

Department of Human Services
Bureau of Human Service Licensing

January 19, 2022

[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 12/13/2021, 12/14/2021 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: 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: *PA Dept L&I*

Staffing Hours

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

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Complaint, Incident* Exit Conference Date: 12/14/2021

Inspection Dates and Department Representative

12/13/2021 - On-Site: [REDACTED]

12/14/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 112 Residents Served: 36

Secured Dementia Care Unit

In Home: Yes Area: *Memory Care* Capacity: 16 Residents Served: 9

Hospice

Current Residents: 7

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

12/13/2021 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: 01/09/2022

Inspection Dates and Department Representative (*continued*)

01/10/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *01/12/2022*

01/10/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *01/12/2022*

01/11/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *01/17/2022*

01/19/2022 - Document Submission

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

65i - Training Record

1. Requirements

2600.

65.i. A record of training including the staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.

Description of Violation

Staff person A, hired [redacted] indicated that [redacted] received the training required by regulations 2600.65a and 2600.65b. However, the home did not have documentation of this training.

Plan of Correction

The ASD will be conducting an audit of the new employee files to ensure moving forward that all training records are included in the employee file. This will be completed by 1/31/22 and audited with each new hire class moving forward to maintain compliance. Documentation of audit will be kept and reported at QM mtg.

Plan of Correction

All new hire paperwork of training will be filed in employee file upon completion of orientation by ASD. An audit of all new hire files will take place one week post orientation to ensure compliance with regulations. An audit of new hire files will be performed by 1/31/22 to ensure on going compliance. Documentation of audit will be sent to DHS for verification.

Plan of Correction

Training record for staff person A was re-recreated to be in compliance for regulation 65A and 65B.

Accept

Document Submission

see attached.

Implemented

227g -Support Plan Signatures

1. Requirements

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

The support plan for resident #2, completed [redacted], was not signed by the assessor or the resident.

The support plan for resident #3, completed [redacted] was not signed by the assessor or the resident.

Plan of Correction

RWD was educated to regulations and requirements of compliance. RWD will conduct an audit of all RASP within community for proper completion/compliance by 1/31/22. RWD will audit RASP monthly of those that were due for compliance with regulation. Documentation of audit will be kept and report at QM mtgs.

Plan of Correction

RWD will perform an audit of all RASP to ensure compliance by 1/31/22. A copy of Resident 1 and 3 RASP for compliance will be provided by 1/11/22 to DHS. Moving forward all RASP will be signed within time frame of regulation. An audit will be performed to ensure compliance.

227g -Support Plan Signatures (continued)

Plan of Correction

Accept

Support plan will be reviewed for accuracy and signed by current assessor and resident,

Document Submission

Implemented

see attached.

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

Due to syncopal episodes, resident # 1’s assessment and support plan completed [redacted] indicates that “Staff will assist resident on and off the bedpan as needed. ...” Resident #1 reported that during the week of 12/6/21, there was an incident when staff person A refused to put resident #1 on the bedpan and wanted the resident to use the toilet.

Resident #2’s assessment and support plan, completed [redacted] indicates that “DCS [direct care staff] will assist X1 to transfer onto toilet. ...”. Resident #2 reported that there was an incident during the week of 12/6/21 when staff person A did not assist the resident to use the toilet. Staff person A let the resident do it [redacted] Per the resident, “[redacted] [staff person A] didn’t hold on to me or anything.”

REPEAT VIOLATION 4/8/21, et al

Plan of Correction

Staff person A is no longer working at this facility.

An in-service will be conducted by the RWD with all staff on the importance of following the individual support plans issued for the residents, the location of the individual support plans, and how to report if any changes have occurred related to the support plan. This will be completed by 1-31-22 and documentation of training will be kept. Interviews with 3 residents monthly to ensure compliance will be conducted by EOO to ensure compliance. Documentation will be kept and reported at QM mtgs.

Plan of Correction

Monthly interviews with 3 residents will be completed by the 15th of each month to ensure that staff are following support plan needs. Documentation will be kept by RWD for compliance and any issues will be addressed immediately.

Plan of Correction

Accept

Document Submission

Implemented

see attached.