



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 November 1, 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: 43361 - 11/01/2016 - Summers, Vicky
PCH Name: THE PINES OF MT LEBANON

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.23(a) - A home shall provide each resident with assistance with activities of daily living as indicated in the resident's assessment and support plan.

2a. DESCRIPTION OF VIOLATION

On 10/30/16, staff person B assisted resident #1 onto a bed pan and told the resident that he/she would be right back. Staff person B did not return for approximately 40 minutes. Resident #1's assessment and support plan, dated 10/17/16, indicates that 1-2 staff will assist the resident by transferring the resident via sliding board to and from the bedside commode or on and off the bed pan.

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
Page 2A

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Melissa Davico

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

MELISSA DAVICO Administrator Date 1/24/17

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

The above plan of correction is approved as of 2/22/17
(Date)

Plan of correction implementation status as of 2/22/17
(Date)

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

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

PLAN OF CORRECTION – Update 2/19/2017

RECEIVED

Community Name: The Pines of Mt. Lebanon

License Number: 43361

FEB 21 2017

Date of Visit: 11/01/2016

WEST REGION FIELD OFFICE
Human Services Licensing

Date of Submission: January 23, 2017

1. Violation Review: 2600.23(a): A home shall provide each Resident with assistance with activities of daily living as indicated in the Resident's assessment and support plan.
 2. Description of the Violation: On 10/30/16, staff person B assisted Resident #1 onto a bed pan and told the Resident he/she would be right back. Staff person B did not return for approximately 40 minutes. Resident #1's assessment and support plan, dated 10/17/16, indicates that 1-2 staff will assist the Resident by transferring the Resident via slide-board to and from the bedside commode or on and off the bed pan.
 3. Determine / document the Root Cause of the Violation:
The Root cause of the situation is that the temporary staff member did not know the Resident's transfer needs.
UPDATE: See attached updated agency orientation
 4. Detail Action Steps / System Developed to prevent future occurrence:
Executive Director will meet weekly with Director of Resident Care Services to review all RASP's upcoming and due. ED will sign off on all RASP's upon completion to assure accuracy. This process will happen until ED has assured proper follow through and accuracy with DRCS.
 - a. Changing practice?
ED to review over all process with Regional support in the above practice
 - b. Teaching or Training? Ongoing documented training with all staff including temporary staff to include the following:
 1. RASP location
 2. Resident specific needs
 3. What is found on the RASP

UPDATE: All current agency staff with be trained with the attached form by March 15, 2017; all current resident care staff will be re-trained on matters specific to their position and resident care by 3/15/2017.
 5. Designated position responsible and specify target date for correction. – Executive Director – this process will start after full RASP audit occurs by 1/31/2017 with weekly meetings starting the week of Feb 6, 2017 and continue as needed.
- All of the above has and will continue to be implemented in the home.

Authorized Signature Melissa Daylo Administrator Date: 2/19/17
 Melissa Daylo

Plan of Correction Template ADM040
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Staff person B is no longer employed at the home.

BB 2/22/17

BB 2/22/17

JAN 24 2017

Violation Report: 43361 - 11/01/2016 - Summers, Vicky PCH Name: THE PINES OF MT LEBANON	WEST REGION FIELD OFFICE Human Services Licensing
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1. REGULATION 55 Pa.Code §2600
 2600.225(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 #1's initial assessment, dated [redacted] 16, only indicates minimal mobility needs requiring limited physical or oral assistance to evacuate in an emergency; however, the resident had both of his/her legs amputated and requires 1-2 staff for total physical assistance with sliding board for all transfers.

 Resident #2's initial assessment, dated [redacted] 16, does not include the diagnosis of senile degeneration of brain or the resident's need for a pureed diet or nectar thick liquids, which are indicated on the medical evaluation dated 8/23/16.

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 3A
and 3B

Repeat Violation: Yes	Date(s) of Previous Violation(s): 01/29/2016 et al	
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Signature of Legal Entity Representative
 (Required on EVERY Page) *M. D'Avico*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Melissa D'AVICO, Administrator</i>	Date <i>1/24/17</i>
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The above plan of correction is approved as of <u><i>2/22/17</i></u> (Date) The above plan of correction was approved by <u><i>BB</i></u> (Initials)	Plan of correction implementation status as of <u><i>2/22/17</i></u> (Date) <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
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PLAN OF CORRECTION Update 2/19/217

RECEIVED

Community Name: The Pines of Mt. Lebanon

License Number: 43361

FEB 21 2017

Date of Visit: 11/01/2016

WEST REGION FIELD OFFICE
Human Services Licensing

Date of Submission: January 23, 2017

- 1. 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.
- 2. Description of the Violation: Resident #1's initial assessment, dated [redacted] 16, only indicates minimal mobility needs requiring limited physical or oral assistance to evacuate in an emergency, however, the Resident had both of his/her legs amputated and requires 1-2 staff for total physical assistance with sliding board for all transfers.

Resident #2's initial assessment dated [redacted] 16, does not include the diagnosis of senile degeneration of the brain or the Resident's need for a pureed diet or nectar thick liquids, which are indicated on the medical evaluation, dated 8/23/16.

- 3. Description of the Repair of the Immediate Problem:

Due to timing of receipt and review of VR, and discharge of Resident #1, the only Assessment and Support Plan on file is the initial, reflecting Resident's Immobility status incorrectly. Resident #2's current assessment has been edited to reflect current needs, accurately. --

UPDATE: See attached RASP with updates for Resident #2

- 4. Determine / document the Root Cause of the Violation:

The root cause is that the Administrator was not ensuring that the Resident Assessments were reflective of Resident needs, and that a process existed for updating for changes. This Administrator is no longer at the home.

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

The need for Resident Assessments to accurately reflect Resident needs has been conveyed to the Director of Resident Care Services, and she has been counseled on the importance of both accuracy and timeliness.

Authorized Signature: Melissa Daulko
Administrator

Date: 2/19/17

BB 2/22/17

The Resident Assessments will be audited by the Administrator for accuracy by 1/31/17. Any corrections that need to be made will also be completed by 1/31/17.

Each Resident Assessment completed will be reviewed weekly by the Executive Director (Administrator) for accuracy and timeliness. The auditing will continue weekly for one month to establish compliance and reduced.

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

The Executive Director (Administrator) will complete audit and repair by 1/31/17
The Executive Director (Administrator) will monitor the Resident Assessments not less than weekly to establish pattern of compliance.

- UPDATE 2/19/2017; All of the above has been implemented and completed.

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WEST REGION FIELD OFFICE
Human Services Licensing

Authorized Signature *[Signature]*
Dwilio Melissa Dauro
Administrator

Date: *2/19/17*

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JAN 24 2017

WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 43361 - 11/01/2016 - Summers, Vicky
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 #3's assessment, dated 7/1/16, does not include the diagnosis of congestive heart failure that is indicated on the resident's medical evaluation dated 4/7/16.

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 4A and 4B

Repeat Violation: Yes	Date(s) of Previous Violation(s):	01/29/2016 et al	02/25/2015
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Signature of Legal Entity Representative
(Required on EVERY Page) *Melissa Davico*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Melissa Davico Administrator* Date *1/24/17*

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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 Update 2/19/2017

RECEIVED

Community Name: The Pines of Mt. Lebanon

FEB 21 2017

License Number: 43361

WEST REGION FIELD OFFICE
Human Services Licensing

Date of Visit: 11/01/2016

Date of Submission: January 23, 2017

1. Violation Review: 2600.225© 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. Description of the Violation: Resident #3's assessment dated 7/1/16, does not include the diagnosis of congestive heart failure that is indicated on the Residents medical evaluation, dated 4/7/16.
3. Determine / document the Root Cause of the Violation:

The root cause is that the Administrator was not ensuring that the Resident Assessments were reflective of Resident needs to include diagnosis, and that a process existed for updating for changes. This Administrator is no longer at the home.

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

The need for Resident Assessments to accurately reflect Resident needs and diagnosis from the DME has been conveyed to the Director of Resident Care Services, and she has been counseled on the importance of both accuracy and timeliness.

The Resident Assessments will be audited by the Administrator for accuracy by 1/31/17, and that they reflect the DME's and diagnosis. Any corrections that need to be made will also be completed by 1/31/17.

Each Resident Assessment completed will be reviewed weekly by the Executive Director (Administrator) for accuracy and timeliness. The auditing will continue weekly for one month to establish compliance and reduced.

- UPDATE 2/19/2017; All of the above has been implemented and completed. Administrator will continue to monitor and educate as needed.

Authorized Signature Melissa Davio
Administrator

Date: 2/19/17

1/22/17

(Administrator) for accuracy and timeliness. The auditing will continue weekly for one month to establish a pattern that supports compliance.

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

The Executive Director (Administrator) will complete audit and repair by 1/31/17
 The Executive Director (Administrator) will monitor the Resident Support plans not less than weekly to establish pattern of compliance.

UPDATE 2/19/2017; All of the above has been implemented and completed.

Resident # 3 is no longer served in the home. BB 2/22/17

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FEB 21 2017

WEST REGION FIELD OFFICE
Human Services Licensing

Authorized Signature M. Davila MALISSA DAVILA
 Administrator

Date: 2/19/17

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BB 2/22/17

JAN 24 2017

Violation Report: 43361 - 11/01/2016 - Summers, Vicky
PCH Name: THE PINES OF MT LEBANON

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

2a. DESCRIPTION OF VIOLATION

Resident #2 receives hospice services; however, the resident's support plan, dated 9/8/16, does not include the specific services provided by hospice or the frequency of these services.

Resident #3 receives hospice services; however, the resident's support plan, dated 7/1/16, does not include the specific services provided by hospice or the frequency of these services.

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 5A and 5B

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Melissa Danico

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

Melissa Danico, Administrator

Date 1/24/17

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

The above plan of correction is approved as of

2/22/17
(Date)

Plan of correction implementation status as of

2/22/17
(Date)

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

The above plan of correction was approved by

BB
(Initials)

PLAN OF CORRECTION

RECEIVED

JAN 24 2017

WEST REGION FIELD OFFICE
Human Services Licensing

Community Name: The Pines of Mt. Lebanon

License Number: 43361

Date of Visit: 11/01/2016

Date of Submission: January 23, 2017

- 1. Violation Review: 2600.227(d): Each home shall document in the Resident's support plan the medical dental, vision, hearing, mental health or other behavioral care services that will be made available to the Resident, or referrals for the Resident to outside services if the Resident's physician, PA or certified registered nurse practitioner, determine the necessity of these services.
- 2. Description of the Violation: Resident #2 receives hospice services, however, the Resident's support plan, dated 9/8/16 does not include the specific services provided by hospice or the frequency of these services.

Resident #3 receives hospice services however the Residents support plan, dated 7/1/16, does not include the specific services provided by hospice or the frequency of these services.

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

The root cause is that the Administrator was not ensuring that the Resident Support Plans were reflective of Resident needs, and that a process existed for updating for changes. This Administrator is no longer at the home.

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

The need for Resident Support Plans to accurately reflect significant change needs from the Resident Assessment, DME, and knowledge of the Resident has been conveyed to the Director of Resident Care Services, and she has been counseled on the importance of both accuracy and timeliness.

The Resident Assessments will be audited by the Administrator for accuracy by 1/31/17, and that they reflect the DME's. Any corrections that need to be made will also be completed by 2/10/17.

Each Resident Assessment completed will be reviewed weekly by the Executive Director

Authorized Signature Melissa Diauico
 Melissa DIAUICO
 Administrator

Date: 1/24/17

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ADM040

BB 2/22/17

(Administrator) for accuracy and timeliness. The auditing will continue weekly for one month to establish a pattern that supports compliance.

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

The Executive Director (Administrator) will complete audit and repair by 1/31/17

The Executive Director (Administrator) will monitor the Resident Support plans not less than weekly to establish pattern of compliance.

Resident #3 is no longer served in the home. *BB 2/22/17*
 on 2/19/17, the home submitted resident #2's updated support plan
 indicating services provided by hospice. *BB 2/22/17*

RECEIVED
 JAN 24 2017
 WEST REGION FIELD OFFICE
 Human Services Licensing

Authorized Signature *[Signature]*
 Melissa Davino
 Administrator

Date: 1/24/17