



pennsylvania
DEPARTMENT OF HUMAN SERVICES

OCT 23 2017

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 #: 433610

Dear Ms. Putzier:


As a result of the Department of Human Services' annual licensing inspections on June 7, 2017 and June 8, 2017 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.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Inspection.

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,


Jacqueline L. Rowe
Director

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: Melissa D'Avico		Region: WEST
Legal Entity Name: TITHONUS MT LEBANON LP		RECEIVED
Legal Entity Address: 8800 BROOKTREE COURT SUITE 1000, WEXFORD, PA 16080		SEP 11 2017
Certificate(s) of Occupancy I-2 11/23/2010 Mt.Lebanon PA		WEST REGIONAL FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 60	Total Daily Staff: 151	Working Staff: 113
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal, Complaint		
On-Site Inspections Dates and Department Representatives On-Site 08/07/2017: Mulick, Cindy; Flinner-Alman, Lisa 08/08/2017: Mulick, Cindy; Flinner-Alman, Lisa		
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: 83 Number of Residents Served: 60 Secured Dementia Care Unit In Home: Yes Area: Lifesories Secured Dementia Unit Capacity, if Applicable: 0 18 Number of Residents Served in Secured Dementia Care Unit, if applicable: 14 Number of Current Hospice Residents: 13 Number of Hospice Residents in past year: 8	Number of Residents who: Receive Supplemental Security Income: 0 Are 80 Years of Age or Older: 60 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 31 Have a Physical Disability: 1	

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SEP 17 2017

Violation Report: 43361 - 08/07/2017 - Mulick, Cindy
PCH Name: THE PINES OF MT LEBANON

WEST LEBANON FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2800

2800.17 - 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.

2a. DESCRIPTION OF VIOLATION

On 8/17/17, at approximately 1:05 p.m., activity assessment logs for the week of 2/5/17-2/11/17, containing confidential medical information for residents #1, #2 and #3, were unlocked, accessible and unattended on a table in the activity room.

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 and 2B
of 18
i note 8/18
Agenda

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

Signature of Legal Entity Representative (Required on EVERY Page) *M. D'Avico*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Melissa D'Avico, Administrator* Date *9/11/17*

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

The above plan of correction is approved as of 9/15/17
(Date)

Plan of correction implementation status as of 9/15/17
(Date)

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

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

Community Name: The Pines of Mt. Lebanon

License Number: #433610

Date of Visit: 6/7/2017 -6/8/2017

Date of Submission: 9/6/2017

RECEIVED
SEP 11 2017
WEST REGION FIELD OFFICE
Human Services Licensing

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 residents 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 written consent of the resident, an individual holding the residents power of attorney for healthcare or health care proxy or a residents designated person, or if a court orders disclosure.

2. Violation Interpretative Statement:

On 6/7/2017, at approximately 1:05pm, an activity assessment log for the week of 2/5/2017-2/11/2017, containing confidential medical information for residents #1, #2, and #3, were unlocks and accessible and unattended on a table in the activity room.

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

This regulation is important to keep resident information confidential.

4. Description of the Repair of the Immediate Problem:

- a. At time of inspection information was removed from public area.
- b. Department was given colored limited "privacy" paper to go over all lists and clipboards.
- c. In-service 8/18/2017

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

Activity staff was cleaning out a storage space and left information unattended

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

- a. Changing practice? All staff to be utilizing "privacy" covers if and when needed to assure privacy of resident information.
- b. Teaching or Training? In-service 8/18/2017 and all General Orientation sessions.

Jan 9/6/17

- c. On-going Monitoring? Activities Director will assure covers are in use and stay alert for documentation to be kept properly. ED will observe and correct as needed during rounds of the building.

- 7. Designated position responsible and specify target date for correction.
 - a. Activities Director – responsible immediately for ongoing monitoring of “privacy” covers
 - b. Executive Director – responsible to assure policy and practice in place at all times

Authorized Signature M. Diavico Date: 9/11/17
 MELISSA DIAVICO
 Administrator

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 WEST REGION FIELD OFFICE
 Human Services Licensing

Immediately -
 Confidential resident information
 will be locked when unattended
 by staff.


 9/15/17

on 9/15/17

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SEP 11 2017

Violation Report: 43381 - 08/07/2017 - Mulick, Cindy
PCH Name: THE PINES OF MT LEBANON

DEPARTMENT OF HUMAN SERVICES
Human Services Licensing

1. REGULATION 55 Pa.Code §2800
2600.25(a)(1) - Prior to admission, or within 24 hours after admission, a written resident-home contract (contract) between the resident and the home shall be in place.

2a. DESCRIPTION OF VIOLATION
Resident #5 was admitted on [redacted] 17; however, the contract was not signed by the resident until [redacted] 17.

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 of 18

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

Signature of Legal Entity Representative (Required on EVERY Page) *M. D'AVICO*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Melissa D'AVICO, Administrator* Date *9/11/17*

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

The above plan of correction is approved as of <u>9/15/17</u> (Date)	Plan of correction implementation status as of <u>9/15/17</u> (Date)
The above plan of correction was approved by  (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

~~HA~~QUICO, MELISSA DIAULCO ADMINISTRATOR 9/11/17

PLAN OF CORRECTION 2600.25 (a) (1)

PAGE ³ 1A of 18

Community Name: The Pines of Mt. Lebanon

License Number: #433610

Date of Visit: June 7, 2017 -- June 8, 2017

Date of Submission: 9/6/2017

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WEST REGION FIELD OFFICE
Human Services Licensing

1. Violation Review: 2600.25 (a) (1)

Prior to admission, or within 24 hours after admission, a written-home contract (contract) between the resident and the home shall be in place.

2. Violation Interpretative Statement:

Resident #5 was admitted on [redacted] 2017; however, the contract was not signed by the resident until [redacted] 2017.

3. Description of the Repair of the Immediate Problem:

Note; the responsible party (POA) was given the contract in advance and asked to sign on [redacted] /2017. She did not return the contract until [redacted] 2017 signed by both the POA and Resident.

- a. Executive Director will review and initial all resident contracts within 24 hours of move in.
- b. The policy will be re-enforced that the contract must be signed within 24 hours with date and time. All managers and those assisting with the move in process will have this reviewed.
- c. In-service all leadership team staff whom may assist with a move in for a new resident.

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

The resident was having a hard time adjusting and the POA wanted to review details on the contract with [redacted] before signing.

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

a. Changing practice?

When the resident cannot or will not sign within 24 hours. Documentation of the circumstance will be documented on the agreement.

b. Teaching or Training?

Review of current community policy with the Executive Director of Sales and Marketing and others associated with the move in process.

c. On-going Monitoring?

on 9/15/17

Executive Director or designee to review all new contracts within 24 hours of move in to assure accuracy in signature and documentation.

- 6. Designated position responsible and specify target date for correction.
 - a. Leadership Team to assure proper practice followed moving forward
 - b. Executive Director to review immediately
 - c. Organizations quality assurance team to review and report as needed to assure completed.

Authorized Signature Melissa Davico Date: 9/11/17
Melissa Davico
Administrator

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WEST REGION FIELD OFFICE
Human Services Licensing

J 9/15/17

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SEP 11 2017 Page 4 of 18

Violation Report: 43361 - 08/07/2017 - Mulick, Cindy
PCH Name: THE PINES OF MT LEBANON

WEST REGION FIELD OFFICE
Patient Services Building

1. REGULATION 56 Pa.Code §2600
2600.42(s) - A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

2a. DESCRIPTION OF VIOLATION
On 6/08/17, at approximately 10:45 a.m., an Agent of the Department observed two individuals from a hospice agency asking resident #4 health-related questions in the lobby.

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 of 18
; note All staff 8/18
agenda for training

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

Signature of Legal Entity Representative (Required on EVERY Page) M. DiAnco

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) MAISSA DIANCO, Administrator Date 9/11/17

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

The above plan of correction is approved as of 9/15/17
(Date)

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

Plan of correction implementation status as of 9/15/17
(Date)

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

M. Davico Melissa D'Avico, Administrator 9/11/17

PLAN OF CORRECTION 2600.42 (s)

Page 4A of 18

Community Name: The Pines of Mt. Lebanon

License Number: #433610

Date of Visit: June 7, 2017 – June 8, 2017

Date of Submission: 9/6/2017

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WEST REGIONAL FIELD OFFICE
Human Services Licensing

1. Violation Review: 2600.42 (s)

A resident has the right to privacy of self and possession. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

2. Violation Interpretative Statement:

On 6/8/2017, at approximately 10:45 am, an Agent of the Department observed two individuals from a hospice agency asking resident #4 health related questions in the lobby.

3. Description of the Repair of the Immediate Problem:

- a. This was brought to the attention of the Executive Director at time of exit.
- b. Spoke to the agency's administrator - ~~XXXXXXXXXX~~
- c. Follow up with Director on 8/15/2017 – see attached
- d. In-service to our staff regarding observation of residents rights – this includes privacy.

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

This circumstance after further investigation was a nurse that was training another nurse from their organization. They were having difficulty getting the resident to ~~the~~ room so attended to ~~the~~ in the moment.

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

- a. Changing practice?
 1. Assure all outside providers are educated about resident rights – specifically right to privacy.
 2. Our community staff (receptionist) and other leadership team members to be attentive to outside providers and reDirect as needed to protect our resident's right to privacy.
- b. Teaching or Training?
 1. In-service for community staff – 8/18/2017 to review policy
 2. Community to hand out and have signed resident right policy with an emphasis on confidentiality.

On 9/15/17

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WEST REGION FIELD OFFICE
Human Services Licensing

c. On-going Monitoring?

- 1. Front desk/ Leadership team will observe and re-direct as needed
- 2. Executive Director will work with Reception staff to get all current outside providers educated about resident rights/confidentially policy.

6. Designated position responsible and specify target date for correction – Executive Director will start the process immediately for education with inside staff and outside providers.

Authorized Signature M. Davico Date: 9/11/17
 MELISSA DAVICO
 Administrator

2 9/15/17

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Violation Report: 43361 - 06/07/2017 - Mulick, Cindy
PCH Name: THE PINES OF MT LEBANON

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.85(d) - Direct care staff persons hired after April 24, 2006 may not provide unsupervised ADL services until completion of the following:

- (1) Training that includes a demonstration of job duties, followed by supervised practice.
- (2) Successful completion and passing the Department-approved direct care training course and passing of the competency test.
- (3) Initial direct care staff person training to include the following:
 - (i) Safe management techniques.
 - (ii) ADLs and IADLs.
 - (iii) Personal hygiene.
 - (iv) Care of residents with dementia, mental illness, cognitive impairments, mental retardation and other mental disabilities.
 - (v) The normal aging-cognitive, psychological and functional abilities of individuals who are older.
 - (vi) Implementation of the initial assessment, annual assessment and support plan.
 - (vii) Nutrition, food handling and sanitation.
 - (viii) Recreation, socialization, community resources, social services and activities in the community.
 - (ix) Gerontology.
 - (x) Staff person supervision, if applicable.
 - (xi) Care and needs of residents with special emphasis on the residents being served in the home.
 - (xii) Safety management and hazard prevention.
 - (xiii) Universal precautions.
 - (xiv) The requirements of this chapter.
 - (xv) Infection control.
 - (xvi) Care for individuals with mobility needs, such as prevention of decubitus ulcers (bed sores), incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

2a. DESCRIPTION OF VIOLATION
Staff person C, hired 4/3/17, provided unsupervised ADL services, but did not complete the Department-approved direct care training course or successfully pass the competency test until 5/31/17.

Staff person D, hired on 02/05/13, provided unsupervised ADL services, but did not complete the Department-approved direct care training course or successfully pass the competency test until 6/3/17.

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.

PAGES 5A and 5B of 8

See attached and note * on training calendar to show compliance

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

Signature of Legal Entity Representative (Required on EVERY Page) *Melissa D'Avulco*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Melissa D'Avulco Administrator* Date *9/11/17*

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

The above plan of correction is approved as of <u>9/15/17</u> (Date)	Plan of correction implementation status as of <u>9/15/17</u> (Date)
The above plan of correction was approved by <u><i>[Signature]</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

M. Diavico Melissa Diavico Administrator 9/11/17

PLAN OF CORRECTION 2600.65 (d)

Page 5A of 18

Community Name: The Pines of Mt. Lebanon,

License Number: #433610

Date of Visit: June 7, 2017 – June 8, 2017

Date of Submission: 9/6/2017

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SEP 11 2017

WEST REGION FIELD OFFICE
Human Services Licensing

1. **Violation Review: 2600.65(d)** Direct care staff persons hired after April 24, 2006 may not provide unsupervised ADL services until completion of the following:
 1. Training that includes a demonstration of job duties, followed by supervised practice.
 2. Successful completion and passing of the Department-approved direct care training course and passing of the competency test.

2. **Violation Interpretative Statement:** Staff person C, hired 4/3/2017, provided unsupervised services,, but did not complete the department-approved direct care training course or successfully pass the competency test until 5/31/2017. Staff person D hired on 2/5/2013 provided unsupervised services,, but did not complete the department-approved direct care training course or successfully pass the competency test until 6/3/2017.

3. **Description of the Repair of the Immediate Problem:**
 1. All current staff members' files check to assure competency testing was up to date and in file. File review completed 7/6/2017.
 2. Procedure in place to assure this testing occurs during general orientation week before on the job training begins.
(See attached COSM – Community Operating Standards Manual; Mandatory Training)
 3. Although staff members listed were out of date, they were completed and they are clear to work unsupervised.
 4. As of 8/1/2017 all current direct care team members are up to date and in compliance with competency testing.

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

This was not tracked during the hiring or staff member audit process.

5. **Detail Action Steps / System Developed to prevent future occurrence:**
 - a. **Changing practice – Business Office Manager will track upon hiring and assuring testing occurs during general orientation week. Any issues will be directed to the Executive Director for resolution.**

DM 9/15/17
ADM040

- b. Teaching or Training- BOM and DRCS are aware of the policy and procedure in order to stay in compliance.
- c. On-going Monitoring- Executive Director and BOM to meet weekly and review all new hires and on boarding training.

6. Designated position responsible and specify target date for correction:
Currently in compliance; Executive Director will work with Business Office Manager to assure compliance.

Authorized Signature M. Davico Date: 9/11/17
Melissa Davico
Administrator

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SEP 11 2017
WEST REGION FIELD OFFICE
Human Services Licensing

[Handwritten signature] 9/15/17

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SEP 11 2017

WEST VIRGINIA LEGAL OFFICE
Financial Services Licensing

Violation Report: 43381 - 08/07/2017 - Mulick, Cindy
PCH Name: THE PINES OF MT LEBANON

1. REGULATION 55 Pa.Code §2600

2600.65(f) - Training topics for the annual training for direct care staff persons shall include the following:

- (1) Medication self-administration training.
- (2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
- (3) Care for residents with dementia and cognitive impairments.
- (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
- (5) Personal care service needs of the resident.
- (6) Safe management techniques.
- (7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

2a. DESCRIPTION OF VIOLATION

Staff person D, hired 2/5/13, and staff person F, hired 8/9/15, did not receive training on the following required topics under 2600.65f during the 2016 training year:

- *Medication self-administration
- *Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan

Staff person E, hired 5/15/12, did not receive training on instruction on the following required topics under 2600.65f during the 2016 training year:

- *Medication self-administration
- *Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan
- *Infection control and general principles of cleanliness and hygiene and areas associated with immobility such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.

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.

Pages 6A and 6B of 18


See attached, and note ~~it~~ on Training Calendar to show compliance

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Melissa Davico, Administrator	9/11/17

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

The above plan of correction is approved as of <u>9/15/17</u> (Date)	Plan of correction implementation status as of <u>9/15/17</u> (Date)
The above plan of correction was approved by  (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

M. Diavico; Melissa Diavico Administrator 9/11/17

PLAN OF CORRECTION 2600.65(f)

Page 6A of 18

Community Name: The Pines of Mt. Lebanon

License Number: #433610

Date of Visit: June 7, 2017 – June 8, 2017

Date of Submission: 9/6/2017

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SEP 11 2017

WEST REGION FIELD OFFICE
Human Services Council

1. Violation Review: 2600.65(f)

Training Topics for the annual training for direct care staff persons should include:

1. Medication self administration training
2. Instructions on meeting the needs of the residents as described in the preadmission screening forms, assessment tool, medical evaluation and support plan.
3. Care for residents with dementia and cognitive impairments
4. Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention and decubitus ulcers, incontinence, malnutrition and dehydration.
5. Personal care service needs of the resident
6. Safe management techniques
7. Care for residents with mental illness or mental retardation of both is population is served in the home.

2. Violation Interpretative Statement:

Staff person D, hired 2/5/2013 and staff person F hired 6/9/2015, did not receive training on the following required topics under 2600.65(f) during the 2016 training year.

- Medication self-administration
- Instructions on meeting the needs of the residents as described in the preadmission screening forms, assessment tool, medical evaluation and support plan.

Staff person E, hired 5/15/12, and did not receive training on the following required topics under 2600.65(f) during the 2016 training year.

- Medication self-administration
- Instructions on meeting the needs of the residents as described in the preadmission screening forms, assessment tool, medical evaluation and support plan.
- Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention and decubitus ulcers, incontinence, malnutrition and dehydration.

JR 9/15/17

3. **Description of the Repair of the Immediate Problem:**
 1. 2016 and 2017 training calendar reviewed to assure accuracy. 2017 training calendar attached with all required training. (see attached)
 2. All staff reminded of training compliance at 8/18/2017 All staff meeting. Deadline of 9/1/2017 for all training to be up to date.
 3. BOM to review all training for current staff members and report needed training to leadership team.

4. **Determine / document the Root Cause of the Violation:** Training was not properly tracked and team members held accountable for compliance.

5. **Detail Action Steps / System Developed to prevent future occurrence:**
 - a. Changing practice – see attached COSM (Community Operating Standards Manual) Attendance and Record Keeping – this policy states on pg 2 "Course Completion" report will be run within the first (5) days of each month for the prior month. This will refresh the all staff training compliance.
 - b. Teaching or Training – All staff 8/18/2017, team members reminded of training compliance policy.
 - c. On-going Monitoring – BOM and ED to review throughout the month on or around the 15th of each month a report from RELIAS will be pulled and all managers will be notified of training that is outstanding, followed by a monthly review by ED and BOM to assure compliance.

6. **Designated position responsible and specify target date for correction – Compliance date 9/5/2017 – ED and BOM to review weekly 1:1.**

Authorized Signature M. Davico Date: 9/11/17
 MELISSA DAVICO
 Administrator

RECEIVED
 SEP 11 2017
 WEST REGION FIELD OFFICE
 Human Services Licensing

John 9/15/17

RECEIVED

SEP 13 2017

Violation Report: 43381 - 08/07/2017 - Mulick, Cindy
PCH Name: THE PINES OF MT LEBANON

WEST VIRGINIA FIELD OFFICE
Human Services Licensing

1. REGULATION 56 Pa.Code §2800

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. §§ 10225.101-10226.5102).
- (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 E, hired 5/15/12, and staff person F, hired 6/9/15, did not receive training in the following required topics under 2600.65g during training year 2018:

- *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.

Pages 7A and 7B of 18


See attached, and note
* on training calendar
to show compliance.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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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)	Date
Melissa Davico, Administrator	9/11/17

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

The above plan of correction is approved as of <u>9/15/17</u> (Date)	Plan of correction implementation status as of <u>9/15/17</u> (Date)
The above plan of correction was approved by  (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

~~DAVICO~~ MELISSA DAVICO, Administrator 9/11/17

PLAN OF CORRECTION 2600.65(g)

Page 7A of 18

Community Name: The Pines of Mt. Lebanon

License Number: #433610

Date of Visit: June 7, 2017 – June 8, 2017

Date of Submission: 9/6/2017

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WEST REGION FIELD OFFICE
Human Services Licensing

1. Violation Review: 2600.65(g)

Direct Care persons, ancillary staff, substitute personnel and regularly scheduled volunteers shall be trained in the following areas:

- Fire Safety completed by a fire safety expert or by a staff member trained by a fire safety expert
- Emergency preparedness procedure and recognition and response to crises and emergency situations.
- Resident Rights
- The Older Adult Protective Services Act (35 P.S. 10225.101-10225.5102)
- Falls and Accident Prevention
- New population groups that are being served at the home that were not previously served, if applicable.

2. Violation Interpretative Statement:

Staff person E, hired 5/15/12, and staff person F, hired 6/9/15, did not receive training in the following required topics under 2600.65(g) during training year 2016:

- Fire Safety completed by a fire safety expert or by a staff member trained by a fire safety expert
- Emergency preparedness procedure and recognition and response to crises and emergency situations.

3. Description of the Repair of the Immediate Problem:

- 2016 and 2017 training calendar reviewed to assure accuracy. 2017 training calendar attached with all required training. (see attached)
- Fire Safety and Emergency Preparedness Training scheduled for 9/15/2017 and must be made up by 9/29/2017.
- BOM to review all training for current staff members and report needed training to leadership team. Done 9/1/2017.

4. Determine / document the Root Cause of the Violation: 2016 training calendar not followed and all team members did not participate timely.

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

- a. Changing practice – see attached COSM (Community Operating Standards Manual) Attendance and Record Keeping – this policy states on pg 2 "Course Completion" report will be run within the first (5) days of each month for the prior month. This will refresh the all staff training compliance.

Jr 9/15/17

- b. Teaching or Training – All staff 8/18/2017, team members reminded of training compliance policy.
 - c. On-going Monitoring – BOM and ED to review throughout the month on or around the 15th of each month a report from RELIAS will be pulled and all managers will be notified of training that is outstanding, followed by a monthly review by ED and BOM to assure compliance.
4. Designated position responsible and specify target date for correction – Compliance date 9/29/2017 – ED and BOM to review weekly 1:1.

Authorized Signature Melissa Davico Date: 9/11/17
Melissa Davico
Administrator

M 9/15/17

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SEP 17 2017
WEST REGION FIELD OFFICE
Human Services Liaison

RECEIVED

SEP 11 2017

WEST REGIONAL FIELD OFFICE
Human Services Licensing

Violation Report: 43361 - 08/07/2017 - Mulick, Cindy
PCH Name: THE PINES OF MT LEBANON

1. REGULATION 56 Pa.Code §2600
2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION

On 6/7/17, at approximately 11:54 a.m., the toilet located on the second floor spa room was clogged to the top of the toilet with paper towels and feces.

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 8A of 18

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

Signature of Legal Entity Representative (Required on EVERY Page) *M. Davico*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *MAISSCI D'AVICO, Administrator* Date *9/11/17*

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

The above plan of correction is approved as of 9/15/17
(Date)

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

Plan of correction implementation status as of 9/15/17
(Date)

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

PLAN OF CORRECTION 2600.85(a)

Community Name: The Pines of Mt. Lebanon

License Number: #443610

Date of Visit: June 7, 2017 – June 8, 2017

Date of Submission: 9/6/2017

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SEP 11 2017
WEST REGION FIELD OFFICE
Human Services Licensing

1. Violation Review: 2600.85 (a)
Sanitary conditions shall be maintained
2. Violation Interpretative Statement:
On 6/7/17/2017, at approximately 11:54am, the toilet located on the 2nd floor spa room was clogged to the top of the toilet with paper towels and feces.
3. Description of the Repair of the Immediate Problem:
This was fixed at time of inspection when DES did walk through with inspector.
4. Determine / document the Root Cause of the Violation: A team member or resident did not properly flush the toilet and or report the problem to be fixed.
5. Detail Action Steps / System Developed to prevent future occurrence:
 - a. Changing practice – In-service to all staff on 8/18/2017 and in-service to all residents on 7/27/2017 regarding proper supply usage in the toilets and what to do if there is an issue. This will be reviewed during general orientation for all staff and reviewed at Resident Council as needed.
 - i. Daily housekeeping schedule shows walk through of all public restrooms including spa to be checked for sanitary conditions. Executive Housekeeper to review with housekeeping staff and spot check as needed.
 - b. Teaching or Training – All staff meeting on 8/18/2017.
 - c. On-going Monitoring – Safety Committee (SQUIRT) to do walk through(s) and report findings as issues occur.
6. Designated position responsible and specify target date for correction. In compliance

Authorized Signature MAISSA D'AVICO Date: 9/11/17
MAISSA D'AVICO
Administrator

DM 9/15/17

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SEP 11 2017

WEST VIRGINIA FIELD OFFICE
Human Services Licensing

Violation Report: 43361 - 06/07/2017 - Mulick, Cindy
PCH Name: THE PINES OF MT LEBANON

1. REGULATION 65 Pa.Code §2800
2600.107(c) - The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.

2a. DESCRIPTION OF VIOLATION

The home currently serves 60 residents requiring a minimum of 180 gallons of drinking water for a 3-day emergency supply. However, there was only 78 gallons of emergency drinking water on-site. The contractual agreement, dated 1/6/17, with the water supply company does not indicate that the water will be delivered as a priority even in the event of a regional general emergency.

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 9A of 18

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

Signature of Legal Entity Representative
(Required on EVERY Page) *M. Diavico*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *MELISSA DIAVICO, Administrator* Date *9/11/17*

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

The above plan of correction is approved as of 9/15/17
(Date)

Plan of correction implementation status as of 9/15/17
(Date)

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

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

PLAN OF CORRECTION 2600.107 (c)

Community Name: The Pines of Mt. Lebanon

License Number: #433610

Date of Visit: June 7, 2017 – June 8, 2017

Date of Submission: 9/6/2017

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SEP 11 2017
WEST REGION FIELD OFFICE
Human Services Licensing

1. **Violation Review: 2600.107(c)**
The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.

2. **Violation Interpretative Statement:**
The home currently serves 60 residents requiring a minimum of 180 gallons of drinking water for a 3-day emergency supply. However, there was only 78 gallons of emergency drinking water on site. The contractual agreement, dated 1/6/2017, with the water supply company does not indicate that the water will be delivered as a priority even in the event of a regional general emergency.

3. **Description of the Repair of the Immediate Problem:**
 1. Additional water ordered to meet 3 day supply
 2. Water Company notified and requested change of agreement; they indicated they could only "try their best". Therefore, a 3 days' supply will be kept in the community at all times.
 3. Current water letter in place to provide additional water after 3 days. (see attached)
 - a. Letter from Turner Dairy Farms "With 24 hours notice we will deliver additional water"
 - b. Letter from Reinhart as back up to supply as well if needed and requested (see attached).

4. **Determine / document the Root Cause of the Violation:** Community thought only 1 day supply to be kept in the community due to water agreement.

5. **Detail Action Steps / System Developed to prevent future occurrence:**
 - a. **Changing practice** – FSD will check water supply monthly during inventory to assure sufficient water in the community. Will always have 5 residents over needed amount to assure quantity is sufficient.
 - b. **Teaching or Training** – Reviewed at all staff 8/18/2017; water not to be used for any other purpose.
 - c. **On-going Monitoring** – ED to review with FSD monthly during department meeting.

6. **Designated position responsible and specify target date for correction:** will have 200 gallons on site by 9/5/2017 – FSD to order and ED to review process.

Authorized Signature Melissa Davico Date: 9/11/17
Melissa Davico Administrator

[Handwritten signature]
9/15/17

RECEIVED

SEP 11 2017

Page 10 of 18

Violation Report: 43361 - 08/07/2017 - Mulick, Cindy
PCH Name: THE PINES OF MT LEBANON

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.141(a)(1) - A resident shall have a medical evaluation by a physician, physician's assistant, or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

2a. DESCRIPTION OF VIOLATION

The medical evaluation, dated 4/13/17, for resident #6, did not include the resident's weight.

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 10A of 18

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

Signature of Legal Entity Representative (Required on EVERY Page) *M. Davico*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *MAISSA D'AVICO, Administrator* Date *9/11/17*

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

The above plan of correction is approved as of 9/15/17 (Date)

Plan of correction implementation status as of 9/15/17 (Date)

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

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

PLAN OF CORRECTION 2600.141(a)(1)

Community Name: The Pines of Mt. Lebanon

License Number: #433610

Date of Visit: June 7, 2017 – June 8, 2017

Date of Submission: 9/6/2017

RECEIVED
SEP 11 2017
WEST REGION FIELD OFFICE
Human Services Licensing

1. Violation Review: 2600.141(a)(1)

A resident shall have a medical evaluation by a physician, physicians assistant, or certified registered nurse practitioner documented on a form specified by the department, within 60 days prior to admission or within 30 days after admission.

2. Violation Interpretative Statement:

The medical evaluation, dated 4/13/2017, for resident #6, did not include the resident's weight.

3. Description of the Repair of the Immediate Problem:

- 1. Resident weight documented in other areas of the chart – amendment made to the documents for completion. Initialed and review by administrator. (See attached) in compliance by: 6/12/2017.
- 2. DRCS has tickler file and will review all DME's for accuracy – specifically assuring "weight" is completed. Done as of 8/1/2017.

4. Determine / document the Root Cause of the Violation: This was missed at time the form was completed.

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

- a. Changing practice – DRCS to review all DME's before and after admission. Upon an admission or re-admission the ED will review file and check for accuracy in all department required forms.
- b. Teaching or Training – IN-service to staff on 8/18/2017
- c. On-going Monitoring – All DME's (annuals and new) reviewed upon receipt – signify with initials at the bottom corner. If corrections needed they may be made by licensed staff with initials and MD orders as applicable

6. Designated position responsible and specify target date for correction. DRCS and ED – in current compliance. Will require ongoing monitoring to assure compliance.

Authorized Signature Melissa Diauico, Administrator Date: 9/11/17
Melissa DIAUICO

[Handwritten signature] 9/15/17

RECEIVED

SEP 11 2017

WEST REGION FIELD OFFICE Page 11 of 18
Human Services Licensing

Violation Report: 43381 - 08/07/2017 - Mulick, Cindy
PCH Name: THE PINES OF MT LEBANON

1. REGULATION 55 Pa.Code §2600
2600.183(f) - Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

2a. DESCRIPTION OF VIOLATION
Resident #2's Lumigan eye drops were opened on 3/28/17. According to manufacturer's instructions, the medication should be disposed of after 60 days. However, the resident was administered the eye drops from 5/28/17 through 6/8/17.

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 11A of 18
Note all staff Agenda 8/18
for training.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

M. David

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

MAISEL DAVID, Administrator

Date

9/11/14

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The above plan of correction is approved as of

9/15/17
(Date)

Plan of correction implementation status as of

9/15/17
(Date)

The above plan of correction was approved by

[Signature]
(Initials)

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

PLAN OF CORRECTION 2600.183(f)

Community Name: The Pines of Mt. Lebanon

License Number: #433610

Date of Visit: June 7, 2017 – June 8, 2017

Date of Submission: 9/6/2017

RECEIVED
SEP 11 2017
WEST REGION FIELD OFFICE
Human Services Licensing

1. Violation Review: 2600.183(f)

Prescription medications, OTC medications and CAM that are discontinued, expired or for a resident who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the residents medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

2. Violation Interpretative Statement:

Resident #2's Lumigan eye drops were open on 3/28/2017. According to manufacturer's instructions, the medication should be disposed of after 60 days. However, the resident was administered the eye drops from 5/28/2017 – 6/6/2017.

3. Description of the Repair of the Immediate Problem:

- 1. Medication discarded at times of inspection with inspector present.
- 2. Medication was re-ordered from the pharmacy and arrived the night of 6/6/2017. No medication was missed.
- 3. Ointment and eye drop expiration chart posted in wellness center for department to use during cart audits. (see attached)
- 4. All carts in community checked for expired medications. Discard and re-ordering happened if needed. This happened between 6/8-6/10/2017.

4. Determine / document the Root Cause of the Violation: Community thought 45 day use for the particular drops that were found.

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

- a. Changing practice – DRCS to pull report from QMAR to check eye medications and assure reviewed at cart audit.
- b. Teaching or Training – All shifts in-services at time of inspection with expiration chart for all types of medication.
- c. On-going Monitoring – ED will review cart audit results and advise as needed.

6. Designated position responsible and specify target date for correction. In compliance. Weekly cart audits and as needed reviews by ED/RDRCS.

Authorized Signature MEISSA DAVICO, administrator Date: 9/11/17

9/15/17

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SEP 11 2017

WEST REGIONAL OFFICE
Human Services Licensing

Violation Report: 43361 - 08/07/2017 - Mulick, Cindy
PCH Name: THE PINES OF MT LEBANON

1. REGULATION 55 Pa.Code §2600

2600.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- (1) The resident's name.
- (2) The name of the medication.
- (3) The date the prescription was issued.
- (4) The prescribed dosage and instructions for administration.
- (5) The name and title of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #2 is prescribed Lorazepam 0.5mg, four times daily, and also Lorazepam 0.5 mg, as needed every eight hours. However, the pharmacy label on the medication indicates only Lorazepam 0.5mg, four times daily.

Resident #5 is prescribed Hydrocodone/APAP 5-325mg, one tablet three times daily, and also Hydrocodone/APAP 5-325mg, every 8 hours as needed for pain. The pharmacy label does not indicate both the straight order and the as needed, prn order.

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 12A of 18
Note 8/18 All staff
Agenda for training

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Melissa Drisco

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

Melissa Drisco, Administrator Date 9/11/17

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The above plan of correction is approved as of

9/15/17
(Date)

Plan of correction implementation status as of

9/15/17
(Date)

The above plan of correction was approved by

[Signature]
(Initials)

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

PLAN OF CORRECTION 2600.184 (a)

Community Name: The Pines of Mt. Lebanon

License Number: #433610

Date of Visit: June 7, 2017 – June 8, 2017

Date of Submission: 9/6/2017

RECEIVED
SEP 11 2017
WEST REGION FIELD OFFICE
Human Services Licensing

1. Violation Review: 2600.184(a)

The original container for prescription medications shall be labeled with a pharmacy label that included the following:

- The resident's name
- The name of the medication
- The date the prescription was issued
- The prescribed dosage and instructions for administration
- The name and title of the prescriber

2. Violation Interpretative Statement:

Resident #2 is prescribed Lorazepam 0.5mg, four times daily, and also Lorazepam 0.5mg, as needed every eight hours. However, the pharmacy label on the medication indicates only Lorazepam 0.5mg, four times daily.

Resident #5 is prescribed Hydrocodone/APAP 5-325mg, one tablet three times daily, and also Hydrocodone/APA 5-325mg, every 6 hours as needed for pain. The pharmacy label does not indicate both the straight order and the as needed, prn order.

3. Description of the Repair of the Immediate Problem:

1. New medication with the proper label was ordered at the time of inspection.
2. DRCS reviewed medication to assure no medication error was found.
3. All PRN medications audited to assure individual cards with proper labels – medications discarded and re-ordered as needed.
4. Report from QMAR to be pulled to indicate all PRN medications – this will be reviewed weekly to assure medications on hand. DRCS to review with ED weekly.

4. Determine / document the Root Cause of the Violation: Upon investigation of medication stated above, these 2 residents listed had an abundance of medication sent from the pharmacy. The community did not re-order when the "straight" order was used.

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

- a. Changing practice – All PRN medications will have an individual label in the corer to indicated "PRN". Cart audit and Narc audit done weekly to check accuracy.
- b. Teaching or Training – in-service at time of inspection and reviewed on 8/18/2017.
- c. On-going Monitoring – DRCS/ED to review cart audit and make changes as needed.

6. Designated position responsible and specify target date for correction. DRCS/ED – In current compliance.

Authorized Signature Melissa Davico Date: 9/11/17

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9/15/17

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SEP 11 2017

WEST REGION FIELD OFFICE
Human Services Licensing

Page 13 of 18

Violation Report: 43381 - 06/07/2017 - Mulck, Cindy
PCH Name: THE PINES OF MT LEBANON

1. REGULATION 55 Pa.Code §2600

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

2a. DESCRIPTION OF VIOLATION

Resident #2 is prescribed Tramadol; however, this medication is not indicated on the June 2017 medication administration record (MAR).

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 13A of 18
Note 8/18 agenda for training.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Melissa D'Avico

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

Melissa D'AVICO, Administrator

Date 9/11/17

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The above plan of correction is approved as of

9/15/17
(Date)

Plan of correction implementation status as of

9/15/17
(Date)

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

The above plan of correction was approved by

[Signature]
(Initials)

PLAN OF CORRECTION 2600.187 (a)

Page 13A of 18

Community Name: The Pines of Mt. Lebanon

License Number: #433610

Date of Visit: June 7, 2017 – June 8, 2017

Date of Submission: 9/6/2017

RECEIVED
SEP 11 2017
WEST REGION FIELD OFFICE
Human Services Licensing

1. Violation Review: 2600.187(a)

A medication record shall be kept to include the following for each resident for whom medications are administered:

- Residents name
- Drug allergies
- Name of medication
- Strength
- Dosage form
- Dose
- Route of administration
- Frequency of administration
- Administration times
- Duration of therapy, if applicable
- Special precautions, if applicable
- Diagnosis or purpose for the medication, including pro re nata (PRN)
- Date and time of medication administration
- Name and initials of the staff person administering the medications.

2. Violation Interpretative Statement:

Resident #2 is prescribed Tramadol; however, this medication is not indicated on the June 2017 medication administration record (MAR)

3. Description of the Repair of the Immediate Problem:

1. Obtained an order to D/C Tramadol from hospice at time of inspection – given to inspector
2. Cart and MAR audit done at that time to assure all other medications were present or need for D/C.

4. Determine / document the Root Cause of the Violation: Tramadol was given many months ago – it was found that hospice wanted D/C a month before. Ordered pulled for MAR but not cart.

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

- a. Changing practice – DRCS to pull “Orders about to Expire” report and review carts weekly to assure accuracy.
- b. Teaching or Training – In-service at time of inspection and review on 8/18/2017
- c. On-going Monitoring – DRCS to review cart audit and all D/C orders.

6. Designated position responsible and specify target date for correction. In compliance - DRCS

Authorized Signature Melissa Dawko Date: 9/11/17

Plan of Correction Template
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Melissa Dawko, Administrator

ADM040

9/15/17

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SEP 11 2017

WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 43361 - 08/07/2017 - Mulick, Gindy
PCH Name: THE PINES OF MT LEBANON

1. REGULATION 55 Pa.Code §2800
2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

The June 2017 MAR for resident #6 indicates two separate orders for morphine. The first is Morphine 10mg/0.5ml, take 10 mg/0.5ml daily at 7:30 a.m. prior to wound care. The second order indicates Morphine 5mg/025ml, every 4 hours as needed for pain.

According to the syringe count there should be zero syringes remaining of the straight order Morphine 10mg/0.5ml, take 10 mg/0.5ml, and five syringes remaining for the Morphine 5mg/025ml, every 4 hours as needed dosage. However the syringe package for Morphine 10mg/0.5ml contained one syringe, but it was for the Morphine 5mg/025ml, lower dosage. Staff person A, the administrator, and staff person B indicated that there was a medication error and resident #6 was given the incorrect dose of morphine on 8/6/2017.
error 8/6/17 MD

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 14A of 18

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)

MAISSA DAMCO, Administrator

Date *9/11/17*

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

The above plan of correction is approved as of

9/12/17
(Date)

Plan of correction implementation status as of

9/15/17
(Date)

The above plan of correction was approved by

[Signature]
(Initials)

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

PLAN OF CORRECTION 2600.187 (d)

RECEIVED
SEP 11 2017
WEST REGION FIELD OFFICE
Human Services Licensing

Community Name: The Pines of Mt. Lebanon

License Number: #433610

Date of Visit: June 7, 2017 – June 8, 2017

Date of Submission: 9/6/2017

1. Violation Review: 2600.187(d)

The home shall follow the directions of the prescriber

2. Violation Interpretative Statement:

The June 2017 MAR for resident #6 indicates two separate orders for morphine. The first is Morphine 10mg/0.5ml, take 10mg/0.5ml daily at 7:30 a.m. prior to wound care. The second order indicates Morphine 5mg/0.25ml, every 4 hours as needed for pain.

According to the syringe count there should be zero syringes remaining of the straight order Morphine 10mg/0.5ml, take 10mg/0.5ml, and five syringes remaining for the Morphine 5mg/0.25ml, every 4 hours as needed dosage. However the syringe package for Morphine 10mg/0.5ml contained one syringe, but it was for the Morphine 5mg/0.25ml a lower dosage. Staff person A is the administrator and staff person B indicated that there was a medication error and resident #6 was given the incorrect dose of morphine on 6/6/2017.

**Please note: Error was found on 6/8/2017, it was not determined when the error exactly occurred Medication Error report indicated between 5/25-6/8/2017.

3. Description of the Repair of the Immediate Problem:

- 1. Medication error report filled out and reported 6/8/2017
 - a. See medication error report (attached)
 - b. See reportable and narc sheet (attached)
- 2. Correct medication in the right packaging verified by DRCS/ED
- 3. All staff on cart immediate in-service at time of inspection

4. Determine / document the Root Cause of the Violation: Wrong order medication signed out

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

- a. Changing practice – Weekly count audits by DRCS/Charge Nurse
- b. Teaching or Training – in-service at time of inspection and 8/18/2017
- c. On-going Monitoring – DRCS cart audit and any medication errors will be reviewed by ED at weekly 1:1

6. Designated position responsible and specify target date for correction – Executive Director and DRCS; Weekly review of the cart audit 9/1/2017.

Authorized Signature Malissa Davico Date: 9/11/17

Plan of Correction Template
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MALISSA DAVICO, Administrator

ADM040

Jew 9/15/17

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SEP 11 2017

WEST REGION FIELD OFFICE
Housing Services Licensing

Page 15 of 18

Violation Report: 43381 - 08/07/2017 - Mulick, Cindy
PCH Name: THE PINES OF MT LEBANON

1. REGULATION 55 Pa.Code §2600
2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

2a. DESCRIPTION OF VIOLATION

The preadmission screening form, dated [redacted] 17, for resident #6, does not include the primary medical, psychological or behavioral diagnoses, a determination that the home can meet the resident's needs, the resident's date of birth, or the language spoken by the resident, and whether this resident can safely use and avoid poisonous materials.

The preadmission screening form, dated [redacted] 17, for resident #7, does not indicate whether the resident can safely use and avoid poisonous materials.

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 15A of 18

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

Signature of Legal Entity Representative (Required on EVERY Page) *M. Davico*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Melissa Davico Administrator* Date *9/11/17*

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

The above plan of correction is approved as of 9/15/17
(Date)

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

Plan of correction implementation status as of 9/15/17
(Date)

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

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SEP 11 2017

WEST REGION FIELD OFFICE
Human Services Licensing

PLAN OF CORRECTION 2600.224(a)

Community Name: The Pines of Mt. Lebanon

License Number: #433610

Date of Visit: June 7, 2017 – June 8, 2017

Date of Submission: 9/6/2017

1. Violation Review: 2600.224(a)

A determination shall be made within 30 days prior to admission and documented on the Departments preadmission screening form that the resident can be met by the services provided by the home.

2. Violation Interpretative Statement:

The preadmission screening form, dated [redacted] 2017 for resident #6, does not included the primary medical, psychological or behavioral diagnoses, a determination that the home can meet the residents needs, the resident's date of birth, or the language spoken by the resident, and whether this resident can safely use and avoid poisonous materials.

The preadmission screening form, dated [redacted]/2017, for resident #7, does not indicate whether the resident can safely use and avoid poisonous materials.

3. Description of the Repair of the Immediate Problem:

- 1. Pre screen up to date and In full compliance for resident #6 as of: 6/12/2017
- 2. Pre screen up to date and In full compliance for resident #7 as of: 6/12/2017
- 3. DRCS/DSM in-serviced about completion of forms

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

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

- a. Changing practice – ED to review all state required forms and document review within 24 hours of move in to assure compliance.
- b. Teaching or Training – All staff in-serviced 8/18/2017
- c. On-going Monitoring – Before file is stored receptionist will review after ED reviewed to check or compliance. Checklist to be used and sign off on. (see attached checklist)

6. Designated position responsible and specify target date for correction – ED, DSM – Immediately

Authorized Signature Melissa Davulco Date: 9/11/17
Melissa Davulco, Administrator

9/15/17

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SEP 11 2017

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Violation Report: 43381 - 08/07/2017 - Mulick, Cindy
PCH Name: THE PINES OF MT LEBANON

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 66 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 assessment, dated 4/14/17, for resident #6, indicates a regular diet; however, the medical evaluation, dated 4/13/17, indicates the resident is ordered a mechanical soft diet and another physician order, dated 5/15/17, indicates an additional change to pureed diet. Also, the assessment does not indicate that the resident is to be repositioned every 2 hours while in wheelchair, as indicated on the medical evaluation, dated 4/13/17, and another physician order, dated 4/6/17.

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.

06

See attached Page 16 of 18
Note changes
to RASP 4/12/17

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

9/11/17

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The above plan of correction is approved as of

9/15/17
(Date)

Plan of correction implementation status as of

9/15/17
(Date)

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

The above plan of correction was approved by

[Signature]
(Initials)

Page 6A of 18
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SEP 11 2017
WEST REGION FIELD OFFICE
Human Services Licensing

PLAN OF CORRECTION 2600.225 (c)

Community Name: The Pines of Mt. Lebanon

License Number: #433610

Date of Visit: June 7, 2017 – June 8, 2017

Date of Submission: 9/6/2017

1. Violation Review: 2600.225(c)

The Resident shall have additional assessments as follows:

- Annually
- if the condition of the resident significantly changes prior to the annual assessment
- At the request of the Department upon cause to believe that an update is required

2. Violation Interpretative Statement:

The assessment, dated 4/14/2017, for resident #6, indicates a regular diet; however the medical evaluation, dated 4/13/2017, indicates the resident is ordered a mechanical soft diet and another physician order dated 5/15/17, indicates an additional change to pureed diet. Also, the assessment does not indicate that the resident is to be repositioned every 2 hours while in wheelchair, as indicated on the medical evaluation, dated 4/13/2017, and another physician order dated 4/6/2017.

3. Description of the Repair of the Immediate Problem:

1. RASP addendum completed to assure accuracy of the RASP is compliance for resident #6 as of: 6/12/2017 (see attached – indicated on the addendum)
2. All change of condition RASP's to be reviewed by Executive Director within 24 hours to assure compliance.
3. ED and DRCS will review weekly at 1:1


4. Determine / document the Root Cause of the Violation: Changes on the DME were not transcribed onto the RASP.

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

- a. Changing practice – ED and DRCS to review weekly and ED will sign off on all change of condition RASP's within 24 hours to assure compliance
- b. Teaching or Training – All staff 8/18/2017
- c. On-going Monitoring – ED and DRCS to review RASP changes weekly at 1:1. Also an audit done at least quarterly from home office to provide feedback as needed.

6. Designated position responsible and specify target date for correction. ED and DRCS – Immediate

Authorized Signature


Melissa Davico, Administrator

Date:

9/11/17

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9/15/17

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SEP 11 2017

WEST REGIONAL FIELD OFFICE
Human Services Licensing

Violation Report: 43361 - 08/07/2017 - Mulick, Cindy
PCH Name: THE PINES OF MT LEBANON

1. REGULATION 55 Pa.Code §2800
2800.226(b) - If a resident is determined to have mobility needs as part of the initial or annual assessment, specific requirements relating to the care, health and safety of the resident shall be met immediately.

2a. DESCRIPTION OF VIOLATION
The assessment, dated 4/14/17, for resident #8, indicates the resident is moderately immobile, requiring moderate physical assistance to evacuate; however, the medical evaluation, dated 4/13/17, indicates the resident is totally immobile, requiring total physical or oral assistance to evacuate.

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 17A of 18
Note RASP updates
on Addendum

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 9/11/17

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The above plan of correction is approved as of

9/15/17
(Date)

Plan of correction implementation status as of

9/15/17
(Date)

The above plan of correction was approved by

[Signature]
(Initials)

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

PLAN OF CORRECTION 2600.226 (b)

Community Name: The Pines of Mt. Lebanon

License Number: #433610

Date of Visit: June 7, 2017 – June 8, 2017

Date of Submission: 9/6/2017

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WEST REGION FIELD OFFICE
Human Services Licensing

1. Violation Review: 2600.226(b)

If a resident is determined to have mobility needs as part of the initial or annual assessment, specific requirements relating to the care, health and safety and the resident shall be met immediately.

2. Violation Interpretative Statement:

The assessment, dated 4/14/17, for resident #6, indicates the resident is moderately immobile, requiring moderate physical assistance to evacuate; however the medical evaluation dated 4/13/2017, indicates the resident is totally immobile, requiring total or oral assistance to evacuate.

3. Description of the Repair of the Immediate Problem:

- 1. RASP addendum completed to assure accuracy of the RASP Is compliance for resident #6 as of: 6/12/2017 (see attached – Indicated on the addendum)
- 2. All change of condition RASP's to be reviewed by Executive Director within 24 hours to assure compliance.
- 3. ED and DRCS will review weekly at 1:1

4. Determine / document the Root Cause of the Violation: In residents change of condition all of the changes were not added to the assessment.

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

- 1. Changing practice – ED and DRCS to review weekly and ED will sign off on all change of condition RASP's within 24 hours to assure compliance
- 2. Teaching or Training – All staff 8/18/2017
- 3. On-going Monitoring – ED and DRCS to review RASP changes weekly at 1:1. Also an audit done at least quarterly from home office to provide feedback as needed.

6. Designated position responsible and specify target date for correction – ED and DRCS; Immediate

Authorized Signature MAISSA DAVICO Date: 9/11/17
MAISSA DAVICO
Administrator

DA 9/15/17

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SEP 11 2017

Page 18 of 18

Violation Report: 43361 - 06/07/2017 - Mulick, Cindy
PCH Name: THE PINES OF MT LEBANON

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.231(c) - A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

2a. DESCRIPTION OF VIOLATION

The cognitive screening portion of resident #6's preadmission screening form does not indicate any diagnoses.

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 18A of 18

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 9/11/17

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The above plan of correction is approved as of

9/15/17
(Date)

Plan of correction implementation status as of

9/15/17
(Date)

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

The above plan of correction was approved by

[Signature]
(Initials)

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SEP 11 2017

WEST REGION FIELD OFFICE
Human Services Licensing

PLAN OF CORRECTION 2600.231 (c)

Community Name: The Pines of Mt. Lebanon

License Number: #433610

Date of Visit: June 7, 2017 – June 8, 2017

Date of Submission: 9/6/2017

1. Violation Review: 2600.231(c)

A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Departments preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia unit.

2. Violation Interpretative Statement:

The cognitive screen portion of resident #6's preadmission screening does not indicate any diagnoses.

3. Description of the Repair of the Immediate Problem:

- 1. Pre screen up to date and in full compliance for resident #6 as of: 6/12/2017 (see attached updated prescreen)
- 2. DRCS/DSM in-serviced about completion of forms

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

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

- a. Changing practice – ED to review all state required forms and document review within 24 hours of move in to assure compliance.
- b. Teaching or Training – All staff in-serviced 8/18/2017
- c. On-going Monitoring – Before file is stored receptionist will review after ED reviewed to check or compliance. Checklist to be used and sign off on. (see attached checklist)

Designated position responsible and specify target date for correction. ED, DSM – Immediately

Authorized Signature

Miraglio

Date:

9/11/17

*Melissa Davico
Administrator*

9/15/17