



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: March 1, 2017

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 October 26, 2016, 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 "Brent Sutherland".

Brent Sutherland
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

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

PCH Name: THE PINES OF MT LEBANON		License Number: 43361
Address: 1537 WASHINGTON ROAD, PITTSBURGH, PA 15228		County: Allegheny
Administrator: Megan Campbell		Region: WEST
Legal Entity Name: TITHONUS MT LEBANON LP		
Legal Entity Address: 6600 BROOKTREE COURT SUITE 1000, WEXFORD, PA 15090		
Certificate(s) of Occupancy		
Staffing Hours		
Resident Support:	Total Daily Staff: 85	Waking Staff: 64
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Complaint, Incident		
On-Site Inspections Dates and Department Representatives On-Site 10/26/2016: Sutherland, Brent		
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: 55 Secured Dementia Care Unit in Home: Yes Area: Life Stories Secured Dementia Unit Capacity, if Applicable: 18 Number of Residents Served in Secured Dementia Care Unit, if applicable: 12 Number of Current Hospice Residents: 5 Number of Hospice Residents in past year: 18	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 55 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 30 Have a Physical Disability: 1	

JAN 24 2017

Violation Report: 43361 - 10/28/2016 - Sutherland, Brent PCH Name: THE PINES OF MT LEBANON	WEST REGION FIELD OFFICE Human Services Licensing
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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 2600.16 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION
 Resident #1 was sent to the hospital on 7/22/16 until the home was notified on [redacted] 16 that the resident ceased to breathe. The home failed to report the incident to the Department.

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 attached

Pages 2A, 2B of 2

Repeat Violation: Yes	Date(s) of Previous Violation(s):	01/29/2016 et al
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Signature of Legal Entity Representative <i>(Required on EVERY Page)</i>	Melissa DAUVO
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Printed Name and Title of Legal Entity Representative <i>(Required on EVERY Page)</i>	Date
<i>[Signature]</i> Administrator	1/24/17

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

The above plan of correction is approved as of <u>2/22/17</u> (Date)	Plan of correction implementation status as of <u>2/22/17</u> (Date)
The above plan of correction was approved by <u>BB</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>BB</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

PLAN OF CORRECTION

RECEIVED

Community Name: The Pines of Mt. Lebanon

FEB 21 2017

License Number: 43361

WEST REGION FIELD OFFICE
Human Services Licensing

Date of Visit: October 26, 2016

Date of Submission: January 23, 2017

1. 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 hot line within 24 hours in a manner designated by the Department. Abuse reporting shall follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

2. Description of Violation:

Resident #1 was sent to the hospital on 7/22/16 until the home was notified on [redacted] 16 that the Resident ceased to breathe [while in the hospital]. The home failed to report the incident to the Department.

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

The home's staff required reeducation on the interpretation of the requirement, thinking that reporting was only required if the Resident had expired in the home itself.

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

a) Changing practice? Yes.

The home has altered its protocol that the Executive Director (Administrator) will complete the Reportable Incidents until such time that consistency with the requirement can be established

b) Teaching or Training? Yes.

Charge personnel were re-educated on the requirements for all Reportable Incidents between the dates of 1/20/17 and 1/20/17 during their work shifts. Documentation of training will be kept.

c) On-going Monitoring?

The Administrator will monitor on a daily basis, based on what happens in the home.

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

The Executive Director (Administrator) will ensure all CTB are reported timely, and that the new protocols are followed. Date: 1/23/17

Authorized Signature

Melissa Davico

Melissa Davico

Date:

1/24/17

Plan of Correction Template

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ADM040

Immediately - The administrator will take action to ensure the home places an increased emphasis on these plans of correction during 2017 quality management plan reviews and evaluations. BB 2/22/17

PLAN OF CORRECTION

Updated: 2/19/2017 (M.D'Avico)

Community Name: The Pines of Mt. Lebanon

License Number: #43361

Date of Visit: 10/26/2016

Date of Submission: (1) Submission 1/23/2017 (2) Submission 2/19/2017

RECEIVED

FEB 21 2017

WEST REGION FIELD OFFICE
Human Services Licensing

1. Violation Review: 2600.16 C

- a. The home shall report the incident or condition to the Departments personal care home regional office or the personal care home complain hot line within 24 hours in a manner designated by the department. Abuse reporting shall follow the guidelines in section 2600.15 (relating to abuse reporting covered by law)

2. The Violation:

- a. Resident #1 was sent to the hospital on 7/22/16 until the home was notified on [REDACTED] 2016 that the resident ceased to breath (While in the hospital). The home failed to report the incident to the department.

3. Immediate Fix:

- a. Updated: The incident was reported to the department on 2/19/2017 via email by the current Administrator.

4. Proof of actions taken:

- a. Attached copy of the sent reportable
- b. Attached copy of in-service signed by staff

5. Ongoing monitoring:

- a. Administrator will monitor on a daily basis and report timely as needed.

Please see submission from 1/24/2017 for steps to get to the above.

Authorized Signature Melissa Davilo MELISSA DAVILO
Administrator

Date: 2/19/17

BS 2/22/17