

Department of Human Services
Bureau of Human Service Licensing

July 16, 2021

[REDACTED] PRESIDENT & COO
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 [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/08/2021, 04/09/2021, 04/12/2021, 04/13/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Janine Wenzig

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

Department of Human Services
Bureau of Human Service Licensing

June 29, 2021

██████████ PRESIDENT & COO
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 ██████████

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 04/08/2021, 04/09/2021, 04/12/2021, 04/13/2021 of the above facility, the citations specified on the enclosed Licensing Inspection Summary (LIS) were found.

We have determined that your plan of correction is: Acceptable

All citations specified on the plan of correction must be corrected by the dates specified on the License Inspection Summary (violation report) and continued compliance with Department statutes and regulations must be maintained.

Sincerely,
Janine Wenzig

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY - PUBLIC

Facility Information

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

Administrator

Name: [REDACTED] **Phone:** 4123414400 **Email:** [REDACTED]

Legal Entity

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

Certificate(s) of Occupancy

Type: C-2 LP **Date:** 06/05/1990 **Issued By:** Dept L & I

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 58 **Waking Staff:** 44

Inspection

Type: Full **Notice:** Unannounced **BHA Docket #:**
Rea on: Renewal **Exit Conference Date:** 04/13/2021

Inspection Dates and Department Representative

04/08/2021 - On-Site: [REDACTED]
04/09/2021 On Site [REDACTED]
04/12/2021 - Off-Site: [REDACTED]
04/13/2021 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 112 **Residents Served:** 37

Secured Dementia Care Unit

In Home: Yes **Area:** Life Stories **Capacity:** 18 **Residents Served:** 9

Hospice

Current Residents: 6

Resident Demographic Data as of Inspection Dates *(continued)*

Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 37

Diagnosed with Mental Illness: 2

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 21

Have Physical Disability: 1

Inspections / Reviews

04/08/2021 Full

Lead Inspector: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 05/16/2021

6/29/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: Document Submission

Follow-Up Date: 07/02/2021

7/16/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: Not Required

3c - Post Current License

1. Requirements

2600.

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

Description of Violation

On 4/8/2021, a copy of 55 Pa. Code Chapter 2600 was not posted in a conspicuous and public place in the home.

Plan of Correction

Accept

Description of the Repair of the Immediate Problem and On-going Plan for Compliance

A copy of the pink book was provided by the surveyor, and it was posted along with current active plans of correction in the front lobby.

Advised Team of the location of the binder and status for the plan of correction.

Determine / document the Root Cause of the Violation

The Administrator overlooked the requirement in error. Once the surveyor reminded her of the requirement, copies of the current POC's were placed.

Detail Action Steps / System Developed to prevent future occurrence

The Administrator is responsible for the on-going monitoring to ensure the license, regulations and current or active plans of correction are posted. The new Administrator will be oriented to the placement of the information for the public, and advised to monitor monthly, and with each new issue of LIS/POC from DHS.

Designated position responsible and specify target date for correction:

- *July 7, 2021, on-going by the Executive Operations Officer / Administrator*
- *Photo of compliance will be submitted by 7/9/21.*

Completion Date: 07/09/2021

Document Submission

Implemented

A copy of picture of license is attached.

17 Record Confidentiality

1. Requirements

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.

17 - Record Confidentiality (continued)

Description of Violation

On 4/8/2021, at approximately 11:05 a.m., boxes containing mediation administration records, facesheet, admission records, date of birth, social security numbers for discharged residents, including former resident #1 and former resident #2, were unlocked, unattended, and accessible in the electrical room.

On 4/8/2021, at approximately 11:50 a.m., all resident records, including resident #3 and resident #4, were unlocked, unattended, and accessible in the cabinet in wellness room. Additionally, a Veteran's application for resident #5, includes both [redacted] and [redacted] full social security numbers and dates of birth sitting next to the fax machine.

Plan of Correction

Accept

Description of the Repair of the Immediate Problem and On-going Plan for Compliance

- Record storage areas and records containing protected identifiable health care information are to be secured at all times when not under direct supervision of authorized community personnel.
- A sign will be placed on both doors to reinforce that the doors are to be locked at all times (6/30/21/[redacted])
- Health Information confidentiality will be reviewed and each Departments' next (monthly) meetings, and will be reflected in the Agendas for each, and it is everyone's responsibility to reinforce the security of doors identified as needing to be secured when not under the direct supervision of an authorized employee of the community: (Wellness office, Copy Room, Records Storage, med cart laptops and Resident lists for care and needs) (7/31/21 – All Departments, Monitored by [redacted])
- The community's new Administrator will be shown the areas of concern during training and transition and will develop and use a monitor to reinforce the habit of record security with team members. Immediately and On-going (7/1/21) Monitored by [redacted]
- Photo of signage will be forwarded to DHS by 7/9/21.

Completion Date: 07/09/2021

Document Submission

Implemented

attached find picture of wellness door with signage.

18 - Compliance With Laws

1. Requirements

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

The Care Facility Carbon Monoxide Alarms Standards Act, enacted 6/23/16, requires carbon monoxide alarms to be installed in close proximity of, but not less than 15 feet from, any fossil-fuel burning device or appliance. One carbon monoxide detector is present in the home's main kitchen near the gas stove; however, the home also has 3 hot water tanks in the mechanical room and there is no carbon monoxide detector in close proximity of them, in accordance with the Care Facility Carbon Monoxide Alarms Standards Act.

18 - Compliance With Laws (continued)

Plan of Correction

Accept

Description of the Repair of the Immediate Problem and On going Plan for Compliance

- Carbon Monoxide Alarm will be installed by 7/6/21 by Maintenance Personnel.
- Employees will be shown the new Carbon Monoxide Alarm and the sound will be demonstrated for the new alarm and the one installed near the gas range in the kitchen by 7/9/21. A record of training will be maintained.
- Future new staff will be shown the Carbon Monoxide Alarms during General Orientation
- The Carbon Monoxide Alarm monitor will be added to TELs tickler to reflect manufacturers instructions for maintenance, monitoring of battery life upon installation (7/6/21)
- A photo of the newly installed Carbon Monoxide Alarm will be sent to DHS via SansWrite by 7/9/21

Completion Date 07/09/2021

Document Submission

Implemented

Photos of CO2 detectors submitted

23a - Activities of Daily Living Assistance

1. Requirements

2600.

23.a. A home shall provide each resident with assistance with ADLs as indicated in the resident s assessment and support plan.

Description of Violation

The home has multiple residents who require two person transfer assistance with a hooyer lift device, including resident #6; however, multiple interviews indicate that these residents are transferred with only an assist of 1 staff person; this is not as indicated in the residents' assessments and support plans.

23a - Activities of Daily Living Assistance (continued)

Plan of Correction

Accept

Description of the Repair of the Immediate Problem and On-going Plan for Compliance

- RASP's for Residents requiring mechanical devices for body positioning and transfer will be reviewed to ensure they are reflective of current needs by 7/9/21 by Regional Wellness Support and the new Resident Wellness Director
- Wellness Team Members will be trained on 2-person lift policy and procedures and return demonstration. The requirement will be reinforced with Charge personnel and alternative strategies for facilitating during the shift will be explored. This training will be documented and maintained. (7/23/21) by Regional Wellness Support and the new Resident Wellness Director
- A list will be developed for transfer needs to be maintained in the Communication Binder in Wellness so that new staff are oriented to the Residents and their Units and transfer needs. (7/9/21) by Regional Wellness Support and the new Resident Wellness Director.
- The Administrator (████) will monitor completion of the audit, training and list of Residents with transfer needs and meet with 2 staff weekly to interview to determine if protocols are being maintained. Documentation will be maintained. On-going and complete by 8/1/21.

Completion Date: 07/01/2021

Document Submission

Implemented

Please see attached list

25b - Contract Signatures

1. Requirements

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.

Description of Violation

The contract for resident #7, dated ██████████, is not signed by the resident.

Plan of Correction

Accept

Description of the Repair of the Immediate Problem and On-going Plan for Compliance

- An Audit of all currently active Residency Agreements will be conducted to monitor for Resident Signatures by the Community Relations Director by 7/9/21.
- Contracts discovered as a result of the Audit will be brought into compliance by the Community Relations Director by 7/16
- The Administrator will review progress on this plan for correction weekly until completed, and will review the new Residency Agreements for compliance. Review to be on-going but compliance date is 7/30/21

Completion Date: 07/30/2021

Document Submission

Implemented

Please see attached contract audit completed on 7/15/16.

41a Complaint w/o Retaliation

1. Requirements

41a - Complaint w/o Retaliation (continued)

2600.

41.a. Upon admission, each resident and, if applicable, the resident's designated person, shall be informed of resident rights and the right to lodge complaints without intimidation, retaliation, or threats of retaliation of the home or its staff persons against the reporter. Retaliation includes discharge or transfer from the home.

Description of Violation

Resident #7 has not been educated on his/her resident rights or right to lodge complaints without intimidation, retaliation, or threats of retaliation; as it is included in the resident's unsigned contract, dated [REDACTED]

Plan of Correction

Accept

Description of the Repair of the Immediate Problem and On-going Plan for Compliance

- Review 2600.41 with Residents during July Resident Council meeting. LifeStages Director by 7/20/21 Resident Council Meeting and will be reflected in the meeting minutes and agenda.
- Note any Resident contract discovered in the auditing process and review Resident Rights with them individually. Community Relations Director by 7/16/21
- Maintain the record of the Audit and corrective action steps. Community Relations Director by 7/16/21
- Administrator to monitor progress on compliance. Full compliance anticipated by 7/30/21.

Completion Date: 07/30/2021

Document Submission

Implemented

Resident council was held on July 14th see attached signature sheet and handout.

85a - Sanitary Conditions

1. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On 4/8/2021, the walls of the microwave in the secured dementia care unit were covered in dried food.

Plan of Correction

Accept

- Description of the Repair of the Immediate Problem and On-going Plan for Compliance The microwave was cleaned.
- The microwave will be cleaned with each use, and monitored for cleanliness daily by the mid-night charge nurse on [REDACTED] rounds. Immediately and on-going, compliance expected 7/9/21.
- The Administrator will observe the microwave at least weekly to ensure sanitation standards are being met, and adjust the plan for correction according to observation. 7/9/21.

Completion Date: 07/09/2021

Document Submission

Implemented

Monitor in place and completed for the week of July 7th and will continue weekly. see attached.

162c - Menus Posted

1. Requirements

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.

162c - Menus Posted (*continued*)**Description of Violation**

On 4/8/2021, the menu for the previous week, dated 3/28/2021-4/3/2021, and the current week, dated 4/4/2021-4/10/2021, were posted; however, the menu for the upcoming week, dated 4/11/2021-4/17/2021, was not posted.

Plan of Correction**Accept**

Description of the Repair of the Immediate Problem and On-going Plan for Compliance:

- The menus are completed for the quarter, so they are available.*
- The Dining Experience Director is responsible for posting, and has been advised of the violation and the requirement.*
- A schedule (day of the week) for posting shall be determined and completed by the Dining Experience Director by 7/2/21.*
- The Administrator will monitor for compliance. Monitor to coincide with the timing of the weekly posting. Menus will be posted timely immediately and on-going, effective 7/2/21.*

Completion Date: 07/02/2021

Document Submission**Implemented**

Dining service Director posted menus. see attached photo.

183b - Meds and Syringes Locked

1. Requirements

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

On 4/8/2021, at approximately 11:50 a.m., a box of over-the-counter Sudafed PE Sinus was unlocked, unattended, and accessible on the upper shelf near the fax machine in the Wellness room.

Plan of Correction**Accept**

Description of the Repair of the Immediate Problem and On-going Plan for Compliance:

- Medications were immediately delivered to Wellness Center office.*
- Following the incident, Reception was been trained that medications are to be delivered immediately to Wellness office, and practice has changed to have Charge LPN/MA to sign for medications received at Reception so that they are delivered timely and securely to Wellness Office.*
- Administrator and new Resident Wellness Director will monitor starting immediately and on-going. 7/2/21.*

Completion Date: 07/02/2021

Document Submission**Implemented**

All medications are being delivered to the wellness center and the wellness center door is to be locked at all times when unattended. Monitor in place. see attached

183d - Prescription Current

1. Requirements

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

183d - Prescription Current *(continued)*

Description of Violation

On 4/9/2021, there was a bubble pack containing Montelukast Sod 10mg, prescribed to resident #8, in the medication cart; however, this medication was discontinued.

Plan of Correction

Accept

Description of the Repair of the Immediate Problem and On-going Plan for Compliance:

- *On 6/23/21, the contract pharmacy conducted an audit of 3 medcarts to help the community achieve baseline compliance with all orders and available medications.*
- *The on-going cart monitoring will be accomplished weekly by the midnight LPN/Charge person. The monitor will be assigned and explained by 7/2/21*
- *Documentation of the Audit will be maintained to track and trend for quality indicators and training needs.*
- *The Resident Wellness Director will review the Audit weekly to ensure compliance, and conduct weekly spot checks based on orders received. The Administrator (EOO) will monitor compliance weekly by reviewing the audit with the new Resident Wellness Director.*
- *Compliance is expected by 7/30/21*

Completion Date: 07/30/2021

Document Submission

Implemented

An audit is in place to monitor for discontinued medication. see attached.

187a - Medication Record

1. Requirements

2600.

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

Description of Violation

The blood glucose readings, for resident #9, were not recorded accurately on the 2021 medication administration record (MAR) on the following dates and times:

<i>Date and Time</i>	<i>Glucometer</i>	<i>MAR</i>
<i>4/7 8:09 p.m.</i>	<i>412</i>	<i>additional reading not recorded</i>
<i>4/7 7:28 a.m.</i>	<i>176</i>	<i>172</i>
<i>4/5 8:19 p.m.</i>	<i>296</i>	<i>293</i>
<i>4/1 2:58 p.m.</i>	<i>243</i>	<i>234</i>

187a - Medication Record (continued)

Plan of Correction**Accept**

Description of the Repair of the Immediate Problem and On-going Plan for Compliance:

- *Blood glucose readings for Residents will be monitored weekly by the midnight Charge Nurse, and documentation will be maintained. Any reports of discrepancies will be reported to the Resident Wellness Director who will monitor for trends. 7/2/21*
- *The Resident Wellness Director will review findings with the Administrator (██████) during weekly review of Plan of Correction progress. 7/9/21*
- *Full compliance will reflect a process improvement approach and expected 7/30/21.*

Completion Date: 07/30/2021

Document Submission**Implemented**

Weekly audits for the glucose machines have been added and the first week complete. see attached.