



MAILING DATE: July 1, 2019

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 #: 443610

Dear Ms. Putzier:

As a result of the Department's Bureau of Human Services Licensing inspection on February 22, 2019 and February 25, 2019, of the above facility, the citations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Sincerely,

A handwritten signature in black ink, appearing to read "Jason Williams". The signature is fluid and cursive.

Jason Williams
Human Services Licensing Supervisor

Enclosure
Violation Report

Violation Report: 43361 - 02/22/2019 - Graziano, Belinda
 PCH Name: THE PINES OF MT LEBANON

1. REGULATION 55 Pa.Code §2600
 2600.93(a) - Each ramp, interior stairway and outside steps must have a well-secured handrail.

2a. DESCRIPTION OF VIOLATION

The railing on the L-shaped staircase between the first and second floor near room 229 is loose and wobbles approximately 1 1/2 inches from side to side.

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 report

(page 2a of 4)

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Jackie Hamer

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

Jackie Hamer Executive Director

Date

5-20-2019

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

The above plan of correction is approved as of 6/20/19
 (Date)

Plan of correction implementation status as of 6/20/19
 (Date)

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

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

Community Name: The Pines of Mount Lebanon

License Number: 433610

Date of Visit: February 22, 2019

Date of Submission: May 28, 2019

1. Violation Review:

REGULATION 2600..93(a): Each ramp, interior stairway and outside steps must have a well-secured handrail.

2. Violation Interpretative Statement:

Secure handrails prevent falls and provide for safe evacuation during an emergency.

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

The primary benefit of this regulation is ensuring that handrails are present and secure at all ramps and stairways as falls can occur even in an area where there is only one step.

4. Description of the Repair of the Immediate Problem:

The handrail identified was taken out of use immediately pending repairs i.e. the stairway identified is not a fire exit. It has had additional supports added and is repaired and secure.

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

The handrail became loose over time.

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

a. Changing practice?

The handrail & all community handrails have been placed on monthly checks via TELS to ensure they are secure and meeting safety needs.

b. Teaching or Training?

Preventative maintenance plans have been reviewed to ensure handrails are part of the process.

c. On-going Monitoring?

The Maintenance Director and a team member will complete monthly environmental rounds as part of the Safety Committee. The secureness of handrails will be incorporated into those rounds and then reported to the monthly Safety Committee.

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

The Maintenance Director will assume responsibility for well-secured handrails in the Community.

Date of Completion: February 25, 2019

Authorized Signature

Jackie Brown

Date

5-28-2019

Violation Report: 43361 - 02/22/2019 - Graziano, Belinda
PCH Name: THE PINES OF MT LEBANON

1. REGULATION 55 Pa.Code §2600
 2600.221(b) - The program must provide social, physical, intellectual and recreational activities in a planned, coordinated and structured manner.

2a. DESCRIPTION OF VIOLATION
 Multiple staff and resident interviews indicate the activity calendar is not followed and that the home often cancels planned activities.

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 (pages 3a and 3b of 4)

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Jackie Hamer Executive Director* Date *5-28-2019*

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

The above plan of correction is approved as of <u>6/20/19</u> (Date)	Plan of correction implementation status as of <u>6/20/19</u> (Date)
The above plan of correction was approved by <u>JW</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Community Name: The Pines of Mount Lebanon

License Number: 433610

Date of Visit: February 22, 2019

Date of Submission: May 28, 2019

1. Violation Review:

REGULATION 2600.221(b) The program must provide social, physical, intellectual and recreational activities in a planned, coordinated and structured manner.

2. Violation Interpretative Statement:

Team members and residents indicated upon interviews that the activity calendar is not followed and that the home often cancels planned activities.

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

The primary benefit of this regulation is to provide increased physical and mental activity by the residents to improve overall health, reduce behavior problems, improve quality of life for residents and attract new residents to the home.

4. Description of the Repair of the Immediate Problem:

The Activity Director from the time of the survey has been separated from employment.

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

The Activity Director at the time of the survey was cancelling and not hosting activity programming.

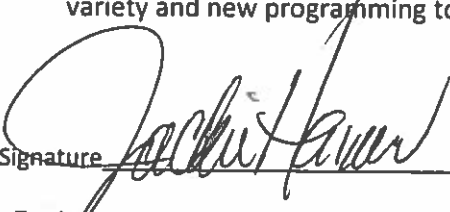
6. Detail Action Steps / System Developed to prevent future occurrence:

a. Changing practice?

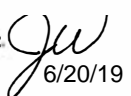
The Community is actively searching for a new Activity Director. Currently the Department Leadership has assumed responsibility for all Activity Programming held at the Community to include out trips and special events.

b. Teaching or Training?

All team members who are hosting programming have been educated as to how to document attendance and plan programming within their individual talents and preferences which provides variety and new programming to the Community.

Authorized Signature 

Date: 5-28-2019


6/20/19

c. On-going Monitoring?

The Executive Director and Department Leadership, in conjunction with the Regional Life Styles Director, coordinates a monthly Activity Calendar which includes out trips, spiritual events, crafts, cognitive, entertainment and physical exercise. This calendar will be completed 10 days prior to the end of the month and submitted to the Regional Life Styles Director for approval.

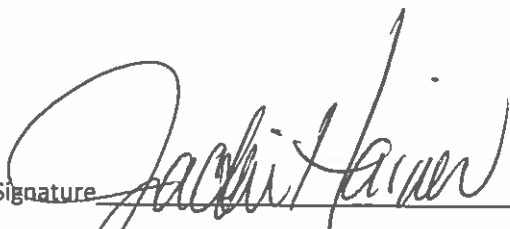
The Executive Director will monitor attendance records and programming. Resident Council will be solicited for input on programming likes and dislikes and future activities will be planned with this input.

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

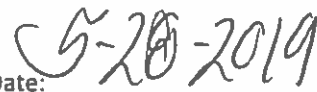
The Executive Director assumes responsibility to ensure an ongoing activity program is being provided.

Date of Completion: May 1, 2019

Authorized Signature



Date:



Violation Report: 43361 - 02/22/2019 - Graziano, Belinda

PCH Name: THE PINES OF MT LEBANON

1. REGULATION 55 Pa.Code §2600

2600.228(b) - If the home initiates a discharge or transfer of a resident, or if the legal entity chooses to close the home, the home shall provide a 30-day advance written notice to the resident, the resident's designated person and the referral agent citing the reasons for the discharge or transfer. This shall be stipulated in the resident-home contract. A 30-day advance written notice is not required if a delay in discharge or transfer would jeopardize the health, safety or well-being of the resident or others in the home, as certified by a physician or the Department. This may occur when the resident needs psychiatric or long-term care or is abused in the home, or the Department initiates closure of the home.

2a. DESCRIPTION OF VIOLATION

Resident #1 was discharged by the home on 1/17/19; however, the home did not provide a 30-day advance written notice to the resident or the resident's designated person.

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 plan (pages 4a and 4b of 4)

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Jackie Hamer

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

Jackie Hamer Executive Director

Date *5-28-2019*

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Community Name: The Pines of Mount Lebanon

License Number: 433610

Date of Visit: February 22, 2019

Date of Submission: May 28, 2019

1. Violation Review:

REGULATION 2600.228(b) If the home initiates a discharge or transfer of a resident, or if the legal entity chooses to close the home, the home shall provide a 30-day advance written notice to the resident the resident's designated person and the referral agent citing the reasons for the discharge or transfer. This shall be stipulated in the resident-home contract. A 30-day advance written notice is not required if a delay in discharge or transfer would jeopardize the health, safety or well-being of the resident or others in the home, as certified by a physician or the Department. This may occur when the resident needs psychiatric or long-term care or is abused in the home, or the Department initiates closure of the home.

2. Violation Interpretative Statement:

A resident was discharged by the home on 1/17/2019; however the home did not provide a 30-day advance written notice to the resident or the resident's designated person.

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

The primary benefit of this regulation is to allow a resident time to identify and relocate to a new home. It allows the home sufficient time to render relocation assistance as required by 2600.228(a).

4. Description of the Repair of the Immediate Problem:

The identified resident has been discharged and found new placement. The Community is not able to remedy this with a letter of discharge at this time.

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

The Executive Director provided a verbal notice to the resident's responsible party and offered & assisted in seeking placement but failed to provide additional written letter of notice.

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

a. Changing practice?

Any and all community initiated discharges will receive an advanced 30 day written notice to the resident and/or the responsible party per 2600.228(b)

Authorized Signature

Jodi Lauer

Date:

5-28-2019

b. Teaching or Training?

The Executive Director/PCHA was educated at to the specific regulation, RCG manual and Community Operations Standard Manual.

c. On-going Monitoring?

The Executive Director will discuss and seek approval of the Regional Director of Operations should an incident arise wherein the community is seeking to issue a 30-day discharge notice. The Regional Director of Operations will approve all submitted documentation to ensure all regulatory requirements are being met prior to a 30-day discharge notice being given.

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

The Executive Director assumes responsibility.

Date of Completion: February 25, 2019

Authorized Signature



Date:

5-28-2019