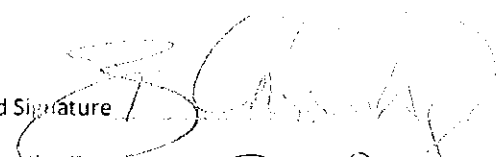
Ensures that residents are treated in a respectful and dignified manner.

4. Description of the Repair of the Immediate Problem:

Written communication provided to all Resident Care employees via the communication log, RASP and written Doctors order, to allow resident to bear weight on heels, and proceed with 2 hour toileting schedule.

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

Lack of understanding/training of Resident Care Assistants to provide proper care to a resident that is not to bear weight due to a heel wounds.

Authorized Signature:  Date: 9/16/14
Plan of Correction Template: Joe Rezzano 9-16-14
ADM040

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

a. Changing practice?

The Director of Resident Care will meet individually with each resident care assistant as a follow-up to initial on the floor training to verify their understanding of Resident Rights.

b. Teaching or Training?

Education provided to all Resident Care employees with regards to Resident Rights on September 10, 2014. During the initial training for resident care employees, the Director of Resident Care will monitor and meet with each employee to verify their understanding of Resident Rights. Additional training and education for all employees will be provided on September 18, 2014. A request has been sent to the local Ombudsman, [REDACTED] to provide this education to all Staff persons on 9/18/14.

Residents will be reminded and re-educated on their rights as a resident and what to do if they feel their rights have been violated during the Resident Council meeting on September 25, 2014.

c. On-going Monitoring?

To verify each employee has a complete understanding of all Resident Rights, in October we will host a month long Resident Rights Campaign with such activities as; Trivia, Role-playing in mandatory meetings, written scenarios and solutions. All managers will be involved in the campaign.

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

Director of Resident Care, Executive Director and all management staff.
Training completed 9/18/14
Education for Residents completed 9/25/14
Resident Rights Campaign completed 10/24/14

9/16/2014

Authorized Signature

[Handwritten Signature]

Butler (Resident) Date: 9/16/14
Executive Director

Plan of Correction Template

[Handwritten Signature] 9-16-14

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