



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**MAILING DATE: September 21, 2016**

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 January 29, 2016; February 24, 2016 and February 25, 2016, 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 "Larry Mazza".

Larry Mazza  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary



Violation Report: 43361 - 01/29/2016 - Garrigan, Laurie  
 PCH Name: THE PINES OF MT LEBANON

1. REGULATION 55 Pa.Code §2600

2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION

On 9/14/15, Adult Protective Services came to the home to investigate a report of caregiver neglect alleging that, on 7/9/15, resident #3 was left unattended from 6:00 a.m. to 2:00 p.m., was not provided incontinence care, and was not fed until 2:00 p.m. The home did not report this incident to the Department until 9/17/15.

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 2<sup>a</sup> & 2<sup>b</sup> of 8

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Sara Delio*

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

*Sara Delio - Executive Director*

Date *7-29-2016*

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The above plan of correction is approved as of 9/12/16  
 (Date)

Plan of correction implementation status as of 9/12/16  
 (Date)

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

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

Pg 2<sup>a</sup> of 8

# PLAN OF CORRECTION TEMPLATE

Community Name: The Pines of Mt. Lebanon

License Number: 433610

Date of Visit: January 29, 2016

Date of Submission: July 28, 2016

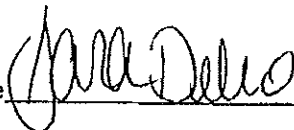
Violation Review: 2600.16( c ) The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Review the benefit of the Regulation, per RCG: Reporting incidents allows the Department to respond promptly to serious situations, and offers homes the opportunity to provide information that may reduce the need for the Department to pursue additional information.

Violation Interpretative Statement: On 9/14/15, Adult Protective Services came to the home to investigate a report of caregiver neglect alleging that, on 7/9/15, resident #3 was left unattended from 6:00 a.m. to 2:00 p.m., was not provided incontinence care, and was not fed until 2:00 p.m. The home did not report this incident to the Department until 9/17/15.

1. Description of the Repair of the Immediate Problem: Resident Care Department Staff informed via verbal communication by former Administrator and former Director of Resident Care regarding this Resident care needs/assignment/admission process/and review of 24 hour communication log.
2. Determine / document the Root Cause of the Violation: Resident Care DCS did not follow policies in place related to communicating about admission/re-admission. The failure of communication resulted in not all DCS being aware of the new Resident on all shifts.

Authorized Signature



Date:

7-29-16

Plan of Correction Template

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g.m. 7/12/16

3. Detail Action Steps / System Developed to prevent future occurrence: Admission process per Corporate Operating Standards Manual reviewed and re-implemented by former Administrator and former Director of Resident Care. (attached)  
Mandatory Resident Rights/Abuse Reporting training conducted on August 18, 2016 by the Allegheny County Ombudsman, [REDACTED] for all staff.(attached)
4. Designated position responsible and specify target date for correction. Corrected immediately and ongoing by former Administrator and former Director of Resident Care. Current Administrator and Director of Resident Care continue to follow policies and standards.

within 30 days of receipt of the plan of correction: all staff persons will receive education on the home's policy and procedures for timely reporting of reportable incidents and conditions, including the requirement that reportable incidents must be reported to the Department within 24 hours. Documentation of the education shall be kept.

J.W.  
9/12/16

Authorized Signature

Yara Delio

Date:

7-29-16

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Violation Report: 43361 - 01/29/2016 - Garrigan, Laurie  
 PCH Name: THE PINES OF MT LEBANON

**1. REGULATION 55 Pa.Code §2600**

2800.42(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 #2 has physically abused resident #1 several times over the last few months. These incidents occur while resident #2 becomes frustrated while trying to provide care to resident #1 (redacted of resident #2) to include the following:

\* On 11/21/15 at 4:30 p.m., resident #2 and resident #1 were sitting on the front porch of the home when a staff person witnessed resident #2 being rough while pulling on resident #1's legs when he/she was trying to place resident #1's feet on the wheel chair foot rests. A quarrel ensued, resident #1 pushed resident #2's arm away, and resident #2 slapped #1 on the face a couple of times. Staff indicated resident #1 was clearly upset and even though at most times is nonverbal resident #1 said "leave me alone".

\* The 1/3/16, resident caregiver notes from the home indicate that resident #1 became combative when staff was providing incontinence care. Resident #2 tried to restrain resident #1's arms until staff told him/her not to do that.

\* On 2/22/16 at approximately 8:00 a.m., staff witnessed resident #2 slap resident #1 three times on the right cheek at breakfast. Resident #2 was feeding resident #1 a banana with a fork in the special needs dining room. Resident #1 kept turning his/her head and was grunting. Resident #2 got agitated and proceeded to slap resident #2 three times on the right cheek.

\* On 2/25/16, multiple staff interviews indicated that at multiple times over months they witnessed resident #2 do the following: slap resident #1 on the face twice, each time more than once in the special needs dining room; hold resident #1's face/jaw up under the resident's chin and push his/her forehead back to tilt resident #1's head back while trying to feed resident #1 with a fork; continue to feed resident #1 after he/she lets it be known he/she does not want to eat; and slap resident #1's hand or shake his/her shoulder or thigh to wake up resident #1 during meals.

**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 3<sup>a</sup>, 3<sup>b</sup> + 3<sup>c</sup> of P*

Repeat Violation: Yes	Date(s) of Previous Violation(s):	02/25/2016
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Signature of Legal Entity Representative (Required on EVERY Page) *Sara Delio*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Sara Delio - Executive Director* Date *7-29-16*

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

The above plan of correction is approved as of 9/12/16  
 (Date)

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

Plan of correction implementation status as of 9/12/16  
 (Date)

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

3<sup>rd</sup> AP

## PLAN OF CORRECTION TEMPLATE

Community Name: The Pines of Mt. Lebanon

License Number: 433610

Date of Visit: January 29, 2016

Date of Submission: July 228, 2016

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.

Review the benefit of the Regulation, per RCG: Protects residents from abuse and neglect.

Violation Interpretative Statement: Resident #2 has physically abused resident #1 several times over the last few months. These incidents occur while resident #2 becomes frustrated while trying to provide care to resident #1 [REDACTED] of resident #2) to include the following:

- On 11/21/15 at 4: 30 p.m., resident #2 and resident #1 were sitting on the front porch of the home when a staff person witnessed resident #2 being rough while pulling on resident #1's legs when he/she was trying to place resident #1's feet on the wheel chair foot rests. A quarrel ensued, resident #1 pushed resident #2's arm away, and resident #2 slapped #1 on the face a couple of times. Staffs indicated resident #1 was clearly upset and even though at most times is nonverbal resident #1 said "leave me alone".
- On 1/3/16, resident caregiver notes from the home indicate that resident #1 became combative when staff was providing incontinence care. Resident #2 tried to restrain resident #1's arms until staff told him/her not to do that.
- On 2/22/16 at approximately 8: 00 a.m., staff witnessed resident #2 slap resident #1 three times on the right cheek at breakfast. Resident #2 was feeding resident #1 a banana with a fork in the special needs dining room. Resident #1 kept turning his/her head and was grunting. Resident #2 got agitated and proceeded to slap resident #2 three times on the right cheek.
- On 2/25/16, multiple staff interviews indicated that at multiple times over months they witnessed resident #2 do the following: slap resident #1 on the face twice, each time more than once in the special needs dining room; hold resident #1's face/jaw up under the resident's chin

Authorized Signature

*Jana Delio*

Date:

*7-29-16*

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and push his/her forehead back to tilt resident #1's head back while trying to feed resident #1 with a fork; continue to feed resident #1 after he/she lets it be known he/she does not want to eat; and slap resident #1's hand or shake his/her shoulder or thigh to wake up resident #1 during meals.

Description of the Repair of the Immediate Problem:

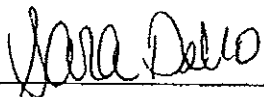
- Plan of Supervision for Resident #1 and Resident #2 consisted of the following items to be effective 2/25/2016, which was provided via email to DHS Regional Office Supervisor [REDACTED] by Executive Director
- \*DCS/Home Staff to provide fifteen minute checks to Resident #1 to check that clothing appropriate and no signs of abuse – any sign of abuse to be immediately reported to Administrator/Director of Resident Care/Charge Person
- \*Log to be kept and initialed by DCS q 15 minutes, and Charge Person/LPN to sign off q shift that checks were completed
- \*RASP for both Resident #1 and Resident #2 were updated to reflect current care needs and submitted to department
- Apartment door to be propped open at all times during

1. Determine / document the Root Cause of the Violation: It was determined by Executive Director after investigation and interviewing with DCS/ Resident #2/ and Resident #1/2 dtr/POA that Resident #2 has seen an emotional and physical decline with [REDACTED] and attempts to intervene or provide the care for Resident #1, instead of allow DCS to perform all ADL care.

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

- DCS/Home Staff to provide fifteen minute checks to Resident #1 to check that clothing appropriate and no signs of abuse – any sign of abuse to be immediately reported to Administrator/Director of Resident Care/Charge Person
- Log to be kept and initialed by DCS q 15 minutes, and Charge Person/LPN to sign off q shift that checks were completed

Authorized Signature



Date:

7-29-16

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3. Designated position responsible and specify target date for correction. Plan of Supervision submitted to DHS Regional Supervisor [REDACTED] on 2/25/2016 via email to note monitoring and tracking system implemented immediately and ongoing for Resident #1.

All staff persons received training on abuse reporting + resident rights from a Department-approved outside source on 8/18/16.

n.v.  
9/12/16

Immediately: The administrator or designated staff person will interview at least 3 residents a week for three months and biannually thereafter to ensure no residents are neglected, intimidated, physically or verbally abused, mistreated or disciplined in any way, at any time. Documentation of the interviews will be kept. n.v. 9/12/16

Authorized Signature

Gara Devo

Date:

7-29-16

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Violation Report: 43361 - 01/29/2016 - Garrigan, Laurie  
 PCH Name: THE PINES OF MT LEBANON

**1. REGULATION 55 Pa.Code §2600**

2600.132(c) - A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

**2a. DESCRIPTION OF VIOLATION**

The homes fire drill record does not include the am/pm time for the drills conducted on 5/29/15 at 12:46 and 12/17/15 at 10:46.

The home's fire drill record does not include the date of the drill that was conducted in November of 2015 at 4:12 p.m.

**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 4<sup>a</sup> and 4<sup>b</sup> of 8*

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Sara Delio*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Sara Delio - Executive Director</i>	Date <i>9-29-16</i>
---	---------------------

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The above plan of correction is approved as of *9/12/16*  
 (Date)

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

Plan of correction implementation status as of *9/12/16*  
 (Date)

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

4<sup>th</sup> FD

## PLAN OF CORRECTION TEMPLATE

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Community Name: The Pines of Mt. Lebanon

License Number: 433610

Date of Visit: January 29, 2016

Date of Submission: July 28, 2016

Violation Review: 2600.132(c) - A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

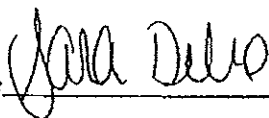
Review the benefit of the Regulation, per RCG: Recording fire drill information helps homes ensure compliance with all of the regulations relating to fire drills, and to identify and correct problems with evacuation.

Violation Interpretative Statement: The homes fire drill record does include the am/pm time for the drills conducted on 5/29/15 at 12:46 and 12/17/15 at 10:46. The home's fire drill record does not include the date of the drill that was conducted in November of 2015 at 4: 12 p.m.

Description of the Repair of the Immediate Problem: Date obtained from signoff sheets and noted on fire drill record for correction. This POC will be kept behind that month in record as explanation.

1. Determine / document the Root Cause of the Violation: Upon review of the fire drill record it was determined that the fire drill in November 2015 did take place, but the date of the month failed to be recorded by the person conducting the drill. This was an oversight by the person conducting the drill – all subsequent fire drills on the record have a date and time noted.

Authorized Signature



Date:

7-29-16

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JN. 9/12/16

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2. Detail Action Steps / System Developed to prevent future occurrence: Upon completion of each fire drill the Environmental Services Director in charge of conducting the drills will review the record, and then pass onto the Administrator who will complete a 2<sup>nd</sup> visual check to ensure all required details are present. If Administrator not present during fire drill, Director of Resident Care Designee will perform the 2<sup>nd</sup> check for detail review.
3. Designated position responsible and specify target date for correction. Plan of Supervision submitted to DHS Regional Supervisor [REDACTED] on 2/25/2016 via email to note monitoring and tracking system implemented immediately and ongoing for Resident #1.

Fire drills conducted on 1/20/16, 2/29/16, 3/21/16, 4/19/16, 5/10/16, 6/23/16, 7/27/16 and 8/28/16 were recorded on the fire drill log in accordance with regulation 2600.132c. J.M. 9/2/16

Authorized Signature

Jana Delo

Date:

7-29-16

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Violation Report: 43361 - 01/29/2016 - Garrigan, Laurie  
 PCH Name: THE PINES OF MT LEBANON

1. REGULATION 55 Pa.Code §2600  
 2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION

Resident #1's medical evaluation, dated 12/16/14, does not include weight, temperature, or ability to self-administer medication. These sections of the medical evaluation are blank or marked "n/a".

Resident #4's medical evaluation, dated 9/16/15, does not include page two which contains the list of the resident's medications. In addition, page one, under the Special Health or Dietary Needs section, indicates to see the addendum below which is on the second page of the medical evaluation.

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 5<sup>a</sup> and 5<sup>b</sup> of 8

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Sara Delio*

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

*Sara Delio - Executive Director*

Date *7-29-16*

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The above plan of correction is approved as of 9/12/16  
 (Date)

Plan of correction implementation status as of 9/12/16  
 (Date)

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

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

59.F8

# PLAN OF CORRECTION TEMPLATE

Community Name: The Pines of Mt. Lebanon

License Number: 433610

Date of Visit: January 29, 2016

Date of Submission: July 28, 2016

Violation Review: 2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

Review the benefit of the Regulation, per RCG: Accurate medical information helps homes decide whether a resident's needs can be met at the home, helps the home develop accurate assessments and support plans, and ensures that residents' medical needs will be met.

Violation Interpretative Statement: Resident #1's medical evaluation, dated 12/16/14, does not include weight, temperature, or ability to self-administer medication. These sections of the medical evaluation are blank or marked "n/a".

Resident #4's medical evaluation, dated 9/6/15, does not include page two which contains the list of the resident's medications. In addition, page one, under the Special Health or Dietary Needs section, indicates to see the addendum below which is on the second page of the medical evaluation.

Description of the Repair of the Immediate Problem: Unable to input vitals into prior medical evaluations to correct. Plan of Correction for medical evaluations to be accurate listed below.

1. Determine / document the Root Cause of the Violation: Protocol not in place for review of any new or annual medical evaluations by former Administrator/Director of Resident Care/Director of Marketing, to review all documents prior so that corrections can be made before Resident admitted/re-admitted/annual physical.

Authorized Signature Yara Delio

Date: 7-29-16

J.V. 9/12/16

5<sup>b</sup> of 8

2. Detail Action Steps / System Developed to prevent future occurrence: ED/DRCS/DSM to meet prior to all new admission/re-admission to make sure complete and accurate medical evaluation, and/or remarks noted for correction that will be made prior to move in permitted to arrive. Annual medical evaluations to be completed by DRCS/ADRCS for completion and review/signature by PCP
3. Designated position responsible and specify target date for correction. Immediate and ongoing from January 2016. Administrator/Director of Resident Care/Director of Marketing responsible parties

Resident #1 has ceased to breathe. p.w. 9/12/16

Resident #4 had a new medical evaluation completed on 3/3/16. p.w. 9/12/16

Authorized Signature

Jana Delio

Date:

7-29-16

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Violation Report: 43361 - 01/29/2016 - Garrigan, Laurie  
 PCH Name: THE PINES OF MT LEBANON

1. REGULATION 55 Pa.Code §2600  
 2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION

Resident #1's most recent medical evaluation was completed on 12/16/14.  
 Resident #2's most recent medical evaluation was completed on 1/23/15.  
 Resident #5 had a medical evaluation completed on 10/03/13 and not again until 2/26/15.

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 6<sup>a</sup> and 6<sup>b</sup> of 8*

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Sara Delio*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Sara Delio - Executive Director* Date *7-21-16*

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

The above plan of correction is approved as of 9/12/16  
 (Date)

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

Plan of correction implementation status as of 9/12/16  
 (Date)

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

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# PLAN OF CORRECTION TEMPLATE

Community Name: The Pines of Mt. Lebanon

License Number: 433610

Date of Visit: January 29, 2016

Date of Submission: July 28, 2016

Violation Review: 2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

Review the benefit of the Regulation, per RCG: Accurate medical information helps homes decide whether a resident's needs can be met at the home, helps the home develop accurate assessments and support plans, and ensures that residents' medical needs will be met.

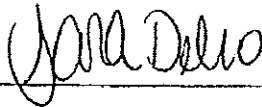
Violation Interpretative Statement: Resident #1's most recent medical evaluation was completed on 12/16/14.

Resident #2's most recent medical evaluation was completed on 1/23/15.

Resident #5 had a medical evaluation completed on 10/03/13 and not again until 2/26/15.

Description of the Repair of the Immediate Problem: Medical Evaluation tickler created and implemented to include last medical evaluation date/annual due dates/and any changes due to significant change.

1. Determine / document the Root Cause of the Violation: Tickler system not followed for new or annual medical evaluations to identify due dates prior to allow for physical and form preparation.

Authorized Signature 

Date: 7-27-16

Plan of Correction Template

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*J.W. 9/12/16*

2. Detail Action Steps / System Developed to prevent future occurrence: Medical Evaluation tickler created and implemented to include last medical evaluation date/annual due dates/and any changes due to significant change. Tickler checked daily by Director of Resident Care for review to then highlight upcoming months medical evaluations that will need completed.
3. Designated position responsible and specify target date for correction. Immediate and ongoing from January 2016. Administrator/Director of Resident Care responsible parties

Resident #1 has ceased to breathe. p.u. 9/2/16  
Resident #2 had a new medical evaluation completed on 2/26/16. p.u. 9/2/16

Authorized Signature Yara Delio

Date: 7-29-16

Violation Report: 43361 - 01/29/2016 - Garrigan, Laurie  
 PCH Name: THE PINES OF MT LEBANON

**1. REGULATION 56 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 #6, admitted on [redacted] 15, did not have an assessment 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 pages 7<sup>a</sup> and 7<sup>b</sup> of 8

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Sara Delio*

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

*Sara Delio - Executive Director*

Date *7-29-16*

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

The above plan of correction is approved as of

*7/12/16*  
 (Date)

Plan of correction implementation status as of *9/12/16*  
 (Date)

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

The above plan of correction was approved by

*ML*  
 (Initials)

7<sup>th</sup> of 8

## PLAN OF CORRECTION TEMPLATE

Community Name: The Pines of Mt. Lebanon

License Number: 433610

Date of Visit: January 29, 2016

Date of Submission: July 28, 2016

Violation Review: 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.

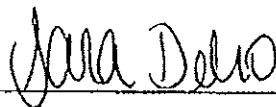
Review the benefit of the Regulation, per RCG: Allows homes to create a comprehensive profile of a resident's needs and serves as the basis for the plan to meet those needs.

Violation Interpretative Statement: Resident # 6, admitted on [REDACTED] 15, did not have an assessment completed.

Description of the Repair of the Immediate Problem: Resident Assessment and Support Plan tickler created and implemented to include move in date/15 day window due date/annual due date for new and current Residents

1. Determine / document the Root Cause of the Violation: Tickler system not followed to identify due dates.

Authorized Signature



Date:

7-29-16

Plan of Correction Template

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ADM040

*JW. 9/12/16*

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2. Detail Action Steps / System Developed to prevent future occurrence: Resident Assessment and Support Plan tickler created and implemented to include last assessment date/annual due dates/and any changes due to significant change. Tickler checked daily by Director of Resident Care for review to then highlight upcoming months resident assessment and support plans that will need completed.
3. Designated position responsible and specify target date for correction. Immediate and ongoing from January 2016. Administrator/Director of Resident Care responsible parties

Resident #6 was discharged on [REDACTED]/16. DU. 9/12/16.

Authorized Signature

Gara Delio

Date:

7-29-16

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ADM040

Violation Report: 43361 - 01/29/2016 - Garrigan, Laurie  
 PCH Name: THE PINES OF MT LEBANON

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

Resident #2's assessment, dated 7/14/15, indicates "none" for psychological diagnoses and indicates "no problem" for the areas of Irritability, judgment, agitation and aggression. However, Resident #2 is receiving psychological treatment and was assessed on 9/29/15, by MedOptions Therapy, with the diagnoses of mood disorder, adjustment disorder with mixed anxiety and depressed mood, and mild other psychosocial and environmental problems. In addition, the following incidents occurred:

\*On 11/21/15 at 4:30 p.m., resident #2 and resident #1 were sitting on the front porch of the home when a staff person witnessed resident #2 being rough while pulling on resident #2's legs when he/she was trying to place resident # 1's feet on the wheel chair foot rests. A quarrel ensued, resident #1 pushed resident #2's arm away, and resident #2 slapped #1 on the face a couple of times. Staff indicated resident #1 was clearly upset and even though at most times is nonverbal resident #1 said "leave me alone".

\* The 1/3/16, resident caregiver notes from the home indicate that resident #1 became combative when staff was providing incontinence care. Resident #2 tried to restrain resident #1's arms until staff told him/her not to do that.

\* On 2/22/16 at approximately 8:00 a.m., staff witnessed resident #2 slap resident #1 three times on the right cheek at breakfast. Resident 2 was feeding resident #1 a banana with a fork in the special needs dining room. Resident #1 kept turning his/her head and was grunting, resident #2 got agitated and with his/her left hand slap resident #1 three times on the right cheek.

Resident #5's assessment was completed on 12/24/13; however, another assessment was not completed until 10/11/15.

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 8<sup>a</sup> and 8<sup>b</sup> of AP*

Repeat Violation: Yes

Date(s) of Previous Violation(s):

02/25/2015

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Sara Delio*

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

*Sara Delio - Executive Director*

Date *7-29-16*

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The above plan of correction is approved as of 9/12/16  
 (Date)

Plan of correction implementation status as of 9/12/16  
 (Date)

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

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

J. A. J.

## PLAN OF CORRECTION TEMPLATE

Community Name: The Pines of Mt. Lebanon

License Number: 433610

Date of Visit: January 29, 2016

Date of Submission: July 228, 2016

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.

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.

Violation Interpretative Statement: Resident #2's assessment, dated 7/14/15, indicates "none" for psychological diagnoses and indicates "no problem" for the areas of irritability, judgment, agitation and aggression. However, Resident #2 is receiving psychological treatment and was assessed on 9/29/15, by Med Options Therapy, with the diagnosis of mood disorder, adjustment disorder with mixed anxiety and depressed mood, and mild other psychosocial and environmental problems. In addition, the following incidents occurred:

- On 11/21/15 at 4: 30 p.m., resident #2 and resident #1 were sitting on the front porch of the home when a staff person witnessed resident #2 being rough while pulling on resident #1's legs when he/she was trying to place resident #1's feet on the wheel chair foot rests. A quarrel ensued, resident #1 pushed resident #2's arm away, and resident #2 slapped #1 on the face a couple of times. Staffs indicated resident #1 was clearly upset and even though at most times is nonverbal resident 31 said "leave me alone".
- On 1/3/16, resident caregiver notes from the home indicate that resident #1 became combative when staff was providing incontinence care. Resident #2 tried to restrain resident #1's arms until staff told him/her not to do that.
- On 2/22/16 at approximately 8: 00 a.m., staff witnessed resident #2 slap resident #1 three times on the right cheek at breakfast. Resident 2 was feeding resident #1 a banana with a fork in the

Authorized Signature

*Wanda DeLeo*

Date:

*7-29-16*

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ADM040

*J.N. 9/12/16*

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special needs dining room. Resident #1 kept turning his/her head and was grunting. Resident #2 got agitated and proceeded to slap resident #2 three times on the right cheek.

Resident #5's assessment was completed on 12/24/13; however, another assessment was not completed until 10/11/2015.

Description of the Repair of the Immediate Problem:

- Plan of Supervision for Resident #1 and Resident #2 consisted of the following items to be effective 2/25/2016, which was provided via email to DHS Regional Office Supervisor [redacted] by Executive Director
- \*RASP for both Resident #1 and Resident #2 were updated to reflect current care needs and submitted to department

1. Determine / document the Root Cause of the Violation: Tickler system not followed to identify due dates.

2. Detail Action Steps / System Developed to prevent future occurrence: Resident Assessment and Support Plan tickler created and implemented to include move in date/15 day window due date/annual due date for new and current Residents

3. Designated position responsible and specify target date for correction. Immediate and ongoing from January 2016

*within 30 days of receipt of the plan of correction: all staff persons involved in the assessment process will receive education on the homes policy and procedures for the timely completion of resident assessments, including the requirement that all resident must have a new assessment completed annually.*

Authorized Signature Gara Delio

Date: 7-29-16

*pd*  
*9/12/16*