

Department of Human Services
Bureau of Human Service Licensing

July 19, 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 05/18/2021, 05/20/2021 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 30, 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 05/18/2021, 05/20/2021 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:** 06/03/2022
Addr e : 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

Re ident Support Staff: 0 **Total Daily Staff:** 62 **Waking Staff:** 47

Inspection

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Complaint **Exit Conference Date:** 05/20/2021

Inspection Dates and Department Representative

05/18/2021 - On-Site: [REDACTED]
05/20/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 112 **Residents Served:** 40

Secured Dementia Care Unit

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

Hospice

Current Re ident : 7

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 39
Diagnosed with Mental Illness: 2 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 22 **Have Physical Disability:** 1

Inspections / Reviews

05/18/2021 - Partial

Lead Inspector: [REDACTED] Follow Up Type: *POC Submission* Follow-Up Date: *06/20/2021*

6/30/2021 POC Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *07/01/2021*

6/30/2021 - POC Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *07/02/2021*

7/19/2021 - Document Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *Not Required*

53a - Qualifications

1. Requirements

2600.

53.a. The administrator shall have one of the following qualifications:

- 1 A license as a registered nurse from the Department of State.
- 2 An associate’s degree or 60 credit hours from an accredited college or university.
- 3 A license as a licensed practical nurse from the Department of State and 1 year of work e perience in a related field.
- 4 A license as a nursing home administrator from the Department of State.
- 5 For a home serving 8 or fewer residents, a general education development diploma or high school diploma and 2 years direct care or administrative e perience in the human services field.

Description of Violation

The nursing home administrator license for Staff person A, the current administrator, expired on 6/30/2020.

Plan of Correction

Accept

Detail Action Steps / System Developed to prevent future occurrence:

The timeline for renewal of the license had been extended due to the COVID-19 pandemic. The nursing home administrator license was successfully renewed, and submitted for this plan of correction as an attachment. The leadership of The Pines has subsequently been transitioned to a qualified, certified Personal Care Home Administrator on 6/27/21.

Completion Date: 06/23/2021

Document Submission

Implemented

Evidence of license renewal attached.

185a Implement Storage Procedures

1. Requirements

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.

185a - Implement Storage Procedures (continued)

Description of Violation

On 5/20/2021, the glucometer belonging to resident #1 was not calibrated to the current date.

Also, resident #1's blood glucose readings were not recorded accurately on the May 2021 Medication Administration Record (MAR) on the following dates and times:

<u>Date and Time</u>	<u>Glucometer</u>	<u>MAR</u>
5/10/2021 7:30 a.m.	229	228
5/16/21 4:30 p.m.	241	246
5/17/21 4:30 p.m.	401	400

A reading of 180 was recorded on 5/12/21 at 7:30 a.m., however, the blood glucose reading was not on residents #1's glucometer.

Plan of Correction

Accept

Detail Action Steps / System Developed to prevent future occurrence:

A daily monitor of glucometer readings and MAR recordings has been implemented.

The monitor includes (in place by 7/2/21):

- Verification of the date and time correctness on the Glucometer machine
- Review of recordings within the machine and comparison to what has been noted in the MAR
- Note to advise Supervisor/Nurse with discrepancies (daily) so that correction would be possible

Promote natural feedback loop to the LPN's and MA's conducting BS monitoring

- Weekly review by the Resident Wellness Director by (7/9/21)
- The Administrator (EOO) will review these weekly.

Full implementation (correctness of values) will be 7/30/21

Completion Date: 07/30/2021

Document Submission

Implemented

Please see attached weeks worth of monitors for the glucose machines. this is done daily and will be on-going.

187b - Date/Time of Medication Admin.

1. Requirements

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident #1 is ordered Lantus insulin 100 units/ml, inject 25 units at bedtime. The resident's MAR was not initialed by staff who administered the medication on 5/7/2021 at 8:00 p.m.

187b - Date/Time of Medication Admin. (continued)

Plan of Correction

Accept

Detail Action Steps / System Developed to prevent future occurrence:

MAR's will be monitored shift to shift for medication administration issues or errors using reports available from QMAR. Reports will be maintained to establish process effectiveness for compliance. The Resident Wellness Director is responsible, and will be trained week of 6/28 thru 7/9. Full Compliance is expected 7/9/2021.

Completion Date: 07/09/2021

Document Submission

Implemented

Medication compliance reports are done daily and any non compliance will be handled according to regulations. see attached report

187d - Follow Prescriber's Orders

1. Requirements

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #1 is ordered Humalog insulin 100u/ml three times daily 7:30 a.m., 11:30 a.m., and 4:30 p.m., per a sliding scale as follows: 150-200=3u; 201-250=6u; 251-300=9u; 301-350=12u; 351-400=15u; >400 call MD.

-On 4/29/21, the MAR indicates the 11:30 a.m. dose was withheld per doctor's orders due to "AM meds given at 11:30."

-On 5/8/2021, resident did not receive the 7:30 a.m. dose of Humalog. [REDACTED] blood glucose reading was not taken until 11:02 a.m. and indicated a reading of 311.

-On multiple other occasions, resident #1's insulin was administered late:

<u>Date</u>	<u>Time prescribed</u>	<u>Time administered</u>
5/7/2021	7:30 a.m.	10:08 a.m.
	11:30 a.m.	1:00 p.m.
5/8/2021	7:30 a.m.	11:02 a.m.
5/14/2021	11:30 a.m.	1:01 p.m.
5/15/2021	7:30 a.m.	8:47 a.m.
5/16/2021	11:30 a.m.	1:50 p.m.

Also, resident #1 is prescribed a straight order of Humalog insulin 100u/ml, inject 5 units three times daily with meals. The medication was not administered on 5/8/2021 at 8:00 a.m. with the morning meal.

On 4/29/21, other medication doses were not administered to resident #1, including the following:

Gabapentin 300 mg, take one capsule three times daily. The MAR indicates the 2:00 p.m. dose was withheld per doctor s orders due to "morning meds given late."

Hydrocodone APAP 5 325mg, take one tablet three times daily. The MAR indicates the 12:00 p.m. dose was withheld per doctor s orders due to "AM meds given at 11:30."

187d - Follow Prescriber's Orders (continued)

Plan of Correction**Accept**

Detail Action Steps / System Developed to prevent future occurrence:

Root cause analysis reveals the medication assistant was new to the role, and did not have enough time to develop a routine. The missed medications were reported to all parties, and plan to improve training with specific experience was developed.

Further, staff will be added to administer medications as needed to ensure medications are administered timely. Process evaluation is on-going. Compliance date is 7/23/21

Effective immediately, The Resident Wellness Director and Administrator (EOO) will verify the competency with the routines of new Medication Assistants prior to assigning responsibility. This experience could vary among MA's but a minimum of 3 shifts with qualified shadowing will be completed prior to the person being assigned the role for a full shift of responsibility. Immediately, and on-going. Compliance with extension of this training requirement date is 7/2/21.

Completion Date: 07/23/2021

Document Submission**Implemented**

No new MT have started since POC in place. Process is identified that new MT will be provided three shifts of shadowing and if necessary will receive additional training after that to ensure proper med pass and compliance are maintained.