

Department of Human Services  
Bureau of Human Service Licensing

October 12, 2021

[REDACTED]  
TITHONUS MT. LEBANON LP  
[REDACTED]  
[REDACTED]

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 08/27/2021 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: *06/03/2022*  
Address: *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 of Labor and Industry*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *54* Waking Staff: *41*

**Inspection**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
Reason: *Complaint* Exit Conference Date: *08/27/2021*

**Inspection Dates and Department Representative**

08/27/2021 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *112* Residents Served: *39*

**Secured Dementia Care Unit**

In Home: *Yes* Area: *SDCU* Capacity: *18* Residents Served: *7*

**Hospice**

Current Residents: *5*

**Number of Residents Who:**

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *38*  
Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *15* Have Physical Disability: *1*

**Inspections / Reviews**

**08/27/2021 - Partial**

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/09/2021*

Inspections / Reviews *(continued)*

9/9/2021 - POC Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *09/13/2021*

10/12/2021 - Document Submission

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

227c - Support Plan Revision

1. Requirements

2600.

227.c. The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident’s needs as indicated on the current assessment.

Description of Violation

Resident #1’s support plan, dated [REDACTED], indicated the resident can self-propel in a wheelchair for short distances. Resident #1 “zooms” through the unit, bumping into items and furniture causing self-injurious contusions. However, the resident’s support plan was not updated to indicate resident’s lack of regard for safety while self-propelling the wheelchair or the care and services the home would provide to meet the resident’s need to prevent injuries while self-propelling in a wheelchair in the unit.

Resident #2 experienced at least five unwitnessed falls between 11/2/20 and 7/17/20 to include:

7/17/21 fall in bathroom between wheelchair and toilet

2/26/21 out of bed,

12/2/20 next to bed,

11/26/20 lost balance fell to floor,

11/1/20 fell out of wheelchair head-first to floor

The resident’s support plan did not indicate the high fall risk including the home’s care and services to protect the resident.

Plan of Correction

Accept

Both Resident 1 and resident 2’s support plans were updated please see attached.

The RWD and/or Administrator will ensure that all necessary updates are made upon identification of problem to ensure compliance of regulation.

A system check of a complete review at annual assessment date will occur to ensure all necessary information is current.

Completion Date: 09/07/2021

Document Submission

Implemented

see attached