



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to TITHONUS MT. LEBANON LP
LEGAL ENTITY

To operate THE PINES OF MT. LEBANON
NAME OF FACILITY OR AGENCY

Located at 1537 WASHINGTON ROAD, PITTSBURGH, PA 15228
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

To provide Personal Care Homes
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 112
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller
(MAXIMUM CAPACITY)
Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 18

Restrictions: _____

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from December 7, 2018 until June 7, 2019,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **433611**

Robert E. Robinson
ISSUING OFFICER

Carolyn K. Ellison
DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.

HS 628 - 2/18cse



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

MAILING DATE:

DEC 07 2018

Reissued December 10, 2018

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
Certificate #: 433611

Dear Ms. Putzier:

As a result of the Department's Bureau of Human Services Licensing annual inspection on May 24, 2018; May 25, 2018 and September 19, 2018, of the above facility, the violations specified on the enclosed License Inspection Summary were found.

Based on violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), your current license # 433610 dated January 26, 2018 to January 26, 2019, is REVOKED. Additionally, your license dated January 26, 2019 to January 26, 2020, is REVOKED. A FIRST PROVISIONAL license is being issued. This FIRST PROVISIONAL license replaces all previously issued licenses and is effective for six months from the date of issuance. The license dated January 26, 2019 to January 26, 2020 is NOT reinstated upon expiration of this FIRST PROVISIONAL license. This decision is made pursuant to 62 P.S. 1026(b)(1) and 55 Pa.Code § 20.71(a)(2) (relating to conditions for denial, nonrenewal or revocation.) Your FIRST PROVISIONAL license is enclosed. This First Provisional license is being reissued to include the word "PROVISIONAL" on the Certificate of Compliance.

All violations specified on the 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.

Pursuant to 62 P.S. 1085-1087 and 55 Pa.Code §§ 2600.261-268 (relating to enforcement), the Department intends to assess a fine for the following violation(s) unless fully corrected on or before the mandated correction date.

Ms. Putzier

2

55 Pa.Code Chapter 2600 Section no.	Class of Violation	Census at Inspection X	Fine Per resident Per day	Calculated Fine = Per day	Mandated Correction Date (to avoid Fine)
65f	III	64	\$3	\$192	15 calendar days from mailing date of this letter

A fine will be assessed on a daily basis beginning with the date of this letter and will continue until the violation is fully corrected, and full compliance with the regulation has been achieved. If the violation is fully corrected, and full compliance with the regulation has been achieved, by the mandated correction date, no fine will be assessed. You must notify the Department's Regional Human Services Licensing office in writing as soon as each violation is fully corrected and submit written documentation of each correction. The Department will conduct an on-site inspection after the mandated correction date, and within 20 calendar days of the date of this letter. If one or more violations is not fully corrected and full compliance with the regulation has not been achieved, you will periodically receive invoices from the Department's Bureau of Human Services Licensing with payment instructions. The fines will continue to accumulate until the violation is fully corrected and full compliance with the regulation has been achieved.

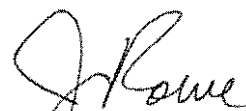
No fine is being assessed at this time; therefore, you may not appeal any fine at this time. If a violation is not corrected and full compliance with the regulation has not been achieved by the mandated correction date, a fine will be assessed and an invoice will be mailed. This invoice will contain the right to appeal the fine.

If you disagree with the decision to issue a PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa.Code Part II, Chs. 31-35. If you decide to appeal your PROVISIONAL license, a written request for an appeal must be received within 10 days of the date of this letter by:

Shivani Patel, Enforcement Manager
Human Services Licensing
Department of Human Services
Room 631, Health and Welfare Building
625 Forster Street
Harrisburg, Pennsylvania 17120

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,



Jacqueline L. Rowe
Director

**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		
Legal Entity Address: 6600 BROOKTREE COURT SUITE 1000, WEXFORD, PA 15090		RECEIVED
Certificate(s) of Occupancy I-2 11/23/2010 Mt. Lebanon, PA		AUG 28 2018 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 87	Waking Staff: 73
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 05/24/2018: Marini, Michael; Bary, Courtney; Rahuba, Matt 05/25/2018: Marini, Michael; Rahuba, Matt		
Off-Site Inspection Dates and Inspectors, If Applicable 08/01/2018: Marini, Michael 08/02/2018: Marini, Michael		
Other Details		
Partial or Full Triggers:	Random Indicators:	
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 112	Number of Residents who:	
Number of Residents Served: 60	Receive Supplemental Security Income: 0	
Secured Dementia Care Unit in Home: Yes	Are 60 Years of Age or Older: 60	
Area: Memory Care	Have Mental Illness: 2	
Secured Dementia Unit Capacity, if Applicable: 18	Have an Intellectual Disability: 0	
Number of Residents Served in Secured Dementia Care Unit, if applicable: 14	Have a Mobility Need: 37	
Number of Current Hospice Residents: 7	Have a Physical Disability: 1	
Number of Hospice Residents in past year: 14		

AUG 28 2018

Violation Report: 43361 - 05/24/2018 - Marini, Michael

PCH Name: THE PINES OF MT LEBANON

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 56 Pa.Code §2600

2600.3(c) - The personal care home shall post the current license, a copy of the current licensing inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

2a. DESCRIPTION OF VIOLATION

On 5-24-18, the most recent licensing inspection summary, dated 6-7-17, was not posted in a public and conspicuous place in the home.

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

See Page 2A of 18

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

Signature of Legal Entity Representative
(Required on EVERY Page) 


Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Administrator Melissa Davico Date 8/27/18

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

The above plan of correction is approved as of 10/10/18
(Date)

Plan of correction implementation status as of 10/16/18
(Date)

The above plan of correction was approved by 
(Initials)

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

Community Name: The Pines of Mt. Lebanon

RECEIVED

License Number: #443610

AUG 28 2018

Date of Visit: May 24/25, 2018

WEST REGION FIELD OFFICE
Human Services Licensing

Date of Submission: 8/25/2018

1. Violation Review:

2600.3 (C) The personal care home shall post the current license, a copy of the current licensing inspection summary issues by the department and a copy of this chapter in a conspicuous and public place in the personal care home.

2. Violation Interpretative Statement:

On 5/24/2018, the most recent inspection summary dated 6/7/17 was not posted in a public and conspicuous place in the home.

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

Permits residents, families, and visitors to learn about applicable regulations and the regulatory compliance status of the home and the home's plan to correct any violations found.

4. Description of the Repair of the Immediate Problem:

This was fixed at time of inspection

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

The final report was sent to home office and there was a delay in final violation report getting to the community and into the hands of the Administrator to post properly.

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

- a. Changing practice? When any communication comes from BHLS (from home office or the community) it will be sent via email to all parties needed (ED, BOM, RDO and VPO and PM) and an email in return that it has been received reviewed and posted will be done to prove all parts of the process are completed per regulation.
- b. Teaching or Training? ICC email sent to remind of practice for The Pines
- c. On-going Monitoring? ED to review reports monthly and sign a review has been completed

7. Designated position responsible and specify target date for correction: Currently in compliance and ED will be responsible for ongoing compliance.

See attached picture for compliance

Authorized Signature *Melissa Davico*
Melissa Davico
Administrator

Date: 8/27/18

Violation Report: 43361 - 06/24/2018 - Marini, Michael
 PCH Name: THE PINES OF MT LEBANON

WEST REGION FIELD OFFICE
 Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.17 - 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 5-24-18 at approximately 10:00 AM, the marketing office, which contained numerous resident-home contracts and resident social security numbers, including resident #8, was unlocked and unattended.

On 5-24-18 at approximately 10:30 AM, a binder, containing narcotic count sheets and special diets for numerous residents was unlocked and unattended on the medication cart near the 1st floor dining room.

On 5-24-18 at approximately 10:50 AM, a binder, containing narcotic count sheets and special diets for numerous residents was unlocked and unattended on the 2nd floor medication cart.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

See Pages 3A and 3B of 18


Repeat Violation: Yes	Date(s) of Previous Violation(s):	06/07/2017 <i>et al</i>
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Signature of Legal Entity Representative
 (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Melissa Davico Admin</i>	Date <i>8/27/18</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 10/16/18
 (Date)

The above plan of correction was approved by 
 (Initials)

Plan of correction implementation status as of 10/16/18
 (Date)

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

PLAN OF CORRECTION 2600.17

WEST REGION FIELD OFFICE
Human Services Licensing

Community Name: The Pines of Mt. Lebanon

License Number: #443610

Date of Visit: May 24/25, 2018

Date of Submission: 8/25/2018

1. Violation Review:

Resident records shall be confidential, and except in emergencies, may not be accessible to anyone other than the resident, the residents designated persona if any, and 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 residents power of attorney for health care or health care proxy or a residents designated persona, or if a court orders disclosure.

2. Violation Interpretative Statement:

On 5/24 at 10am, the marketing office, which contained numerous resident-home contracts and resident social security numbers, including resident #8 was unlocked and unattended.

On 5/24 at 10:30am, a binder, containing narcotic count sheets and special diets for numerous residents was unlocked and unattended on the medication care near 1st floor dining room.

On 5/24 at 10:50am, a binder, containing narcotic count sheets and special diets for numerous residents was unlocked and unattended on the 2nd floor medication cart.

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

To assure all resident information is kept confidential and used for only the purpose of caring for the resident.

4. Description of the Repair of the Immediate Problem:

At time of inspection, the door was closed upon notification. The Director of Sales and Marketing was immediately in-serviced about the importance of confidentiality and advised of the protocol to shut and lock the door when sensitive information is assessible.

At the time of inspection, the binders on all carts were placed inside the cart and all Nurses/MA's verbally in-service on importance of confidentiality.

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

These violations occurred as staff where tending to the needs of others and forgot to secure information as required.

Immediately: A designee shall monitor the home on a daily basis to ensure all resident information is kept in an area that is locked. Documentation shall be kept.

Authorized Signature



Date:

8/27/18

Melissa Davila, ED

PLAN OF CORRECTION 2600.17

AUG 28 2018

WEST REGION FIELD OFFICE
Human Services Licensing

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

- a. Changing practice? All sensitive resident information will be kept in a binder on the cart and placed in the cart when unattended. All offices that hold sensitive resident information will be closed and or locked when not present.
- b. Teaching or Training? In-service All Staff 8/23/2018 (see attached) and on 9/11/18. ←
- c. On-going Monitoring? All department managers will monitor their assigned departments and report any ongoing issues to the ED.

7. Designated position responsible and specify target date for correction: Fully corrected and will be maintained with ongoing monitoring.

Authorized Signature



Melissa DAULCO, ED

Date:

8/27/18

Violation Report: 43361 - 08/24/2018 - Marini, Michael

PCH Name: THE PINES OF MT LEBANON

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 56 Pa.Code §2600

2600.25(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

2a. DESCRIPTION OF VIOLATION

Resident #3's resident-home contract, dated 5-19-17, is not signed by the administrator or designee.

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 Page 4A of 18

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

Signature of Legal Entity Representative
(Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Melissa Davico ED Date 8/27/18

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

The above plan of correction is approved as of 10/16/18
(Date)

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

Plan of correction implementation status as of 10/16/18
(Date)

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

PLAN OF CORRECTION 2600.25 b

WEST REGION FIELD OFFICE
Human Services Licensing

Community Name: The Pines of Mt. Lebanon

License Number: #443610

Date of Visit: May 24/25, 2018

Date of Submission: 8/25/2018

1. Violation Review:

The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the residents designated person if any, if the resident agrees.

2. Violation Interpretative Statement:

Resident #3 residents home contract, dated 5/19/17, is not signed by the administrator or designee

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

This regulation is in place to assure that all parties understand the terms of the contract.

4. Description of the Repair of the Immediate Problem:

Administrator amended the contract at time of inspection 5/25/2018 (see attached)

At the beginning of the year an updated contract renewal occurs and was signed by all needed parties. (see attached)


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

Administrator did not review administration file with checklist prior to going to medical records.

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

- a. Changing practices? A checklist in place to allow Director of Sales and Marketing to assure all parts of the contract to sign correctly. (see attached checklist)
- b. Teaching or Training? All managers reminded of best practice at all staff 8/23
- c. On-going Monitoring? ED will review all administration resident files before going to medical records. The checklist will be initialed to show review.

7. Designated position responsible and specify target date for correction: All 2018 have been reviewed and above process in place. ED or Designee will review process monthly and make changes as needed.

Authorized Signature 
Melissa Davico, ED

Date: 8/27/18

Violation Report: 43381 - 05/24/2018 - Marini, Michael

PCH Name: THE PINES OF MT LEBANON

WEST REGION FIELD OFFICE

Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2800.65(e) - Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.

2a. DESCRIPTION OF VIOLATION

Direct care staff person A, hired on 12-12-16, completed only 9.75 hours of annual training during the 2017 training year.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

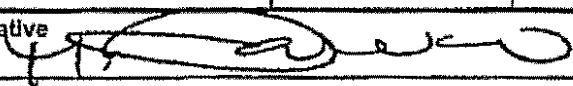
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

See Page 5A and 5B of 18

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)



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

MELISSA DAVICO ED

Date

8/27/18

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

The above plan of correction is approved as of


10/16/18
(Date)

Plan of correction implementation status as of

10/16/18
(Date)

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

The above plan of correction was approved by


(Initials)

PLAN OF CORRECTION 2600.65e

WEST REGION FIELD OFFICE
Human Services Licensing

Community Name: **The Pines of Mt. Lebanon**

License Number: **#443610**

Date of Visit: **May 24/25, 2018**

Date of Submission: **8/25/2018**

1. Violation Review:

Direct care staff persons shall have at least 12 hours of annual training relating to their job duties

2. Violation Interpretative Statement:

Direct care staff person (A), hired on 12/12/16 completed only 9.75 hours of annual training during the 2017 training year.

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

Ensures that direct care staff persons receive high quality training to continue to develop their knowledge of regulatory requirements and best practices in resident care.

4. Description of the Repair of the Immediate Problem:

All staff made aware of the importance of training when caring for the elderly. Relias (our computer training program) reviewed and memos to staff to get caught up on all mandatory training hours.

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

Staff were not held accountable for not completing training timely.

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

- a. Changing practice? BOM to review Relias monthly and report to department managers team members with outstanding training to complete; the department manager will work with staff that are out of compliance. A report will be given to the ED by the 3rd week of the month and proper disciplinary action will be taken if needed.
- b. Teaching or Training? Note: A new computer-based training program is going to be in place in Nov 2018 to better track training throughout the company.
- c. On-going Monitoring? ED to review monthly and track in Audit Binder

Authorized Signature


MELISSA DAVICO LEO

Date:

8/27/18

7. Designated position responsible and specify target date for correction: Current training to be reviewed within the next 30 days, and all staff to be in compliance for the 2018 year by 9/23/2018. ED or Designee to track and report results.

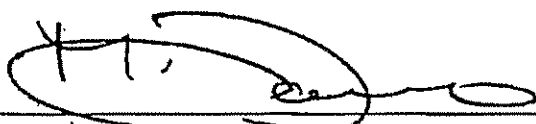
to ensure each direct care staff person receives at least 12 hours of annual training during each established training year.

RECEIVED

AUG 28 2018

WEST REGION FIELD OFFICE
Human Services Licensing

Authorized Signature



Date:

8/27/18

Violation Report: 43361 - 05/24/2018 - Marini, Michael
PCH Name: THE PINES OF MT LEBANON

WEST REGION FIELD OFFICE
Human Services Licensing

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

Direct care staff person A, hired on 12-12-16, did not receive annual training in the following topics during the 2017 training year:

- * Medication self-administration training
- * 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
- * Safe management techniques
- * Care for residents with mental illness. On 5-25-18, the home served 2 residents with a mental illness.

Direct care staff person B, hired on 6-9-15, did not receive annual training in the following topics during the 2017 training year:

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

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

See Pages 6A and 6B of 18

Repeat Violation: Yes	Date(s) of Previous Violation(s):	06/07/2017 et al
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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 Davila, ED	8/27/18

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

The above plan of correction is approved as of 10/16/18
(Date)

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

Plan of correction implementation status as of 10/16/18
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress [Signature]
- Not Implemented

AUG 28 2018

PLAN OF CORRECTION 2600.65 f

WEST REGION FIELD OFFICE
Nurses Services Licensing

Community Name: The Pines of Mt. Lebanon

License Number: #443610

Date of Visit: May 24/25, 2018

Date of Submission: 8/25/2018

Violation Review:

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 services 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

Violation Interpretative Statement:

Direct Care Staff Hired on 12/12/16, did not receive annual training on the following topics

- 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. Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
- 4. Safe management techniques
- 5. Care for residents with mental illness or mental retardation, or both, if the population is served in the home

Direct Care Staff Person B, hired on 6/9/15, did not receive annual training in the following topics during the 2017 training year

- 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.

Authorized Signature



Date:

8/27/18

Review the benefit of the Regulation, per RCG:

WEST REGION FIELD OFFICE
Human Services Licensing

Ensures that staff persons receive the necessary training to successfully provide essential resident care services.

2. Description of the Repair of the Immediate Problem:

Administrator created a "Regulatory Training Binder" July 2018 to address all missing in-service topics. Trainings to begin in July and will completed by December 2018. (See attached)


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

Oversight in planning live and computer-based training

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

- a. Changing practice? Training calendar will be reviewed by the ED to assure all subjects are listed per the regulation. Training will be done at monthly department meetings for TM's in need of subjects.
- b. Teaching or Training? Regional help with assist onsite leadership team to execute training per calendar
- c. On-going Monitoring? ED will review monthly to assure all topics are covered and maintain the "Regulatory Training" binder.

5. Designated position responsible and specify target date for correction. Currently in process to assure all training in compliance per regulatory guidelines. ED and Regional Staff to review process to assure compliance by end of the calendar year.

Immediately: Direct care staff person A shall receive training on residents with mental illness. Direct care staff person B shall receive training on medication self-administration training and meeting the needs of the residents as outlined in the preadmission screening form, assessment tool, medical evaluation and support plan. Documentation of the education shall be kept. 

Authorized Signature


Melissa Davico, ED

Date:

8/27/18

Violation Report: 43361 - 05/24/2018 - Marini, Michael
PCH Name: THE PINES OF MT LEBANDON

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
- (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
- (3) Resident rights.
- (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).
- (5) Falls and accident prevention.
- (6) New population groups that are being served at the home that were not previously served, if applicable.

2a. DESCRIPTION OF VIOLATION

Direct care staff person A, hired on 12-12-16, did not receive annual training in the following topics during the 2017 training year:

- * Emergency preparedness procedures and recognition and response to crises and emergency situations
- * Resident rights
- * The Older Adult Protective Services Act
- * Falls and accident prevention

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

See Pages 7A and 7B of 18

Repeat Violation: Yes Date(s) of Previous Violation(s): 06/07/2017 et al

Signature of Legal Entity Representative (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Melissa D'Amico, ED Date 8/27/18

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

The above plan of correction is approved as of 10/16/18 (Date)

Plan of correction implementation status as of 10/16/18 (Date)

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

The above plan of correction was approved by  (Initials)

AUG 28 2018

PLAN OF CORRECTION 2600.65 g

WEST REGION FIELD OFFICE
Human Services Licensing

Community Name: The Pines of Mt. Lebanon

License Number: #443610

Date of Visit: May 24/25, 2018

Date of Submission: 8/25/2018

Violation Review:

Direct care 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 repose to crises and emergency situations.
- (3) Resident Rights
- (4) The Older Adult Protective Services Act
- (5) Falls and accident preventions
- (6) New population groups that are being served at the home that were not previously served

Violation Interpretative Statement:

Direct Care Staff Hired A on 12/12/16, did not receive annual training on the following topics

- 1. Emergency preparedness procedures and recognition and repose to crises and emergency situations.
- 2. Resident Rights
- 3. The Older Adult Protective Services Act
- 4. Falls and accident preventions

Review the benefit of the Regulation, per RCG:

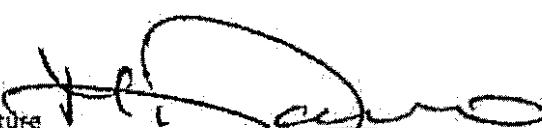
Ensures that all staff who work in the home are reminded of the home's emergency procedures and mandated reporting requirements.

1. Description of the Repair of the Immediate Problem:

Administrator created a "Regulatory Training Binder" July 2018 to address all missing in-service topics. Trainings to begin in July and will completed by December 2018. (See attached)

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

Oversight in planning live and computer-based training

Authorized Signature: 
 Date: 8/27/18

Melissa DiAllo, EP

PLAN OF CORRECTION 2600.65 g


AUG 28 2018

WEST REGION FIELD OFFICE
Human Services Licensing

- 3. Detail Action Steps / System Developed to prevent future occurrence:
 - a. Changing practice? Training calendar will be reviewed by the ED to assure all subjects are listed per the regulation. Training will be done at monthly department meetings for TM's in need of subjects.
 - b. Teaching or Training? Regional help with assist onsite leadership team to execute training per calendar
 - c. On-going Monitoring? ED will review monthly to assure all topics are covered and maintain the "Regulatory Training" binder.

- 4. Designated position responsible and specify target date for correction. Currently in process to assure all training in compliance per regulatory guidelines, ED and Regional Staff to review process to assure compliance by end of the calendar year.

Authorized Signature



Melissa D'Alvise, ED

Date:

8/27/18

AUG 28 2018

Violation Report: 43361 - 05/24/2018 - Manni, Michael
PCH Name: THE PINES OF MT LEBANON

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 53 Pa.Code §2600
2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION

On 5-20-18 at 11:31 AM, resident #4's glucometer was used to test resident #5's blood sugar.

On the following dates and times, resident #5's glucometer was used to test resident #4's blood sugars:

Date	Time	Blood sugar reading
5-20-18	11:21 AM	137
5-21-18	11:38 AM	154
5-23-18	11:16 AM	168
5-24-18	7:24 AM	157

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 Page 8A of 18


Repeat Violation: Yes Date(s) of Previous Violation(s): 06/01/2017

Signature of Legal Entity Representative (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Melissa Davico, ED Date 8/27/18

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

The above plan of correction is approved as of 10/16/18 (Date)

The above plan of correction was approved by  (Initials)

Plan of correction implementation status as of 10/16/18 (Date)

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

Community Name: The Pines of Mt. Lebanon

License Number: #443610

Date of Visit: May 24/25, 2018

Date of Submission: 8/25/2018

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AUG 28 2018

WEST REGION FIELD OFFICE
Human Services Licensing

1. Violation Review:
Sanitary conditions shall be maintained
2. Violation Interpretative Statement:
On 5/20/2018 at 11:31 AM Resident #4's glucometer was used to test Resident #5's blood sugar
3. Review the benefit of the Regulation, per RCG:
To assure safe sanitary conditions for all residents
4. Description of the Repair of the Immediate Problem:
At time of inspection DRCS (Director of Resident Care Services) ordered new glucometers for all diabetic residents in the community at the communities' expense.

All LPN's and MA verbally in-services at shift change about the importance of using one meter per resident.
5. Determine / document the Root Cause of the Violation:
Upon investigation it was noted that when a battery died in one glucometer another was sanitized and used. This became habit in the community and caused for miss use of glucometers.
6. Detail Action Steps / System Developed to prevent future occurrence:
 - a. Changing practice? Weekly audit by DRSC to assure glucometer practices being followed
 - b. Teaching or Training? On 6/26/2018 All MA's and LPN's re-in serviced about proper use of glucometers (attached agenda). Additional in-servicing to take place by 9/17/2018 to assure all are educated properly.
 - c. On-going Monitoring? Will be added to nursing orders in EMAR to assign glucometer management. ED to check periodically for compliance and make changes as needed.
7. Designated position responsible and specify target date for correction: DRCS and Nursing staff and oversight by the ED. 9/17/18 for full compliance.

Immediately: A designee shall observe each staff person responsible for diabetic care perform blood glucose checks. Each staff person will be observed once per week for 3 months. After which, each staff will be observed once per month for a period of 3 months. Documentation of the observations shall be maintained.

Authorized Signature: *[Handwritten Signature]*
Melissa Stawel, ED

Date: *8/27/18*

Plan of Correction Template
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Immediately: Each resident's physician, for those that receive blood sugar testing, will be notified of the possibility of shared glucometer use and all recommendations made by the physician should be followed. Documentation of the notification to the physician, recommendations made by the physician, and the home's follow-up based on the recommendations shall be kept. *JM*

Violation Report: 43381 - 06/24/2018 - Marini, Michael
PCH Name: THE PINES OF MT LEBANON

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.92 - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

2a. DESCRIPTION OF VIOLATION

On 5-24-18, the laundry room window did not have a screen.

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 Page 9A of 18

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

Signature of Legal Entity Representative
(Required on EVERY Page)

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Melissa Dulce, ED Date 8/27/18

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

The above plan of correction is approved as of 10/16/18
(Date)

Plan of correction implementation status as of 10/16/18
(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: #443610

Date of Visit: May 24/25, 2018

Date of Submission: 8/27/2018

1. Violation Review:

2600.92 – Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

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2. Violation Interpretative Statement:

AUG 28 2018

On 5/24/2018, the laundry room window did not have a screen

WEST REGION FIELD OFFICE
Human Services Licensing

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

Windows that are in good repair prevent injury to residents. Screens lower the risk of insect or rodent infestation.

4. Description of the Repair of the Immediate Problem:

Replaced at time of inspection 5/25/2018

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

The screen for that window in the laundry room had fallen out during a wind storm.

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

- a. Changing practice? Checked during monthly rounds/walk through (Safety Committee)
- b. Teaching or Training? All departments reminded of importance at meeting 8/23/2018
- c. On-going Monitoring? Safety committee will report any issues to ED as needed.

7. Designated position responsible and specify target date for correction: In compliance, ED to review periodically to assure compliance continues.

See attached picture for compliance and completed work order

Authorized Signature


Melissa Daulgo, ED

Date:

8/27/18

AUG 28 2018

Violation Report: 43361 - 05/24/2018 - Marini, Michael
PCH Name: THE PINES OF MT LEBANON

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 65 Pa.Code §2600
2600.132(a) - An unannounced fire drill shall be held at least once a month.

2a. DESCRIPTION OF VIOLATION
The home did not conduct a fire drill in August 2017.

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 Page 10A of 18

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

Signature of Legal Entity Representative
(Required on EVERY Page)

Printed Name and Title of Legal Entity Representative Date
(Required on EVERY Page) Melissa Dalko, RD 8/27/18

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

The above plan of correction is approved as of 10/16/18
(Date)

Plan of correction implementation status as of 10/16/18
(Date)

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

- Fully Implemented
- Partially Implemented - Adequate Progress [Signature]
- Partially Implemented - Inadequate Progress
- Not Implemented

Community Name: The Pines of Mt. Lebanon

License Number: #443610

Date of Visit: May 24/25, 2018

Date of Submission: 8/27/2018

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AUG 28 2018

WEST REGION FIELD OFFICE
Human Services Licensing

1. Violation Review:

2600.132 (a) An unannounced fire drill shall be held at least once a month

2. Violation Interpretative Statement:

The home did not conduct a fire drill in August 2017

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

Unannounced drills ensure that staff and residents will be prepared to evacuate without hesitation in the event of a real fire.

4. Description of the Repair of the Immediate Problem:

This was discovered in Sep 2017; the home got back on track to assure ongoing compliance.

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

The home was in transition with the position on Director of Environmental Services and this drill was missed.

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

- a. Changing practice? At time of transition and when it was found to be missed a schedule was put into place with coordination of home office to assure someone that was fire safe trained could come to the community to conduct a drill. The interim DES and current ED scheduled for training.
- b. Teaching or Training? All staff reminded the importance of assuring all drills completed monthly and to reach out timely to home office for support when and if needed.
- c. On-going Monitoring? Safety Committee to review drills monthly and assure each drill is scheduled. ED to review periodically for compliance.

7. Designated position responsible and specify target date for correction: Current DES in place to assure compliance and ED to review and sign off monthly.

****Attached copies of Train the trainer certification for Interim DES and ED, ****

Authorized Signature 

Date: 8/27/18

Melissa D'AVILLA ED

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AUG 28 2018

Violation Report: 43361 - 05/24/2018 - Manni, Michael
PCH Name: THE PINES OF MT LEBANON

WEST REGION FIELD OFFICE
Human Services Licensing

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

2a. DESCRIPTION OF VIOLATION


Resident #5's most recent medical evaluation was completed on 6-17-18; however, the resident's previous medical evaluation was completed on 3-23-17.

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 Page 11A of 18

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

Signature of Legal Entity Representative (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Melissa Davico, ED Date 8/27/18

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

The above plan of correction is approved as of 10/16/18
(Date)

Plan of correction implementation status as of 10/16/18
(Date)

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

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

Community Name: The Pines of Mt. Lebanon

License Number: #443610

Date of Visit: May 24/25, 2018

Date of Submission: 8/27/2018

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AUG 28 2018

WEST REGION FIELD OFFICE
Human Services Licensing

1. Violation Review:

2600.141(b)(1) A resident shall have a medical evaluation at least annually

2. Violation Interpretative Statement:

Resident #5's most recent medical evaluation was completed on 5/17/2018; however, the resident previous medical evaluation was completed on 3/23/2017.

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

Routine medical care can prevent more serious health-related situation at a later date. Additionally, homes that do not encourage residents to seek care may be subject to licensing enforcement action or criminal charges if a resident suffers harm as a result of his/her refusal.

4. Description of the Repair of the Immediate Problem:

DRCS had a hard time with compliance with resident and family to see outside PCP. Had completed by Community Medical Director and family aware of guidelines.

Resident #5 has community Medical Director listed to be seen if and when needed


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

Family and resident compliance.

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

- a. Changing practice? DRCS to keep tickler up to date and alert ED if having difficulty with family or resident compliance to see PCP annually.
- b. Teaching or Training? Current tickler up to date
- c. On-going Monitoring? ED to review tickler periodically

7. Designated position responsible and specify target date for correction: DRCS and ED; currently in compliance.

Authorized Signature 
Melissa Davicy ED

Date: 8/27/18

AUG 28 2018

Violation Report: 43361 - 05/24/2018 - Marini, Michael
PCH Name: THE PINES OF MT LEBANON

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.162(c) - Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

2a. DESCRIPTION OF VIOLATION

On 5-24-18, the menus posted in the home only included the dates of 5-20-18 through 5-26-18.

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 Page 12A of 18

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

Signature of Legal Entity Representative (Required on EVERY Page)

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

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

The above plan of correction is approved as of 10/16/18
(Date)

The above plan of correction was approved by P
(initials)

Plan of correction implementation status as of 10/16/18
(Date)

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

PLAN OF CORRECTION 2600.162 (C)

WEST REGION FIELD OFFICE
Licensing Services Licensing

Community Name: The Pines of Mt. Lebanon

License Number: #443610

Date of Visit: May 24/25, 2018

Date of Submission: 8/27/2018

1. Violation Review:

2600.162 C Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed/ Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

2. Violation Interpretative Statement:

On 5/24/2018, the menus posted in the home only included the dates 5/20/18 – 5/26/2018

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

Having a menu that is prepared one week in advance and if followed is beneficial for residents, so they can plan their meals in advance. For example, if a resident does not like a specific food item, the resident can arrange for in advance an alternative meal on the day the food item is being served.

4. Description of the Repair of the Immediate Problem:

Fixed at time of inspection

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

Food Service Director was waiting to change the menu at end of month and was delayed in posting the next month at time of inspection.

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

- a. Changing practice? Every Manday an updated menu will be posted after the standard weekly order is placed.
- b. Teaching or Training? FSD aware of policy and procedure formally reviewed COSM 8/27/2018
- c. On-going Monitoring? ED will periodically monitor and advise changes as needed.

7. Designated position responsible and specify target date for correction: Currently in compliance; FSD to continue standard and ED to review as needed. Will be reviewed at annual CQI and FSD Audits through out the year.

****Attached Picture of compliance and COSM policy reviewed with sign off. ****

Authorized Signature 
Melissa DAVICO, ED

Date: 8/27/18

Violation Report: 43361 - 05/24/2018 - Marini, Michael

PCH Name: THE PINES OF MT LEBANON

WEST REGION FIELD OFFICE
Nurses Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.183(a) - Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

2a. DESCRIPTION OF VIOLATION


On 5-26-18, resident #3's Novolog and Humalog pens were opened and undated.

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 Page 13A of 18

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

Signature of Legal Entity Representative
(Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Melissa Davico, ED

Date 8/27/18

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The above plan of correction is approved as of 10/10/18
(Date)

Plan of correction implementation status as of 10/10/18
(Date)

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

The above plan of correction was approved by 
(Initials)

Community Name: The Pines of Mt. Lebanon

License Number: #443610

Date of Visit: May 24/25, 2018

Date of Submission: 8/27/2018

1. Violation Review:

2600.183.e Prescription medication, OTC medication and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with manufacturer's instruction.

2. Violation Interpretative Statement:

On 5/25/2018, resident #3's Novolog and Humalog pens were opened and undated

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AUG 28 2018

WEST REGION FIELD OFFICE
Human Services Licensing

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

Ensures that medication will be stored in a manner that prevents damage or loss

4. Description of the Repair of the Immediate Problem:

At time of inspection the insulin was thrown away and re-ordered at the community's expense.

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

Not found during routine cart audit

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

- a. Changing practice? Routine cart audits *at least will be done* assigned by floor for nurses, DRCS to review upon completion and pharmacy to do quarterly audits and make recommendations as needed. By 9/17 new forms in place for documented review
- b. Teaching or Training? 6/26 Nurses meeting to discuss policy and plan for audit. By 9/17/2018 the attached "Monitor for Medication Management" form will be in placed and reviewed.
- c. On-going Monitoring? DRCS audit and periodic review from home office and ED

7. Designated position responsible and specify target date for correction: Current cart audits in place (See schedule) Monitor for Medication Management form to be implemented by 9/17/2018. DRCS and ED to review and execute as needed.

Attached Audit form, Cart Audit Schedule and COSM policy

Authorized Signature: *Melissa Davolo, ED*

Date: *8/27/18*

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AUG 28 2018

Page 15 of 18

Violation Report: 43361 - 05/24/2018 - Marini, Michael
PCH Name: THE PINES OF MT LEBANON

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION

Residents #3 and #5's glucometers are not calibrated to the current date and time.

[Redacted] - Withdrawn - 12/3/18

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 Page 15A of 18

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

Signature of Legal Entity Representative (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Melissa Davico, SD Date 8/27/18

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

The above plan of correction is approved as of 10/10/18
(Date)

Plan of correction implementation status as of 10/10/18
(Date)

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

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress [Signature]
- Not Implemented

PLAN OF CORRECTION 2600.185 (a) *Page 15A of 18* AUG 28 2018

COMMUNITY CORRECTIONS FIELD OFFICE
Community Name: The Pines of Mt. Lebanon *Consoling*

License Number: #443610

Date of Visit: May 24/25, 2018

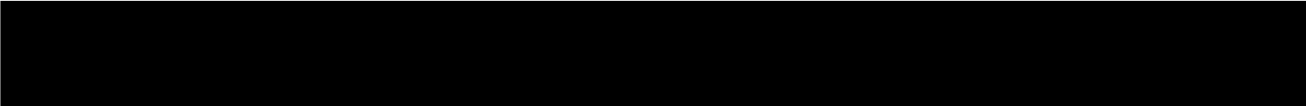
Date of Submission: 8/27/2018

1. Violation Review:

2600.185a – The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medication and medical equipment by trained staff persons.

2. Violation Interpretative Statement:

Resident #3 and #5's glucometers are not calibrated to the current date and time



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

Reduces the risk that medications and medical equipment will be misplaced, lost, or misused.

4. Description of the Repair of the Immediate Problem:

At time of inspection DRCS (Director of Resident Care Services) ordered new glucometers for all diabetic residents in the community at the communities' expense.

All LPN's and MA's verbally in serviced at shift change about the importance of using one meter per resident and assuring the date and time are correct.

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

After one resident glucometer malfunctioned, it was investigated that one glucometer was being used and was not calibrated per manufactures guidelines and time/date.

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

- a. Changing practice? Weekly audit by DRCS to assure glucometer practices being followed *and that all blood glucose readings are documented on resident MAR'S.*
 - i. See attached audit form
- b. Teaching or Training? On 6/26/2018 All MA's and LPN's in serviced about proper use of glucometers (See agenda attached to POC 2600.85a) Additional in-services to take place by 9/17/2018 to assure all parties responsible to calibration are educated.
- c. On-going Monitoring? Will be added to the nursing orders in EMAR to assign glucometer management. ED to check periodically for compliance and make changes as needed.

7. Designated position responsible and specify target date for correction: DRCS and Nursing staff with oversight by the ED. 9/17/2018 for full education compliance.

Authorized Signature: *Melissa Davico* Date: 8/27/18

Violation Report: 43361 - 05/24/2018 - Marini, Michael
PCH Name: THE PINES OF MT LEBANON

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #3 is prescribed Humalog 100 U/ml 4 times daily in accordance to a sliding scale: <70 Call MD; 141-180=2U; 181-220=4U; 221-260=6U; 261-300=8U; 301-340=10U; 341-380=12U; >380=14U and call MD.

[Redacted] Violation withdrawn ✓

On 5-23-18, resident #3's blood sugar was only tested 3 times and not 4 times as prescribed.

[Redacted]

[Redacted] Violation withdrawn ✓

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

See Pages 16A and 16B of 18

Repeat Violation: Yes Date(s) of Previous Violation(s): 06/07/2017 et al

Signature of Legal Entity Representative (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Melissa Davila, ED Date 8/21/18

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

The above plan of correction is approved as of 10/16/18 (Date)

Plan of correction implementation status as of 10/16/18 (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: #443610

Date of Visit: May 24/25, 2018

Date of Submission: 8/27/2018

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WEST REGION FIELD OFFICE
Human Services Licensing

1. Violation Review:

2600.187d the home shall follow the directions of the prescriber

2. Violation Interpretative Statement:

PART #1

Resident #3 is prescribed Humalog 100 U/ml 4 times daily in accordance to a sliding scale <70 call MD, 141-180= 2U; 181-220 = 4U; 221-260= 6U; 261-300 = 8U; 301-340 = 10U; 341-380 = 12U; >380 = 14U and call MD.

a. [REDACTED]

b. On 5/23/18, resident #3's blood sugar was only tested 3 times and not 4 times as prescribed.

Part #2

a. [REDACTED]

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

Ensures that residents receive medications and treatments as ordered by the physician.

4. Description of the Repair of the Immediate Problem:

PART #1 a; Blood Sugar for resident #3 was taken at 8am and was 183 4 Units of Humalog administered per sliding scale. See attached MAR from May 2018. (NO VIOLATION)

PART #1 b; Upon receipt of POC and review medication error was found and reported. See attached with medication error report. State Reportable completed. (See attached)

PART #2 a

Authorized Signature

[Handwritten Signature]
WISSA DAVILA, MD

Date:

8/27/18

PLAN OF CORRECTION 2600.187 (d)

AUG 28 2018

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

WEST REGION FIELD OFFICE
Human Services Licensing

MAR was not followed, and a timely missed meds audit was not completed.

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

- a. Changing practice? All LPN's and MA to review missed meds prior to shift ending and report as needed.
- b. Teaching or Training? 6/26/2018 (See agenda POC 2600.85a)
- c. On-going Monitoring? DRCS to do weekly audit and follow Monitor for Medication management plan to be in serviced and implemented by 9/17/2018

7. Designated position responsible and specify target date for correction: DRCS and ED currently in compliance and will continue to monitor and make changes as needed. Home Office Compliance coordinator will continue to audit and make recommendations as needed.

Authorized Signature  Date: 8/27/18
 Melissa Dawley, ED

AUG 28 2018

Violation Report: 43361 - 05/24/2018 - Marini, Michael
PCH Name: THE PINES OF MT LEBANON

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2500

2500.231(b) - A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit.

2a. DESCRIPTION OF VIOLATION

Resident #6 was admitted to the secured dementia care unit on 5-1-18; however, the resident's medical evaluation, dated 4-27-18, does not indicate the need for the resident to be served in a secured dementia care unit.

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 Page 17A of 18

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


Signature of Legal Entity Representative (Required on EVERY Page) 


Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Melissa Davico, RD Date 8/27/18

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

The above plan of correction is approved as of 10/16/18
(Date)

Plan of correction implementation status as of 10/16/18
(Date)

The above plan of correction was approved by 
(Initials)

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

AUG 28 2018

PLAN OF CORRECTION 2600.231 b

WEST REGION FIELD OFFICE
Human Services Licensing

Community Name: The Pines of Mt. Lebanon

License Number: #443610

Date of Visit: May 24/25, 2018

Date of Submission: 8/27/2018

1. Violation Review:

2600.231 (b) A resident shall have a medical evaluation by a physician, physician's assistant or certified nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia unit.

2. Violation Interpretative Statement:

Resident #6 was admitted to the secured dementia care unit on 5/1/2018; however, the residents medical evaluation dated 4/27/2018, does not included the need for the resident to be served in a secured dementia care unit.

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

Accurate medical information helps homes decide whether a resident's needs can be met at the home, helps the home develop accurate assessments and support plans, and assures that residents medical needs will be met.

4. Description of the Repair of the Immediate Problem:

At time of inspection DRCS spoke to the resident's PCP and amended the DME for accuracy on 5/25/2018

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

This was missed upon admission. This was an emergency move.

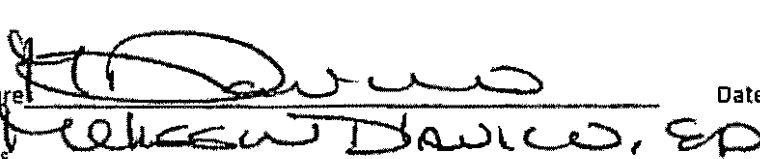
6. Detail Action Steps / System Developed to prevent future occurrence:

- a. Changing practice? Checklist's in place upon admission to assure accuracy (See checklist for 2600.25b)
- b. Teaching or Training? All managers reminded of best practices at all staff /23
- c. On-going Monitoring? ED will review all administration resident files and resident care documentation within 72 hours of admission and recommend changes as needed

7. Designated position responsible and specify target date for correction: ED, DRCS and DSM to review as needed. Home in current compliance.

**Attached copy of resident #6 Amended DME. **

Authorized Signature


Melissa Dawick, ED

Date:

8/27/18

**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: Michael Cherry		Region: WEST
Legal Entity Name: TITHONUS MT LEBANON LP		
Legal Entity Address: 6600 BROOKTREE COURT SUITE 1000, WEXFORD, PA 15090		RECEIVED
Certificate(s) of Occupancy I-2 11/23/2010 Mt. Lebanon, PA		OCT 03 2018 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours Resident Support: N/A Total Daily Staff: 94 Working Staff: 71		
Type of Inspection: Interim - POC BHA Docket Number: N/A Notice: Unannounced		
Reason(s) for Inspection(s) Complaint		
On-Site Inspections Dates and Department Representatives On-Site 09/19/2018: Martini, Michael; Barona, Barbara		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details Partial or Full Triggers: Random Indicators:		
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 112 Number of Residents Served: 54 Secured Dementia Care Unit in Home: Yes Area: First Floor Secured Dementia Unit Capacity, if Applicable: 18 Number of Residents Served in Secured Dementia Care Unit, if applicable: 18 Number of Current Hospice Residents: 8 Number of Hospice Residents in past year: 12	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 62 Have Mental Illness: 2 Have an Intellectual Disability: 0 Have a Mobility Need: 30 Have a Physical Disability: 3	

Violation Report: 43361 - 09/19/2018 - Marini, Michael
PCH Name: THE PINES OF MT LEBANON

WEST REGION FIELD OFFICE
Human Services Financing

1. REGULATION 65 Pa.Code §2600

2600.25(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

2a. DESCRIPTION OF VIOLATION

Resident #1's resident-home contract, dated 8/15/18, is not signed by the resident.

Resident #2's resident-home contract, dated 8/10/18, is not signed by the resident.

Resident #3's resident-home contract, dated 7/17/18, is not signed by the resident.

Resident #4's resident-home contract, dated 8/20/18, is not signed by the resident.

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.

Please See Attached

See Pages 2A, 2B of 7

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Administrator Michael Cherry Date 10/3/18

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

The above plan of correction is approved as of 10/10/17 (Date)

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

Plan of correction implementation status as of 10/10/17 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress *[Signature]*
- Not Implemented

Community Name: The Pines of Mt. Lebanon

License Number: #443610

Date of Visit: 9/19/2018

Date of Submission: 10/3/2018

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WEST NEBRASKA FIELD OFFICE
Human Services Licensing

1. Violation Review:

The contract shall be signed by the administrator or designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

2. Violation Interpretative Statement:

- Resident #1's resident-home contract, dated 8/15/18, is not signed by the resident.
- Resident #2's resident-home contract, dated 8/10/18, is not signed by the resident.
- Resident #3's resident-home contract, dated 7/17/18, is not signed by the resident.
- Resident #4's resident-home contract, dated 8/20/18, is not signed by the resident.

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

Signing the contract constitutes a pledge by both parties to abide by the specified terms.

4. Description of the Repair of the Immediate Problem:

Resident #1, #2, #3, and #4 all experience a form cognitive and/or physical deficiency preventing the understanding and ability to sign the Resident-home contract. The administrator and/or designee documented "unable to sign" in the appropriate section of the Resident-home contract.

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

~~Director of Sales & Marketing was unaware that Residents experiencing cognitive and/or physical impairments could have a designee write "unable to sign" in place of a signature.~~

unacceptable plan of correction
P

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

a. Changing practice?

Authorized Signature M. Chung

Date: 10/3/18

Administrator will attend and/or review all Resident-home contracts to ensure all documentation is completed with all applicable signatures.

b. Teaching or Training?

Director of Sales & Marketing educated on Resident-home contract protocols for obtaining signatures.

c. On-going Monitoring?

Administrator will attend and/or review all Resident-home contract signings to ensure all documentation is completed with all applicable signatures.

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

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Director of Sales & Marketing and/or Administrator. Immediate and ongoing.

OCT 03 2018

WEST REGION FIELD OFFICE
Human Services Licensing

The resident-home contracts for residents #3 and #4 shall be signed by the resident. [Signature]
Immediately: A designee shall review all resident-home contracts to ensure the contract is signed by the administrator or designee, the resident and the payer, if different than the resident. If the resident is physically unable to sign, then a mark by the resident shall be obtained. [Signature]

Authorized Signature [Signature]

Date: 10/3/18

OCT 03 2018

WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 43361 - 09/19/2018 - Manni, Michael
PCH Name: THE PINES OF MT LEBANON

1. REGULATION 56 Pa.Code §2800
2800.65(i) - A record of training including the staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.

2a. DESCRIPTION OF VIOLATION
Staff person A and staff person B's records of trainings for the 2017 training year do not include the length of each course.

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.

Please see attached

See Pages 3A and 3B of 7

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

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Administrator Michael Cherry Date 10/3/18

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

The above plan of correction is approved as of 10/10/18
(Date)

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

Plan of correction implementation status as of 10/10/18
(Date)

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

Community Name: The Pines of Mt. Lebanon

License Number: #443610

Date of Visit: 9/19/2018

Date of Submission: 10/3/2018

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OCT 03 2018

WEST REGION FIELD OFFICE
Human Services Licensing

1. Violation Review:

A record of training including the staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.

2. Violation Interpretative Statement:

Staff person A and staff person B's records of training for 2017 training year do not include the length of each course.

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

Allows the administrator to track each staff person's training progress throughout the year and provides evidence of successful training completion.

4. Description of the Repair of the Immediate Problem:

Records of training for staff person A and staff person B were reprinted with the appropriate tab included that reflects the length of time (credit hours).

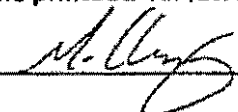
5. Determine / document the Root Cause of the Violation:

At the time the records were requested by the surveyors, the Business Office Manger mistakenly forgot to print the full version of the record with the tab including the length of time (credit hours) for each course. This tab exists for each staff member and records the length of time for each course taken.

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

- a. Changing practice?

All time for each course is automatically recorded in the system (Relias), and the error was that the entire record was not captured on the printout. All future printouts will include the Credit Hours tab.

Authorized Signature 

Date: 10/3/18

PLAN OF CORRECTION 2600.65(i)

OCT 03 2018

WEST REGION FIELD OFFICE
Human Services Licensing

b. Teaching or Training?

Business Office Manager has realized and acknowledged the mistake and will continue to printout the full record of training.

c. On-going Monitoring?

Business Office Manager will continue to ensure that the Credit Hours tab in the online system is visible on all hard copy printouts.

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

Business Office Manager. Immediate and ongoing.

Authorized Signature *A. Chung*

Date: 10/3/18

Violation Report: 43361 - 09/19/2018 - Marini, Michael PCH Name: THE PINES OF MT LEBANON	WEST REGION FIELD OFFICE Human Services Licensing
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1. REGULATION 55 Pa.Code §2600
2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION
Resident #5's glucometer was used to test resident #6's blood sugars on the following dates/times:

Date	Time	Blood sugar reading
9/14/18	7:47am	140
9/14/18	11:34am	142
9/15/18	4:20pm	129

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.

Please See attached

See Pages 4A and 4B of 7

Repeat Violation: Yes	Date(s) of Previous Violation(s): 09/07/2017	
-----------------------	--	--

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Administrator Michael Cherry	Date 10/3/18
---	--------------

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

The above plan of correction is approved as of <u>10/16/18</u> (Date)	Plan of correction implementation status as of <u>10/16/18</u> (Date)
The above plan of correction was approved by <u><i>[Signature]</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <i>[Signature]</i> <input type="checkbox"/> Not Implemented

Community Name: The Pines of Mt. Lebanon

License Number: #443610

Date of Visit: 9/19/2018

Date of Submission: 10/3/2018

RECEIVED

OCT 03 2018

WEST REGION FIELD OFFICE
Human Services Licensing

1. Violation Review:

Sanitary conditions shall be maintained

2. Violation Interpretative Statement:

Resident #5's glucometer was used to test Resident #6's blood sugars on the following dates:

<u>Date</u>	<u>Time</u>	<u>Blood sugar reading</u>
9/14/18	7:47am	140
9/14/18	11:34am	142
9/15/18	4:20pm	129

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

Greatly minimizes the risk of resident illness, rodent and insect infestation, and provides dignified living conditions for resident.

4. Description of the Repair of the Immediate Problem:

On the same day of the inspection the Director of Resident Care Services ordered new glucometers at the communities' expense (see attached).

All LPNs and MAs given an in-service training about the importance of using one meter per resident (see attached).

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

Misuse of glucometer by agency nurse who picked up the wrong glucometer while distracted (agency nurse no longer being used by The Pines)

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

- a. Changing practice?
- b. Teaching or Training?

All LPNs and MAs given an in-service training about the importance of using one meter per resident (see attached).

Authorized Signature 

Date: 10/3/18

c. On-going Monitoring?

Monthly Glucometer Verification Form

7. Designated position responsible and specify target date for correction:

Director of Resident Care Services or designee (LPN Charge Nurse/MA).

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WEST REGION FIELD OFFICE
Human Services Licensing

Immediately: A designee shall observe each staff person responsible for diabetic care perform blood glucose checks. Each staff person will be observed once per week for 3 months. After which, each staff will be observed once per month for a period of 3 months. Documentation of the observations shall be maintained. *[Signature]*

Immediately: Each resident's physician, for those that receive blood sugar testing, will be notified of the possibility of shared glucometer use and all recommendations made by the physician should be followed. Documentation of the notification to the physician, recommendations made by the physician, and the home's follow-up based on the recommendations shall be kept. *[Signature]*

Authorized Signature

[Signature]

Date:

10/3/18

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OCT 03 2018

MT LEBANON FIELD OFFICE
Human Services Licensing

Violation Report: 43361 - 09/19/2018 - Marini, Michael
PCH Name: THE PINES OF MT LEBANON

1. REGULATION 65 Pa. Code §2800
2600.183(e) - Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

2a. DESCRIPTION OF VIOLATION
Resident #5's Novolog flex pen was open, undated and stored in a plastic bag with the resident's Levemir flex pen.

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.

Please see attached

See Pages SA and SB of 7

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

Signature of Legal Entity Representative (Required on EVERY Page) *McLary*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Administrator Michael Cherry Date 10/3/18

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

The above plan of correction is approved as of 10/16/18
(Date)

Plan of correction implementation status as of 10/16/18
(Date)

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

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress *[Signature]*
- Not Implemented

Community Name: The Pines of Mt. Lebanon

License Number: #443610

RECEIVED

Date of Visit: 9/19/2018

OCT 03 2018

Date of Submission: 10/3/2018

WEST REGION FIELD OFFICE
Human Services Licensing

1. Violation Review:

Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

2. Violation Interpretative Statement:

Resident #5's Novolog flex pen was open, undated and stored in a plastic bag with the resident's Levemir flex pen.

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

Ensures that medications will be stored in a manner that prevents damage or loss.

4. Description of the Repair of the Immediate Problem:

Novolog and Levemir flex pens for resident #5 were reordered same day.

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

Staff person was distracted and opened without documenting the proper date. Medications that look similar to one another placed in close proximity to one another.

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

a. Changing practice?

Required use of Medication Management Log.

b. Teaching or Training?

LPN Charge Nurses and MAs re-educated on proper use of Medication Management Log and regulation 2600.183e.

c. On-going Monitoring?

Authorized Signature *M. Chung*

Date: 10/3/18

Director of Resident Care Services will perform ^{initial} regular audits and spot checks ^{at least weekly} to ensure proper medication management. and to ensure all insulin pens and vials are labeled and dated.

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WEST REGION FIELD OFFICE
Human Services Licensing

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

Director of Resident Care Services. Immediate and ongoing.

Authorized Signature M. Chung

Date: 10/5/18

OCT 03 2018

WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 43381 - 09/19/2018 - Marini, Michael
PCH Name: THE PINES OF MT LEBANON

1. REGULATION 56 Pa.Code 52600

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 #5's Novolog flex pen was open, undated and stored in a plastic bag with the resident's Levemir flex pen; however, the plastic bag only contained a pharmacy label for the Levemir flex pen.

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.

Please see attached

See Pages 6A and 6B of 7

Repeat Violation: Yes

Date(s) of Previous Violation(s):

06/07/2017

Signature of Legal Entity Representative
(Required on EVERY Page)



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

Administrator Michael Cherry

Date

10/3/18

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

The above plan of correction is approved as of

10/16/18
(Date)

Plan of correction implementation status as of

10/16/18
(Date)

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

The above plan of correction was approved by

MC
(Initials)

Community Name: The Pines of Mt. Lebanon

License Number: #443610

Date of Visit: 9/19/2018

Date of Submission: 10/3/2018

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OCT 03 2018

WEST REGION FIELD OFFICE
Human Services Licensing

1. Violation Review:

The original container for prescription medications shall be labeled with the 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.
- (5) The name and title of the prescriber.

2. Violation Interpretative Statement:

Resident #5's Novolog flex pen was open, undated and stored in a plastic bag with the resident's Levemir flex pen; however, the plastic bag only contained a pharmacy label for the Levemir flex pen.

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

Reduces the possibility that medication will be administered to the wrong resident or improperly administered.

4. Description of the Repair of the Immediate Problem:

Novolog and Levemir flex pens for resident #5 were reordered same day, to include a pharmacy label with all information.

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

Medication that look similar to one another were placed in close proximity to one another.

Authorized Signature M. Long

Date: 10/3/18

RECEIVED

OCT 03 2018

WEST REGION FIELD OFFICE
Human Services Licensing

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

a. Changing practice?

Required use of Medication Management Log.

b. Teaching or Training?

LPN Charge Nurses and MAs re-educated on proper use of Medication Management Log, medication order and storage, and regulation 2600.184a.

c. On-going Monitoring?

Initial then

at least monthly

Director of Resident Care Services will perform regular audits and spot checks to ensure proper medication management, ordering and storage. *including the presence of pharmacy labels on all prescribed medications.*

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

Director of Resident Care Services. Immediate and ongoing.

Authorized Signature *M. Chung*

Date: 10/3/18

WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 43361 - 09/19/2018 - Marini, Michael
PCH Name: THE PINES OF MT LEBANON

1. REGULATION 58 Pa.Code §2600

2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION

Residents #5 and #7's glucometers are not calibrated to the current date and time.

On 9/15/18 at 4:36pm, resident #5's blood sugar reading was 241; however, the resident's September 2018 medication administration record (MAR) indicates a blood sugar reading of 231.

On 9/18/18 at 4:40pm, resident #7's blood sugar reading was 223; however, the resident's September 2018 MAR indicates a blood sugar reading of 233.



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.

Please see attached

See Pages 7A and 7B of 7

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

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

Administration Michael Cherry

Date 10/3/18

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

The above plan of correction is approved as of

10/16/18
(Date)

Plan of correction implementation status as of

10/16/18
(Date)

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

The above plan of correction was approved by

(Initials)

Community Name: **The Pines of Mt. Lebanon**

License Number: **#443610**

Date of Visit: **9/19/2018**

Date of Submission: **10/3/2018**

1. Violation Review:

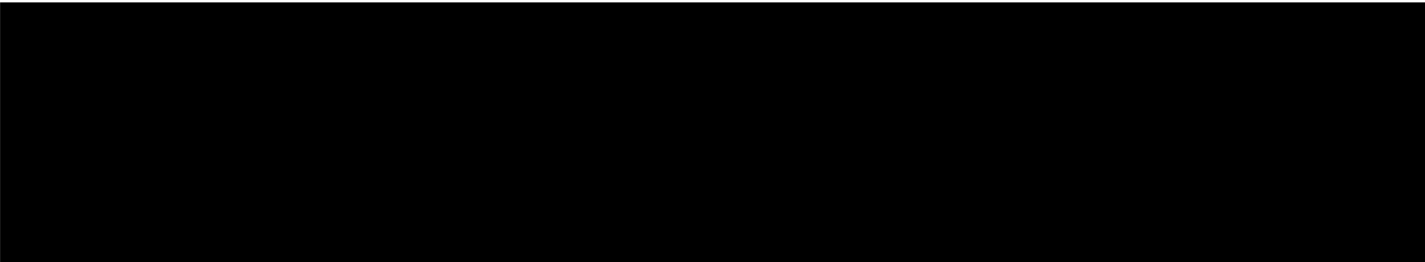
The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2. Violation Interpretative Statement:

Resident #5 and #7's glucometers are not calibrated to the correct date and time.

On 9/15/18 at 4:36pm, resident #5's blood sugar reading was 241; however, the resident's September 2018 medication administration record (MAR) indicates a blood sugar reading of 231.

On 9/18/18 at 4:40pm, resident #7's blood sugar reading was 223; however, the resident's September 2018 MAR indicates a blood sugar reading of 233.



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

Reduces the risk that medications and medical equipment will be misplaced, lost, or misused.

4. Description of the Repair of the Immediate Problem:

Monthly Glucometer Verification forms initiated and kept in medication carts to ensure proper administration and tracking.

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

Authorized Signature *[Signature]*

Date: *10/3/18*

Typo by shift nurse. Blood sugar reading (resident #5=231; resident #7=223) and documented number in MAR (resident #5=241; resident #7=233) were very similar.

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

- a. Changing practice?

Required use of Glucometer Verification form.

- b. Teaching or Training?

In-service with nursing staff.

- c. On-going Monitoring?

initial them
at least weekly

Director of Resident Care Services will perform regular audits and spot checks to ensure proper medication management, specifically glucometer checks and readings.

All staff persons were reeducated on proper documentation of blood glucose readings on resident MAR's on 9/25/18.

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

Director of Resident Care Services and/or designee. Immediate and ongoing.

Authorized Signature *A. Long*

Date: 10/3/18