



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: June 24, 2015

Mr. 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
443610

Dear Mr. Putzier:

As a result of the Department of Human Services' licensing inspection on February 25, 2015, 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,

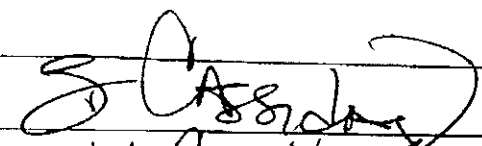
A handwritten signature in cursive script that reads "Susie Pollock".

Susie Pollock
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

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

PCH Name: THE PINES OF MOUNT LEBANON		License Number: 43361
Address: 1537 WASHINGTON ROAD, PITTSBURGH, PA 15228		County: Allegheny
Administrator: BUTCH CASSIDAY		Region: WEST
Legal Entity Name: TITHONUS MT LEBANON LP		
Legal Entity Address: 6600 BROOKTREE COURT SUITE 1000, WEXFORD, PA 15090		RECEIVED
Certificate(s) of Occupancy C-2 LP 12/06/2005 Mt. Lebanon		JUN 18 2015 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: N/A	Total Daily Staff: 95	Waking Staff: 71
Type of Inspection: Partial	BHA Docket Number: N/A	Notice: Unannounced
Reason(s) for Inspection(s)		
Incident		
On-Site Inspections Dates and Department Representatives On-Site		
02/25/2015: Rosol, Jennifer		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
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: 17 Number of Current Hospice Residents: 7 Number of Hospice Residents in past year: 25	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 73 Have Mental Illness: 2 Have an Intellectual Disability: 0 Have a Mobility Need: 39 Have a Physical Disability: 0	


 Butch Cassidy, Executive Director
 6/16/16

Violation Report: 43361 - 02/25/2015 - Rosol, Jennifer
PCH Name: THE PINES OF MOUNT LEBANON

WEST REGION FIELD OFFICE
Human Services Licensing

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

Resident #1's assessment, dated 6/5/13, indicates the resident requires the following assistance with personal care needs.
Physical assistance of one staff to transfer
Total physical assistance for bladder/bowel management
Unable to ambulate or propel wheel chair
Requires extensive supervision in the home and cannot leave the home unattended; unaware of unsafe areas, has poor safety awareness and difficulty communicating needs due to expressive Aphasia

On 2/17/15, at approximately 9:00 a.m., staff person A transported resident #1 to a Doctor's appointment using the home's wheelchair van. At approximately 10:30 a.m., staff person A returned to the home with resident #1 and parked the van in the home's parking lot. Staff person A got out of the van, entered the home and delivered resident #1's physician visit report to staff person B, the Med Tech on duty, leaving resident #1 in the van unsupervised and unattended. At approximately 12:10 p.m., staff person B noticed resident #1 was not in the dining room for lunch. A search for the resident was initiated. At this time, Staff person A was questioned about resident #1's whereabouts, and realized he/she had left the resident in the van. At 12:15 p.m. the resident was sitting in the van, visibly upset and complaining of tingling in his/her toes on both feet. Resident #1's body temperature was 95°F and blood pressure 155/84. During the time the resident was left outside in the van, the recorded average temperature was 11°F according to the National Climate Data Center (NCDC).

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.

Within 15 days of receipt of the plan of correction, all employees who utilize the home's van to transport residents will complete The National Safety Council Distracted Driving online course or a Driver Safety Course approved by the Department.

The National Safety Council Distracted Driving online course can be located through this link:

[http://www.nsc.org/learn/Safety-Training/Pages/Distracted-Driving-Online-Courses.aspx?utm_medium=\(none\)&utm_source=\(direct\)&utm_campaign=Distracted](http://www.nsc.org/learn/Safety-Training/Pages/Distracted-Driving-Online-Courses.aspx?utm_medium=(none)&utm_source=(direct)&utm_campaign=Distracted)

Documentation of training shall be kept. *SMP*

Within 45 days of receipt of the plan of correction, all staff will receive training in the Older Adults Protective Services Act, resident rights, abuse and neglect prevention from a Department-approved outside source. Documentation of training shall be kept. *SMP*

Please see page 2^A and 2^B of 4 for Plan of Correction *SMP*

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) *Butch Cassidy, Executive Director* Date *6/16/15*

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The above plan of correction is approved as of 6-23-15 (Date)

Plan of correction implementation status as of 6-23-15 (Date)

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

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

PLAN OF CORRECTION

WEST REGION FIELD OFFICE
Human Services Licensing

Community Name: The Pines of Mt. Lebanon

License Number: 43361

Date of Visit: 2/25/2015

Date VR Sent to Community: 5/8/15

Date of Submission: 6/15/15

- 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.

On 2/7/15, at approximately 9:00 a.m., staff person A transported resident #1 to a Doctor's appointment using the home's wheel chair van. At approximately 10:30 a.m., staff person A returned to the home with resident #1, and parked the van in the home's parking lot. Staff person A got out of the van, entered the home and delivered resident #1's physician's visit report to staff person B, the Med Assistant on duty, leaving Resident A in the van, unsupervised and unattended. At approximately 12:10 p.m., staff person B noticed resident #1 was not in the dining room for lunch. A search for the resident was initiated. At this time, staff person A was questioned about Resident #1's whereabouts and it was at this time that he /she realized he had left the Resident in the van. At 12:15 p.m., the Resident was found sitting in the van, visibly upset and complaining of tingling in his/her toes on both feet. Resident #1's body temperature was taken and registered 95 degrees (F). During the time the Resident was left outside, the recorded average temperature was 11 degrees (F) according to the National Climate Data Center (NCDC).

- 2. **Description of the Repair of the Immediate Problem:**

The Medical Director for the home was notified and orders were obtained to gently warm Resident #1 and the efforts were successful. Resident #1 was monitored according to protocol for the next 24 hours, and suffered no additional affects from the incident. Resident #1's family was also notified immediately.

Reportable incident was submitted to DHS, and AAA was notified of the incident. The driver of the van was interviewed and suspended pending further investigation, and consistent with the home's policy.

DHS/AAA determined that the incident was indeed neglect, but also that it was an accident, and encouraged a policy be developed to preclude such an incident from occurring again.

Authorized Signature *[Signature]* Executive Director Date: 6/16/15

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ADM040

Susie Pollock

Regional Licensing Approval of Plan of Correction

Susie Pollock (sm) 6/23/15

The employee attended remedial Resident Rights training, and subsequently was re-instated but continued to be supervised and did not work alone as the driver of Residents until the home's policy could be fully developed and implemented.

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WEST REGION FIELD OFFICE
Human Services Licensing

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

The root cause of the incident was staff person A was distracted, and there was only a single point of accountability with driving and returning the Resident from an appointment.

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

Changing practice?

The home has developed an entirely new policy and procedure for taking and returning Residents to and from appointments which involves a physical check of the vehicle, and a second person (Charge Medication Assistant or LPN) to verify that the Resident has been returned, which is documented.

Teaching or Training?

Staff will be in-serviced on the new policy and procedure during General Orientation by the Activities Director, who is responsible for the transportation of Residents in the community.

Existing staff at The Pines will be trained to the new policy and procedure no later than July 1, 2015, and documentation will be provided to DHS, also by that date.

On-going Monitoring?

The standards for the protocol will be incorporated into the monthly Safety and Quality Indicator Review Team Minutes

The standards for the protocol will be incorporated into the annual CQI review by the management company.

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

The current Executive Director (Administrator) has overseen all responses to date, and Staff member A has not driven Residents independently since the incident. With the new policy and procedure training and implementation, Staff member A will return to driving Residents.

The current Executive Director (Administrator) is responsible to oversee the implementation of the new policy, the training and the monitoring by a date no later than 7/1/15.

Authorized Signature

Butch Cassidy
Butch Cassidy
Executive Director

Date: 6/10/15

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Swie Pollack

Regional Licensing Approval of Plan of Correction

Swie Pollack (sw) 6-23-15

Violation Report: 43361 - 02/25/2015 - Rosol, Jennifer
PCH Name: THE PINES OF MOUNT 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 have training in the following topics during training year 2014:

- * Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert
- * Emergency preparedness procedures and recognition and response to crises and emergency situations

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

Within 30 days of receipt of the plan of correction, the administrator will review all current staff training records to ensure all staff persons have completed the required training in accordance with regulation 2600.65g during the 2014 training year to ensure all staff receives the necessary training to successfully provide essential resident care services. *SMP*

Any staff person identified through this review process that has not received annual training in the above topics will have training in these topics within 30 days of discovery. *SMP*

Please see page 3^A and 3^B of A for Plan of Correction ^{SMP}

Repeat Violation: No	Date(s) of Previous Violation(s):	
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>[Signature]</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Butch Cassidy Executive Director</i>	<i>6/16/15</i>

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The above plan of correction is approved as of 6-23-15
(Date)

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

Plan of correction implementation status as of 6-23-15
(Date)

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

JUN 26 2015

PLAN OF CORRECTION

WEST REGION FIELD OFFICE
Human Services Licensing

Community Name: The Pines of Mt. Lebanon

License Number: 43361

Date of Visit: 2/25/2015

Date VR Sent to Community: 5/8/15

Date of Submission: 6/15/15

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 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.

2. **Violation Interpretative Statement:** Staff person A did not receive annual training in the following topics for the training year:
 - Fire Safety Completed by a Fire Safety Expert (someone trained by an Expert to conduct this training in the home);
 - Emergency Preparedness Procedures and recognition and response to crises and emergency situations

3. **Review the benefit of the Regulation, per RCG:** Ensures that all staff who work in the home are reminded of the home's emergency procedures and mandated reporting requirements.

4. **Description of the Repair of the Immediate Problem:** Staff Person A was trained in the Emergency Preparedness on 03/10/15, and verification is attached. Fire Safety Training by a Fire Safety Expert will be conducted no later than July 1, 2015, and documentation will be provided to DHS, also by that date.

Authorized Signature B. Cassidy Executive Director Date: 6/16/15
 Butch Cassidy

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Susie Pollock

Regional Licensing Approval of Plan of Correction
 Susie Pollock (snp) 6-23-15

- 5. Determine / document the Root Cause of the Violation: Person assigned to monitor compliance had fallen behind, and monitoring for compliance independent of the accountable person, also had fallen behind.
- 6. Detail Action Steps / System Developed to prevent future occurrence:
 - Changing practice?
 - The training plan is established and posted for the year.
 - Teaching or Training?
 - On-going Monitoring?
- 7. Designated position responsible and specify target date for correction.

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 WEST REGION FIELD OFFICE
 Human Services Licensing

Authorized Signature *[Signature]* Executive Director
 Plan of Correction Template *Butch Cassidy*
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Date: 6/10/15

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Susie Pollock

Regional Licensing Approval of Plan of Correction
 Susie Pollock (sm) 6-23-15

JUN 16 2015

Violation Report: 43361 - 02/25/2015 - Rosol, Jennifer

PCH Name: THE PINES OF MOUNT LEBANON

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.225(c) - The resident shall have additional assessments as follows:

- (1) Annually.
- (2) If the condition of the resident significantly changes prior to the annual assessment.
- (3) At the request of the Department upon cause to believe that an update is required.

2a. DESCRIPTION OF VIOLATION

The most recent assessment for resident #1 was completed on 6/5/13.

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.

Resident #1 had a new assessment completed on 2/25/15. *SW*

Within 30 days of receipt of the plan of correction, the administrator or designated staff person will review all resident records to ensure all residents have a current assessment completed. *SW*

Within 30 days of receipt of the plan of correction, the administrator will develop and implement a process and procedure to ensure all resident assessments are completed annually. *SW*

Within 30 days of receipt of the plan of correction, all staff persons involved with the assessment process will be educated on the requirement that each resident shall have an assessment completed at least annually. *SW*

Please see page 4^A and 4^B of 4 for Plan of correction *SW*

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative <i>(Required on EVERY Page)</i>	<i>B. Cassidy</i>
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Printed Name and Title of Legal Entity Representative <i>(Required on EVERY Page)</i>	Date
<i>Beth Cassidy, Executive Director</i>	<i>6/16/15</i>

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The above plan of correction is approved as of 6-23-15
(Date)

Plan of correction implementation status as of 6-23-15
(Date)

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

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

PLAN OF CORRECTION

WEST REGION FIELD OFFICE
Human Services Licensing

Community Name: The Pines of Mt. Lebanon

License Number: 43361

Date of Visit: 2/25/2015

Date VR Sent to Community: 5/8/15

Date of Submission: 6/15/15

1. **Violation Review:** 2600.225(c) - The resident shall have additional assessments as follows: (1) Annually. (2) If the condition of the resident significantly changes prior to the annual assessment. (3) At the request of the Department upon cause to believe that an update is required.
2. **Violation Interpretative Statement:** The most recent assessment for Resident #1 was 6/5/13.
3. **Review the benefit of the Regulation, per RCG:** Allows homes to create a comprehensive profile of a resident's needs and serves as the basis for the plan to meet those needs.
4. **Description of the Repair of the Immediate Problem:** The Resident's Assessment and Support plan were updated. See Attached.
on 2/25/15
5. **Determine / document the Root Cause of the Violation:**
6. **Detail Action Steps / System Developed to prevent future occurrence:**
 - a. Changing practice?
The "tickler file" to facilitate timeliness was reestablished on 6/1/15 and will be followed going forward.
 - b. Teaching or Training?
The new DRCS was trained on the home's policy for following and maintaining the "tickler file" during her orientation training, and again when the "tickler file" was developed. She is responsible for maintaining and following this protocol to facilitate timeliness.
 - c. On-going Monitoring?
The Executive Director is responsible to monitor the "tickler file" to ensure timely completion of all RASP's, and will integrate into his / her routine immediately.

Authorized Signature: *Butch Cassidy* Executive Director Date: *6/16/15*
Butch Cassidy

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Susie Pollock
 Regional Licensing Approval of Plan of Correction
Susie Pollock (sm) 6-23-15

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WEST REGION FIELD OFFICE
Human Services Licensing

- 7. Designated position responsible and specify target date for correction
 - The DRCS is responsible to maintain and follow the tickler file
 - The Executive Director has established that the DRCS understands the expectation, and has a system for doing so
 - The Executive Director will monitor the timely completion of all RASP's by using his/her own monitor developed for such purpose.

Authorized Signature

B. Cassidy
Butch Cassidy, Executive Director

Date: 6/16/15

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Susie Pollock

Regional Licensing Approval of Plan of Correction

Susie Pollock (sno) 6-23-15