

Department of Human Services
Bureau of Human Service Licensing

December 24, 2020

MICHELE DOLBY, ADMINISTRATOR
TITHONUS MT. LEBANON LP
6600 BROOKTREE COURT SUITE 1000
C/O INTEGRACARE CORP
WEXFORD, PA 15090

RE: THE PINES OF MT. LEBANON
1537 WASHINGTON ROAD
PITTSBURGH, PA, 15228
LICENSE/COC#: 43361

Dear Ms. Dolby,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/18/2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Jon Kimberland

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

**Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY**

Facility Information

Name: *THE PINES OF MT. LEBANON* License #: *43361* License Expiration Date: *06/03/2021*
 Address: *1537 WASHINGTON ROAD, PITTSBURGH, PA 15228*
 County: *ALLEGHENY* Region: *WESTERN*

Administrator

Name: *Michele Dolby* Phone: *4123414400* Email: *mdolby@integracare.com*

Legal Entity

Name: *TITHONUS MT. LEBANON LP*
 Address: *6600 BROOKTREE COURT SUITE 1000, C/O INTEGRACARE CORP, WEXFORD, PA, 15090*
 Phone: *4123414400* Email: *LPUTZIER@INTEGRACARE.COM*

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *06/06/1989* Issued By: *Labor and Industry*
 Type: *Other* Date: *11/23/2010* Issued By: *Mt. Lebanon*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *53* Waking Staff: *40*

Inspection

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Incident* Exit Conference Date: *11/18/2020*

Inspection Dates and Department Representative

11/18/2020 - On-Site: Trish Bartlett

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *112* Residents Served: *35*

Secured Dementia Care Unit

In Home: *Yes* Area: *Life Stories* Capacity: *18* Residents Served: *8*

Hospice

Current Residents: *5*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *35*
 Diagnosed with Mental Illness: *2* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *18* Have Physical Disability: *1*

Inspections / Reviews

11/18/2020 - Partial

Lead Inspector: *Trish Bartlett*Follow-Up Type: *POC Submission*Follow-Up Date: *12/14/2020*

12/15/2020 - POC Submission

Lead Reviewer: *Jon Kimberland*Follow-Up Type: *Document Submission*Follow-Up Date: *12/20/2020*

12/24/2020 - Document Submission

Lead Reviewer: *Jon Kimberland*Follow-Up Type: *Not Required*

15a - Resident Abuse Report

1. Requirements

2600.

- 15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

On 11/14/20, at approximately 3:50 p.m., resident #1 reported an allegation of sexual abuse to direct care staff person A, direct care staff person B, and direct care staff person C. However, the allegation of sexual abuse was not reported to Area Agency on Aging until 11/15/20 at approximately 12:00 p.m.

15a - Resident Abuse Report (continued)

Plan of Correction**Accept**

Community Name: The Pines of Mount Lebanon

License Number: 433610

Date of Visit: 11/18/2020

Date of Submission: 12/14/2020

1. Violation Review:

2600.

15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

2. Violation Interpretative Statement:

A resident made an allegation of sexual abuse to 3 direct care staff people on 11/14/20. The allegation was not reported to Area Agency on Aging until 11/15/2020.

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

Ensures that abuse or suspected abuse is appropriately reported and investigated.

4. Description of the Repair of the Immediate Problem:

Team members were provided training on 11/19/20 & 11/20/20 covering the Older Adult Protective Services Act, the RCG Section 15 (a,b,c,d) and Section 16 (b,c) and the flow chart from the RCG regarding "Suspected Resident Abuse Reporting and Investigation Requirement". See attached documentation.

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

Root cause analysis revealed a breakdown in understanding & communication necessary to escalate concerns to an administrator. We also identified the need for staff re-education on abuse and reporting requirements.

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

a. Changing practice?

The charge nurse/med tech will ask at the end of each shift if they heard, observed, suspected or had a resident report an abusive situation during their shift. This is will be documented in the Communication Log daily.

We also began putting the name of the manager on duty on the Wellness Department schedule so staff know who to reach in the event of an issue.

b. Teaching or Training?

We conducted training as identified in prior section.

Department managers were inserviced on what to do if a potential abuse situation is reported/observed.

c. *On-going Monitoring?*

EOO will review the communication log next business day for compliance and for any potential unreported situations.

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

Training completed on 11/19/20 & 11/20/20 by EOO.

Department Managers were inserviced on 12/14/20.

Completion Date: 12/14/2020

15a - Resident Abuse Report (continued)**Document Submission****Implemented***Please see attached documentation***65f - Training Topics****1. Requirements**

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

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.

Description of Violation

Direct care staff person B, hired on 2/5/2013, did not complete all required training topic for infection control and general principles of cleanliness and hygiene and areas associated with immobility such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration. during the training year from January 1, 2019 to December 31, 2019..

65f - Training Topics (continued)

Plan of Correction**Accept**

Community Name: The Pines of Mount Lebanon

License Number: 433610

Date of Visit: 11/18/2020

Date of Submission: 12/14/2020

1. Violation Review:

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

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.

2. Violation Interpretative Statement:

Direct care staff hired on 2/5/2013 did not receive annual training in 2019 on infection control and general principles of cleanliness and hygiene and areas associated with immobility such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.

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

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

4. Description of the Repair of the Immediate Problem:

EOO and regional support looked at training records for 2019 and 2021 to ensure regulatory trainings were conducted and attended. A training packet was developed for direct care staff persons to make up missed 2019 trainings and a deadline was established to meet compliance by 01/15/2021.

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

The training records for 2019 were inconsistent in location and all trainings may not have been captured.

Improvements in the system for monitoring completion and compliance have been developed and put in place.

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

a. Changing practice?

Training completion will be reviewed by EOO and regional staff to ensure all regulatory components are being offered and criteria met.

b. Teaching or Training?

Monthly training compliance will be monitored on the third week monthly, with compliance report being provided to department managers to direct timely completion.

c. On-going Monitoring?

EOO will ensure that all required topics are on calendar for 2021 and will maintain attendance records in a training binder.

Training records from 2019 & 2020 will be audited for compliance/completion, with appropriate "make up" trainings offered & completed by 01/15/2021.

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

EOO will be responsible along with management team to identify a regulatory training schedule for 2021 and each department manager will be responsible for ensuring all active staff attend.

EOO and Department Managers will ensure that all missed trainings from 2019 and 2020 will be reviewed and completed prior to January 15, 2021.

Completion Date: 01/15/2021

65f - Training Topics (continued)**Document Submission****Implemented**

Please see attached documentation regarding involved direct care staff person, remaining records will be audited and completed by 1/15/2021.