

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

May 27, 2026

[REDACTED]  
TITHONUS MT. LEBANON LP

[REDACTED]  
C/O INTEGRACARE CORP  
[REDACTED]

RE: THE PINES OF MT. LEBANON  
1537 WASHINGTON ROAD  
PITTSBURGH, PA, 15228  
LICENSE/COC#: 43361

[REDACTED],  
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 05/12/2026 of the above facility, no regulatory citations have been identified as a result of this inspection.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,  
[REDACTED]

Enclosure  
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

**Facility Information**

Name: *THE PINES OF MT. LEBANON* License #: *43361* License Expiration: *09/18/2026*  
 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**

**Staffing Hours**

Resident Support Staff: *70* Total Daily Staff: *172* Waking Staff: *129*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
 Reason: *Complaint, Incident* Exit Conference Date: *05/12/2026*

**Inspection Dates and Department Representative**

05/12/2026 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**  
 License Capacity: *112* Residents Served: *70*

**Secured Dementia Care Unit**  
 In Home: *Yes* Area: *Life Stories* Capacity: *18* Residents Served: *17*

**Hospice**  
 Current Residents: *12*

**Number of Residents Who:**  
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *70*  
 Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *32* Have Physical Disability: *1*

**Inspections / Reviews**

05/12/2026 Partial  
 Lead Inspector: [REDACTED] Follow-Up Type: *Not Required*

NO DEFICIENCIES FOUND