



CERTIFIED MAIL – RETURN RECEIPT
REQUESTED MAILING DATE: AUGUST 4, 2023

[REDACTED]
Tithonus Mt. Lebanon LP
[REDACTED]
[REDACTED]
[REDACTED]

RE: The Pines of Mt. Lebanon
1537 Washington Road
Pittsburgh, Pennsylvania 15228
License/COC #: 433611

Dear [REDACTED]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) licensing inspections on January 4, 2023, January 5, 2023, January 19, 2023, March 27, 2023, and March 28, 2023, of the above facility, the violations specified on the enclosed Licensing Inspection Summary (LIS) were found.

Based on violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), failure to submit an acceptable plan to correct noncompliance items, and failure to comply with the acceptable plan to correct noncompliance items, the Department hereby REVOKES your certificate of compliance (license number 433610) dated June 3, 2023 – June 3, 2024, and issues you a FIRST PROVISIONAL license to operate the above facility. A FIRST PROVISIONAL license is being issued based on your acceptable plan to correct the violations as specified on the LIS. This decision is made pursuant to 62 P.S. § 1026 (b)(1) and 55 Pa. Code § 20.71(a)(2); (3); (4) (relating to conditions for denial, nonrenewal or revocation). Your FIRST PROVISIONAL license is enclosed and is valid from August 4, 2023 to February 4, 2023.

All violations specified on the LIS must be corrected by the dates specified on the report and continued compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), must be maintained. Failure to implement the plan of correction or failure to maintain compliance may result in a revocation of the license.

Pursuant to 62 P.S. 1085-1087 and 55 Pa. Code § 2600.261-268 (relating to enforcement), the Department intends to assess a fine for the following violation(s) unless fully corrected on or before the mandated correction date.

55 Pa. Code Chapter 2600	Class of Violation	Census at Inspection	Fine Per resident X Per day	Calculated Fine = Per day	Mandated Correction Date (to avoid Fine)
Section:					
187(a)	II	57	\$5	\$285	5 calendar days from mailing date of this letter
187(b)	II	57	\$5	\$285	5 calendar days from mailing date of this letter
187(d)	II	57	\$5	\$285	5 calendar days from mailing date of this letter

A fine will be assessed daily beginning with the date of this letter and will continue until the violation is fully corrected, and full compliance with the regulation has been achieved. If the violation is fully corrected, and full compliance with the regulation has been achieved, by the mandated correction date, no fine will be assessed. You must notify the Department's Regional Human Services Licensing office in writing as soon as each violation is fully corrected and submit written documentation of each correction. The Department will conduct an on-site inspection after the mandated correction date, and within 20 calendar days of the date of this letter. If one or more violations is not fully corrected and full compliance with the regulation has not been achieved, you will periodically receive invoices from the Department's Bureau of Human Services Licensing with payment instructions. The fines will continue to accumulate until the violation is fully corrected and full compliance with the regulation has been achieved.

No fine is being assessed at this time; therefore, you may not appeal any fine at this time. If a violation is not corrected and full compliance with the regulation has not been achieved by the mandated correction date, a fine will be assessed and an invoice will be mailed. This invoice will contain the right to appeal the fine.

If you disagree with the decision to issue a PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa. Code Part II, Chapters 31-35. If you decide to appeal your PROVISIONAL license, a written request for an appeal must be received within 10 days of the date of this letter by:

[REDACTED], Workload Manager
 Pennsylvania Department of Human Services
 Bureau of Human Services Licensing
 Room 631, Health and Welfare Building
 625 Forster Street
 Harrisburg, Pennsylvania 17120
 PH: 717-214-1304

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

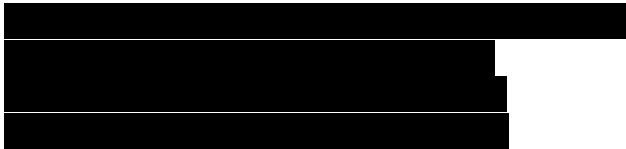
Sincerely,

A handwritten signature in cursive script that reads "Juliet Marsala".

Juliet Marsala
Deputy Secretary
Office of Long-term Living

Enclosure
Licensing Inspection Summary

cc:

Three horizontal black bars of varying lengths, used to redact the names and contact information of the recipients listed in the "cc:" field.

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

Facility Information

Name: *THE PINES OF MT. LEBANON* License #: *43361* License Expiration: *06/03/2023*
Address: *1537 WASHINGTON ROAD, PITTSBURGH, PA 15228*
County: *ALLEGHENY* Region: *WESTERN*

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

Name: *TITHONUS MT. LEBANON LP*
Address: [REDACTED]
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

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

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *72* Waking Staff: *54*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Complaint* Exit Conference Date: *02/07/2023*

Inspection Dates and Department Representative

01/04/2023 - On-Site: [REDACTED]
01/05/2023 - On-Site: [REDACTED]
01/19/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *112* Residents Served: *62*

Secured Dementia Care Unit

In Home: *Yes* Area: *1st Floor* Capacity: *18* Residents Served: *8*

Hospice

Current Residents: *4*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *62*
Diagnosed with Mental Illness: *7* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *10* Have Physical Disability: *1*

Inspections / Reviews

01/04/2023 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *02/18/2023*

03/03/2023 - POC Submission

Submitted By: [REDACTED] Date Submitted: *04/05/2023*
Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *03/09/2023*

03/13/2023 - POC Submission

Submitted By: [REDACTED] Date Submitted: *04/05/2023*
Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *04/03/2023*

07/24/2023 - Document Submission

Submitted By: [REDACTED] Date Submitted: *04/05/2023*
Reviewer: [REDACTED] Follow-Up Type: *Exception*

16c - Written Incident Report

1. Requirements

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On 10/19/22, staff persons observed smoke coming from a 2nd floor light. The fire alarm was activated, residents were evacuated to fire-safe areas and the fire department was dispatched to the home; however, this incident was not reported to the Department.

On 12/25/22 and 1/3/23, the home's sprinkler system leaked water, causing the fire alarm to be activated. The fire department responded and residents were evacuated to the fire-safe areas; however, these incidents were not reported to the Department.

In the months of December, 2022 and January, 2023, there were multiple medication errors involving numerous residents, including residents #1, #2, #4 and #5; however, these medication errors were not reported to the Department.

Plan of Correction**Directed** [REDACTED] **03/13/2023)**

The fire department was called to investigate smoke coming from a wall sconce, they determined there was no fire. They pulled the breaker. An electrician was called to repair the wall sconce the next day. They removed the damage equipment and ordered new equipment. I will do a reportable if the fire department is called. Staff was educated on 1/4/2023.

EOO, learned during our inspection that what was thought not to be a fire, due to no smoke, was actually a reportable incident and I will report any situation within 24 hours to the State.

DIRECTED: Within 72 hours of receipt of the plan of correction: The administrator shall report the incidents to the Department of the fire department arriving to the home on 10/19/22, 12/25/22 and 1/3/23. The administrator shall also report all medication errors to the Department which occurred in the home in December, 2022 and January, 2023, including the medication errors for residents #1, #2, #4 and #5 specified in the 2600.187d violation as part of this report. Documentation of the reported incidents shall be kept. [REDACTED] 3/13/23

DIRECTED: By 3/20/23: All staff persons shall be educated that all reportable incidents specified in 2600.16a shall be reported to the Department within 24 hours. Documentation of the education shall be kept. [REDACTED] 3/13/23

DIRECTED: Beginning on 3/20/23: The administrator/designee shall review all internal incidents daily to ensure all reportable incidents specified in 2600.16a are reported to the Department within 24 hours. [REDACTED] 3/13/23

Directed Completion Date: 03/20/2023**Not Implemented** [REDACTED] **- 7/24/23**

187b - Date/Time of Medication Admin.

2. 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 prescribed Diclofenac 1% gel—Apply topically to affected area 2 times a day. However, resident #1's December 2022 medication administration record (MAR) does not include the initials of the staff person who administered the Diclofenac gel to resident #1 at [REDACTED] PM on [REDACTED]/22 and [REDACTED]/22.

Resident #1 is prescribed Eliquis 2.5 mg—Take 1 tablet by mouth 2 times a day. However, resident #1's December 2022 MAR does not include the initials of the staff person who administered the Eliquis to resident #1 at [REDACTED] PM on [REDACTED]/22 and [REDACTED]/22.

Resident #2 is prescribed Atorvastatin 40 mg—Take 1 tablet by mouth daily. However, resident #2's December 2022 MAR does not include the initials of the staff person who administered the Atorvastatin to resident #2 on [REDACTED]/22.

Resident #3 is prescribed Levothyroxine 112 mcg—Take 1 tablet by mouth daily. However, resident #3's December 2022 MAR does not include the initials of the staff person who administered the Levothyroxine to resident #3 on [REDACTED]/22.

REPEAT VIOLATION: 5/19/2022, et. al.

Plan of Correction

Directed [REDACTED] 03/13/2023)

Med Tecs and LPN, were spoken with and trained on how to administer medications and marking them in Quick Mar. We had a staff meeting on 3/2 and all Med Tecs and LPN's received new training. (DIRECTED: Documentation of the education shall be kept. [REDACTED] 3/13/23).

The root cause is staff not following procedures, we have educated our MedTecs, how are qualified to administer medications, on how to administer Medications the proper way at a meeting on 3/2/2023. We will continue to educate MedTecs on the proper procedures, and the requirements and why we held to these standards for the safety of our residents.

DIRECTED: Beginning on 3/20/23: The administrator/designee shall review the medication administration records (MAR's) of at least 5 different residents weekly for 2 months then monthly thereafter to ensure all prescribed medications are present in the home for administration, all medications are administered in accordance with prescribers' orders, and that all administered medications are initialed by staff persons as administered at the time of medication administration. Documentation of the audits shall be kept. [REDACTED] 3/13/23

Directed Completion Date: 04/03/2023

Not Implemented [REDACTED] 7/24/23

187d - Follow Prescriber's Orders

3. Requirements

2600.

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

187d - Follow Prescriber's Orders (continued)

Description of Violation

On 12/1/22, resident #1 was prescribed Doxycycline 100 mg–Take 1 tablet by mouth twice a day for 7 days. However, this medication was not administered to resident #1 at [REDACTED] AM on [REDACTED]/22 and [REDACTED]/22, or at [REDACTED] PM on [REDACTED]/22.

Numerous medications were not administered to resident #2 on numerous dates and times, to include the following:

- Eliquis 5 mg–Take 1 tablet by mouth 2 times a day. This medication was not administered at [REDACTED] AM on [REDACTED]/22
- Vitamin D3 50 mcg–Take 1 capsule by mouth daily. This medication was not administered on [REDACTED]/22
- Atorvastatin 40 mg–Take 1 tablet by mouth daily. This medication was not administered on [REDACTED]/22 or [REDACTED]/22

Numerous medications were not administered to resident #4 on numerous dates and times, to include the following:

- Duloxetine 60 mg–Take 1 capsule by mouth daily. This medication was not administered on [REDACTED]/22, [REDACTED]/22 through [REDACTED]/22, [REDACTED]/22 through [REDACTED]/22, [REDACTED]/23 or [REDACTED]/23
- Linzess 145 mcg–Take 1 capsule by mouth daily. This medication was not administered on [REDACTED]/22, [REDACTED]/22, or [REDACTED]/23 through [REDACTED]/23

Numerous medications were not administered to resident #5 on numerous dates and times, to include the following:

- Eliquis 5 mg–Take 1 tablet by mouth 2 times daily. This medication was not administered at [REDACTED] AM on [REDACTED]/22 through [REDACTED]/22, [REDACTED]/22, and [REDACTED]/22, or at [REDACTED] PM on [REDACTED]/22, [REDACTED]/22, and [REDACTED]/22
- Metoprolol 25 mg–Take 1 tablet by mouth twice daily. This medication was not administered at [REDACTED] PM on [REDACTED]/22, [REDACTED]/22 or [REDACTED]/22
- Ventolin HFR 108 mcg–Take 2 puffs by mouth 4 times daily. This medication was not administered at [REDACTED] PM on [REDACTED]/22, at [REDACTED] PM [REDACTED]/22 or [REDACTED]/22, or at [REDACTED] PM on [REDACTED]/22, [REDACTED]/22, [REDACTED]/22 or [REDACTED]/22

Staff person A, [REDACTED] and staff person B, [REDACTED] reported these medications were not administered to residents because staff members could not locate the medications in the medication cart.

REPEAT VIOLATION: 5/19/2022, et. al; 2/23/2022, et. al.

Plan of Correction

Directed [REDACTED] - 03/13/2023)

Med Tecs and LPN, were spoken with an trained on how to administer medications and marking them in Quick Mar. We had a staff meeting on 3/2 and all Med Tecs and LPN's received new training. (DIRECTED: Documentation of the education shall be kept. [REDACTED] 3/13/23).

The root cause is staff not following procedures, we have educated our MedTecs, how are qualified to administer medications, on how to administer Medications the proper way at a meeting on 3/2/2023. We will continue to educate MedTecs on the proper procedures, and the requirements and why we held to these standards for the safety of our residents. Our Medication Carts are organized, we had recently started a new procedure and there was delay in finding medications in the cart, all medications were located the day of inspection. We have our Med Tecs printing and signing the MAR after each shift.

DIRECTED: By 3/20/23: The administrator shall review all medications for residents #1, #2, #4 and #5 to ensure all prescribed medications are present and available in the home for administration. [REDACTED] 3/13/23

DIRECTED: Beginning on 3/20/23: The administrator/designee shall review the medication administration records (MAR's) of at least 5 different residents weekly for 2 months then monthly thereafter to ensure all prescribed medications are present in the home for administration, all medications are administered in accordance with

187d - Follow Prescriber's Orders (continued)

prescribers' orders, and that all administered medications are initialed by staff persons as administered at the time of medication administration. Documentation of the audits shall be kept. [REDACTED] 3/13/23

Directed Completion Date: 04/03/2023

Not Implemented [REDACTED] - 7/24/23