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

August 12, 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 review on 07/07/2026 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

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

Sincerely,
[redacted]

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: *0* **Total Daily Staff**: *102* **Waking Staff**: *77*

Inspection Information

Type: *Partial* **Notice**: *Unannounced* **BHA Docket #**:

Reason: *Complaint, Incident* **Exit Conference Date**: *07/07/2026*

Inspection Dates and Department Representative

07/07/2026 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**: *1st Floor* **Capacity**: *18* **Residents Served**: *17*

Hospice

Current Residents: *8*

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

07/07/2026 - Partial

Lead Inspector: [redacted] **Follow Up Type**: *POC Submission* **Follow Up Date**: *07/23/2026*

07/23/2026 POC Submission

Submitted By: [redacted] **Date Submitted**: *08/11/2026*

Reviewer: [redacted] **Follow Up Type**: *POC Submission* **Follow Up Date**: *07/29/2026*

Inspections / Reviews *(continued)*

07/30/2026 POC Submission

Submitted By: [redacted] **Date Submitted:** *08/11/2026*

Reviewer: [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *08/07/2026*

08/12/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *08/11/2026*

Reviewer: [redacted] **Follow Up Type:** *Not Required*

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 [redacted] resident [redacted] was sent to the hospital for evaluation due to right arm pain and swelling and was diagnosed with a fractured right wrist; however, this incident was not reported to the Department until [redacted] at approximately 12:15pm.

Plan of Correction ***Accept [redacted] - 07/23/2026)***

Violation Description

Code Definition: 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).

Details: On 5/3/26, resident [redacted] was sent to the hospital for evaluation due to right arm pain and swelling and was diagnosed with a fractured right wrist; however, this incident was not reported to the Department until 7/7/26 at approximately 12:15pm.

Short Term Actions

1. Immediate Reporting of Unreported Incidents

1.1 Action Plan: Ensure all incidents are reported in a timely manner as per regulatory requirements.

1.2 Steps:

• Identify all incidents that have occurred in the home within the past 30 days.

• Review and ensure all incidents were reported to the Department within the 24-hour timeframe.

• Any incidents not reported should be documented immediately, and a report must be submitted.

1.3 Responsible Party: RWD/EOO

1.4 Timeline: RWD/EOO will review all incidents in the past 30 days to ensure they were reported by Monday 7-27-2026

2. Staff Training on Reporting Procedures

2.1 Action Plan: Educate staff on proper incident reporting procedures and timelines.

2.2 Steps:

• Conduct a mandatory training session for all staff on the incident reporting requirements and timelines.

• Documentation will be kept on file in the Executive Operations Officers Office

2.3 Responsible Party: EOO/RWD

2.4 Timeline: Will be reviewed @ All Staff meeting on 7/23/2026.Documentation of the training will be kept in the EOO office POC binder

Long Term Actions

1. Monthly Audits of Incident Reporting

1.1 Action Plan: Regularly review incident reports to ensure timely reporting compliance.

1.2 Steps:

• Develop an audit checklist to review incident reports monthly.

1.3 Responsible Party: EOO/RWD

1.4 Timeline: - 1st week of every month EOO/RWD will review prior months incidents for the next 6 months.

16c Written Incident Report (continued)

EOO/RWD will review prior months incidents to ensure all incident reporting was completed on time. Documentation will be kept on file in the Executive Operations Officers Office

Licensee's Proposed Overall Completion Date: *07/28/2026*

Implemented [redacted] - 08/12/2026)

23a - Activities of Daily Living Assistance

2. 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

Resident [redacted] most recent assessment, dated [redacted], indicates resident [redacted] requires total physical assistance to transfer in/out of bed/chair, and resident [redacted] most recent support plan, dated [redacted] indicates resident [redacted] requires the assistance of 2 direct care staff persons to transfer in/out of bed/chair with use of a Hoyer lift. However, according to numerous interviews, on the evening of [redacted], direct care staff person A transferred resident [redacted] from resident [redacted] wheelchair to the bed without the use of a Hoyer lift or the assistance of a 2nd direct care staff person.

Plan of Correction

Accept [redacted] - 07/30/2026)

2. Violation of 2600.23.a
Violation Description

Code Definition: A home shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.

Details: Resident [redacted]s most recent assessment, dated 5/28/26, indicates resident [redacted] requires total physical assistance to transfer in/out of bed/chair, and resident [redacted]s most recent support plan, dated 5/28/26, indicates resident [redacted] requires the assistance of 2 direct care staff persons to transfer in/out of bed/chair with use of a Hoyer lift. However, according to numerous interviews, on the evening of 6/28/26, direct care staff person A transferred resident [redacted] from resident [redacted]s wheelchair to the bed without the use of a Hoyer lift or the assistance of a 2nd direct care staff person.

Short Term Actions
1. Staff Training on ADLs
1.1 Action Plan: Ensure all staff are aware of the correct procedures for assisting residents with ADLs as per their assessment and support plan.
1.2 Steps:
• Develop a training program focusing on the importance of adhering to each resident's assessment and support plan
• Conduct a training session for all direct care staff using assistive devices like Hoyer lifts. All staff will be signed off on Hoyer lift training by 8/7/2026
• A list will be kept on the communication board for all wellness team with all residents that are Hoyer lifts. List was placed on 7/8/2026 and will be updated weekly and signed off for 6 months July 8th December 31, 2026

23a - Activities of Daily Living Assistance (continued)

All staff will review the power point print out for Residents rights and abuse between 7/23/2026 and 8/1/2026. Documentation will be kept on file in the Executive
Operations Officers Office.

1.3 Responsible Party: RWD and or EOO

1.4 Timeline: All staff meeting 7/23/2026- Wellness meeting 7/30/2026 and all Hoyer lift training signed off on by 8/7/2026

2. Long -term monitoring steps to ensure assistance with ADL's is provided in accordance with 2600.23a
2.1 Action Plan:
- Develop a resident questionnaire.
- Interview residents: Resident Interviews will be conducted by the EOO asking specific questions Example: Do you feel safe? Do you have any concerns with team members? How are you being transferred into your bed/chair, Is there anything else you feel I should know or that you would like to share with me?
-Conduct: 5 residents will be interviewed weekly for 1 month (July 30,2026 thru August 31,2026) then 5 resident interviews every other week for one month (September 1, 2026, thru September 30, 2026) then 5 residents a month for 3 months (October 1st thru December 31,2026).
Documentation will be kept on file in the Executive
Operations Officers Office.
Responsible Party: Executive Operations Officer.
Timeline: July 30, 2026, thru December 31,2026

Staff member A was immediately suspended when incident was reported on 6/30/2026 and then terminated after DHS visit on 7/7/2026.

Licensee's Proposed Overall Completion Date: *08/07/2026*

Implemented [redacted] - 08/12/2026)

225c - Additional Assessment

3. Requirements

2600.
225.c. The resident shall have additional assessments as follows:
2. If the condition of the resident significantly changes prior to the annual assessment.

Description of Violation

Resident [redacted]s most recent assessment, dated [redacted], does not include numerous diagnoses as indicated on resident [redacted] most recent medical evaluation, dated [redacted], to include [redacted].

Plan of Correction ***Accept ([redacted] - 07/30/2026)***

. Violation of 2600.225.c
Violation Description
Code Definition: The resident shall have additional assessments as follows: If the condition of the resident

225c - Additional Assessment (continued)

significantly changes prior to the annual assessment.

Details: Resident [redacted] most recent assessment, dated 5/28/26, does not include numerous diagnoses as indicated on resident [redacted] most recent medical evaluation, dated 5/26/26, to include: morbid severe obesity, insomnia, phobic anxiety disorder, depression, unspecified protein-calorie malnutrition, unspecified osteoarthritis and obstructive sleep apnea.

Short Term Actions

1. Immediate Assessment Update

1.1 Action Plan: To immediately update Resident [redacted]s assessment to include all diagnoses from the most recent medical evaluation.

1.2 Steps:

• Review Resident [redacted] medical evaluation dated 5/26/26 to identify missing diagnoses.

• Update the resident's assessment documentation to include all the identified diagnoses.

1.3 Responsible Party: EOO

1.4 Timeline: Completed 7/8/2026

2.1 Action Plan: To verify that all resident assessments reflect current diagnoses as per the latest medical evaluations.

2.2 Steps:

• Conduct an audit of all resident assessments compared to their most recent medical evaluations. Document on a Tickler. Tickler will contain findings of this audit. Tickler will verify that DME and RASP diagnosis's match, where there any discrepancies, and verification that discrepancies were reviewed and corrected.

• Identify and rectify any discrepancies found during the review.

Documentation of this training and tickler will be kept on file in the Executive
Operations Officers Office

2.3 Responsible Party: RWD/EOO

2.4 Timeline: Tickler will be created and all RASP reviewed by 8/7/2026

Regular Assessment Review Process

1.1 Action Plan: To establish a consistent process for the timely update and review of resident assessments.

1.2 Steps:

• Implement a monthly review tickler to ensure assessments are up to date with medical evaluations. The same tickler as above will be used and the review will include: all new admits the month before, significant changes, and a review of any discrepancies from the prior month.

1.3 Responsible Party: Director of Nursing (or designee)

1.4 Timeline: Initial review of all residents (completed by August 7,2026) and then Monthly for 6 months beginning August 8, 2026, and ending January 2027.

Documentation of this tickler will be kept on file in the Executive
Operations Officers Office

Licensee's Proposed Overall Completion Date: *08/07/2026*

Implemented [redacted] 08/12/2026)

227g Support Plan Signatures

4. Requirements

2600.
227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident [redacted] support plan, dated [redacted], is not signed by the assessor who completed the support plan. Also, resident [redacted] support plan is not signed by resident [redacted] and does not indicate if resident [redacted] was unable to participate, declined to participate, refused to sign or was unable to sign.

Resident [redacted] s most recent support plan, dated [redacted] is not signed by the assessor who completed the support plan. Also, resident [redacted] s support plan is not signed by resident [redacted] and does not indicate if resident [redacted] was unable to participate, declined to participate, refused to sign or was unable to sign.

Resident [redacted] s most recent support plan, dated [redacted], is not signed by the assessor who completed the support plan. Also, resident [redacted] s support plan is not signed by resident [redacted] and does not indicate if resident [redacted] was unable to participate, declined to participate, refused to sign or was unable to sign.

Plan of Correction ***Accept ([redacted] - 07/23/2026)***

Violation of 2600.227.g
Violation Description
Code Definition: Individuals who participate in the development of the support plan shall sign and date the support plan.

Details: Resident [redacted] s support plan, dated 11/1/25, is not signed by the assessor who completed the support plan. Also, resident [redacted] s support plan is not signed by resident [redacted] and does not indicate if resident [redacted] was unable to participate, declined to participate, refused to sign or was unable to sign. Resident [redacted] s most recent support plan, dated 5/28/26, is not signed by the assessor who completed the support plan. Also, resident [redacted] support plan is not signed by resident [redacted] and does not indicate if resident [redacted] was unable to participate, declined to participate, refused to sign or was unable to sign. Resident [redacted] s most recent support plan, dated 6/9/26, is not signed by the assessor who completed the support plan. Also, resident [redacted] s support plan is not signed by resident [redacted] and does not indicate if resident [redacted] was unable to participate, declined to participate, refused to sign or was unable to sign.

Resident [redacted] support plans were signed on 7/7/2026 -7/8/2026
Short Term Actions
1. Review and Update Existing Support Plans
1.1 Action Plan: Ensure all current support plans are compliant with signing requirements.
1.2 Steps:
• Identify all current residents with incomplete support plans.
• Contact residents and assessors to complete missing signatures.
• Document participation status of residents unable to sign, including reasons.
• Develop a tickler with all residents, RASP dates for 2026 and signature completed.
Documentation of this training and tickler will be kept on file in the Executive Operations Officers Office
1.3 Responsible Party: RWD (or designee)
1.4 Timeline: 7/31/2026
2. Implement Signature Verification Process

227g -Support Plan Signatures (continued)

2.1 Action Plan: Ensure future compliance by verifying all support plans are properly signed.
2.2 Steps:
• Develop a checklist for the support plan signing process.
• Assign staff to review support plan signatures weekly for 3 months (8/1/2026-10/31/2026) then monthly for 3months(11/1/2026-1/31/2027)
• Maintain logs of weekly verifications for internal audits.
Documentation will be kept on file in the Executive
Operations Officers Office
2.3 Responsible Party: RWD (or designee)
2.4 Timeline: 8/1/2026 to 1/31/2027

Licensee's Proposed Overall Completion Date: *07/31/2026*

Implemented [redacted] - 08/12/2026)