



pennsylvania
DEPARTMENT OF HUMAN SERVICES

FEB 12 2015

Ms. Loriann Putzier, President/CEO
Tithonus Mt. Lebanon LP
C/O Integracare Group
6600 Brooktree Court, Suite 1000
Wexford, Pennsylvania 15090

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

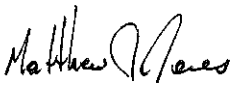
Dear Ms. Putzier:

As a result of the Department of Human Services' licensing inspection on November 4, 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.

Your regular license for the period January 26, 2015 to January 26, 2016 was issued on October 24, 2014. Your regular license remains in good standing.

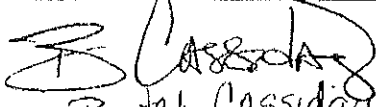
Sincerely,


Matthew J. Jones
Director _{SH}

Enclosure
License 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: MR. BUTCH CASSIDAY		Region: West
Legal Entity Name: TITHONUS MT LEBANON LP		
Legal Entity Address: 6600 BROOKTREE COURT SUITE 1000, WEXFORD, PA 15090		
Certificate(s) of Occupancy P - ? 12/06/2005 Mt. Lebanon		RECEIVED JAN 9 8 2015 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 91	Working Staff: 68
Type of Inspection: Full	BHA Docket Number: N/A	Notice: Unannounced
Reason(s) for Inspection(s) Renewal, Complaint		
On-Site Inspections Dates and Department Representatives On-Site 11/04/2014: Pollock, Susan; Flinner-Alman, Lisa; Breuer, Patricia; Wenzig, Janine		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers: N/A		Random Indicators: N/A
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 112 Number of Residents Served: 56 Secured Dementia Care Unit in Home: Yes Area: 1st Floor Secured Dementia Unit Capacity, if Applicable: 18 Number of Residents Served in Secured Dementia Care Unit, if applicable: 14 Number of Current Hospice Residents: 7 Number of Hospice Residents in past year: 23	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 70 Have Mental Illness: 2 Have an Intellectual Disability: 0 Have a Mobility Need: 35 Have a Physical Disability: 1	


 Butch Cassidy
 Executive Director
 1/23/15

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Violation Report: 43361 - 11/04/2014 - Pollock, Susan
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, with court orders disclosure.

2a. DESCRIPTION OF VIOLATION

At approximately 9:35 a.m. multiple resident incident reports and requests for therapy orders that contain confidential resident information, to include diagnoses, social security numbers and dates of birth for residents #2, #3 and #4 were unlocked, unattended in plain view on the desk in the therapy room located on the second 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 pages 2A and 2B of 4.

Please See Attached.

Repeat Violation: Yes

Date(s) of Previous Violation(s): 10/03/2013

Signature of Legal Entity Representative
(Required on EVERY Page)

B. Cassidy

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

Bruce Cassidy, Executive Director

Date 1-23-15

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The above plan of correction is approved as of 1-28-15
(Date)

Plan of correction implementation status as of 1-28-15
(Date)

The above plan of correction was approved by *g*
(Initials)

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

PLAN OF CORRECTION TEMPLATE

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JAN 28 2015

WEST REGION FIELD OFFICE
Human Services Licensing

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

License Number: 44361

Date of Visit: November 4, 2014

Date of Submission: January 19, 2015

1. Violation Review:

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.

2. Violation Interpretative Statement:

At approximately 9:35 a.m. multiple resident incident reports and requests for therapy orders that contain confidential resident information, to include diagnoses, social security numbers and dates of birth for residents #2, #3 and #4 were unlocked, unattended in plain view on the desk in the therapy room located on the second floor.

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

Protects resident privacy and ensures that homes comply with other applicable laws.

4. Description of the Repair of the Immediate Problem:

Therapy room was immediately secured and locked to protect all resident information.

Authorized Signature

[Handwritten Signature]
Butch Cassidy
Executive Director

Date:

1/23/15

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JAN 28 2015

WEST REGION FIELD OFFICE
Human Services Licensing

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

When Therapists go to provide services to the residents, they failed to lock the door behind them, thus leaving all records currently in process in plain view for anyone to access.

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

a. Changing practice?

An extra key was made so both therapists that provide services at the community could access and secure information with ease. The door will be closed and secured at any time a person is not in the therapy room.

b. Teaching or Training?

A thorough review of regulation 2600.17 from the RCG was provided as well as the actual violation from the plan of correction. (See Attached)

c. On-going Monitoring?

All managers will periodically check all office doors for security to be closed and locked when not occupied.

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

- Immediately, keys were made so both therapists could access the therapy room with ease.
- Immediately, all managers will verify all offices containing resident information will be secure when unoccupied.

2-20-15 - A designated staff person on each shift will check the rooms to ensure all resident records are maintained in a confidential manner in accordance with regulation 2600.17. 1-28-15

Immediately - The Administrator will check the rooms at least weekly to ensure resident records are maintained in a confidential manner in accordance with regulation 2600.17. 1-28-15

2-20-15 - All staff persons will be educated on the requirements of regulation 2600.17. Documentation of education will be kept. 1-28-15

Authorized Signature

Butch Cassidy
Butch Cassidy
Executive Director

Date:

1/23/15

Plan of Correction Template

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Page 3 of 4

Violation Report: 43361 - 11/04/2014 - Pollock, Susan
PCH Name: THE PINES OF MT LEBANON

WEST REGION FIELD OFFICE
Human Services Licensing

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

2a. DESCRIPTION OF VIOLATION

The first step of the home's resident transportation van is unsecure and corroded with rust posing a fall risk hazard to the residents.

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 pages 3A and 3B of 4

Please See Attached

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

Signature of Legal Entity Representative
(Required on EVERY Page) *B. Cassidy*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Butch Cassidy, Executive Director* Date *1-23-15*

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The above plan of correction is approved as of 1-28-15
(Date)

Plan of correction implementation status as of 1-28-15
(Date)

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

The above plan of correction was approved by *B*
(Initials)

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JAN 23 2015
WEST REGION FIELD OFFICE
Human Services Licensing

PLAN OF CORRECTION TEMPLATE

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

License Number: 43361

Date of Visit: November 4, 2014

Date of Submission: January 19, 2015

1. Violation Review:

2600.95 – Furniture and equipment must be in good repair, clean and free of hazards.

2. Violation Interpretative Statement:

The first step of the home's resident transportation van is unsecure and corroded with rust posing a fall risk hazard to the residents.

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

Furniture and equipment that is clean, free of hazards, and in good repair helps to maintain sanitary conditions in the home and minimize the risk that residents will suffer an injury while using the furniture or equipment.

4. Description of the Repair of the Immediate Problem:

The Pines was aware of the unsafe step at the time of inspection. Anyone who is/was transported on the bus was placed on and off the bus utilizing the wheelchair lift for safety.

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

Due to the age of the bus, winter conditions have corroded the underside of the steps of the bus. This was repaired previously, but failed again.

Authorized Signature

B. Cassidy
BUTCH CASSIDY
Executive Director

Date:

1/23/15

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Human Services Licensing

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

- a. Changing practice?
- b. Teaching or Training?
- c. On-going Monitoring?

Continued weekly checklist of transportation vehicles will be conducted to verify vehicles are in safe working order for the residents.

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

- The Activities Director and Assistants will continue to perform weekly checklists of the resident vehicles to recognize potential risks.
- A new bus has been ordered and is expected to be delivered by 1/30/15 to replace the old bus. (See attached purchase agreement)

Immediately - The bus presently a hazard will not be used to transport residents. 1-28-15

Authorized Signature

[Handwritten Signature]
Butch Cassidy
Executive Director

Date: 1/23/15

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JAN 28 2015

Violation Report: 43361 - 11/04/2014 - Pollock, Susan
PCH Name: THE PINES OF MT LEBANON

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.131(a) - There shall be at least one operable fire extinguisher with a minimum 2-A rating for each floor including the basement and attic.

2a. DESCRIPTION OF VIOLATION

There is no fire extinguisher in the home's attic.

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 pages 4A and 4B of 4

Please See Attached

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

1/23/15

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(Date)

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- Not Implemented

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

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JAN 23 2015
WEST REGION FIELD OFFICE
Human Services Licensing

PLAN OF CORRECTION TEMPLATE

Community Name: The Pines of Mt. Lebanon
1537 Washington Road
Pittsburgh, PA 15228
License Number: 43361
Date of Visit: November 4, 2014
Date of Submission: January 19, 2015

1. Violation Review:

2600.131(a) - There shall be at least one operable fire extinguisher with a minimum 2-A rating for each floor, including the basement and attic.

2. Violation Interpretative Statement:

There is no fire extinguisher in the home's attic

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

Easily-accessible fire extinguishers offer staff and residents the chance to extinguish a fire before it spreads.

4. Description of the Repair of the Immediate Problem:

Two New fire extinguishers were purchased and installed immediately to include signage. (See attached order and delivery verification.

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

Environmental Services Director failed to verify the attic fire extinguishers were in place on the monthly checks.

Authorized Signature

[Handwritten Signature]
Butch Cassidine
Executive Director

Date:

1/23/15

Plan of Correction Template

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Human Services Licensing

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

a. Changing practice?

The attic fire extinguishers have been added to the TELS software to be included in the monthly verifications of all extinguishers.

b. Teaching or Training?

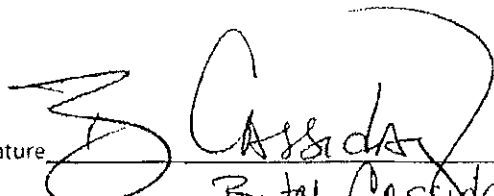
c. On-going Monitoring?

The Executive Director will verify through the TELS program monthly compliance is in place.

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

Immediately the Environmental Services Director ordered 2 new fire extinguishers and installed them along with proper signage. (See attached order and delivery verifications)

Authorized Signature


Butch Cassidy
Executive Director

Date: 1/23/15

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ADMU:R

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