

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to BAPTIST HOMES SOCIETY

LEGAL ENTITY

To operate PROVIDENCE POINT ASSISTED LIVING RESIDENCE

NAME OF FACILITY OR AGENCY

Located at 200 ADAMS AVENUE, PITTSBURGH, PA 15243

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

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To provide Personal Care Homes

TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 84

(MAXIMUM CAPACITY)

Restrictions: Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 20

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes

(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from October 25,

2010

until October 25,

2011

unless sooner revoked for non-compliance with applicable laws and regulations.

No: 441430

*Robert E. Robinson*

ISSUING OFFICER

*Kevin T. Casey*

DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.

PW 628 - 4/02



COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE  
PO BOX 2675  
HARRISBURG, PENNSYLVANIA 17105-2675

ADULT RESIDENTIAL LICENSING

OCT 26 2010

PHONE: (717) 783-3670  
FAX: (717) 783-5662

Mr. Alvin W. Allison, Jr., Executive Director  
Baptist Homes Society  
489 Castle Shannon Boulevard  
Pittsburgh, Pennsylvania 15234

RE: Providence Point Assisted Living Residence  
200 Adams Avenue  
Pittsburgh, Pennsylvania 15243

Dear Mr. Allison:

As a result of the Department of Public Welfare's licensing inspection on August 31, 2010, and the corrections you have made after our inspection, we have found the above personal care home to be in compliance with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes). Therefore, a regular license is being issued. Your license is enclosed.


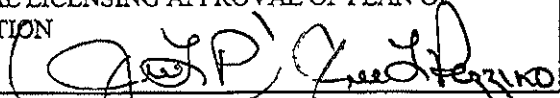
Sincerely,

A handwritten signature in cursive script that reads "Kevin T. Casey".

Kevin T. Casey  
Deputy Secretary

Enclosure  
License

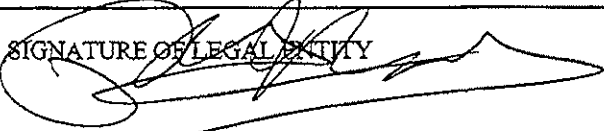
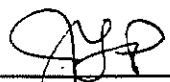
VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME PROVIDENCE POINT ASSISTED LIVING RESIDENCE, 200 ADAMS AVENUE PITTSBURGH, PA 15243		CURRENT LICENSE NUMBER 441430	
INSPECTION DATES (Include all dates of the inspection) 08/31/2010		REGIONAL REPRESENTATIVE Alden Linhart, D. Whitney, S. Pollock	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY 	DATE 10/08/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 10-15-10

<p>65d Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following: (1) Training that includes a demonstration of job duties, followed by supervised practice. (2) Successful completion and passing the Department-approved direct care training course and passing of the competency test. (3) Initial direct care staff person training to include the following: (i) Safe management techniques. (ii) ADLs and IADLs.</p>	<p>Direct care staff person A, hired on 01/18/2010 has not completed the DPW on line direct care training.</p> <p align="center">Western Region  Adult Residential Licensing</p>	<p>09/01/2010</p> <p>09/03/2010</p> <p>on-going</p>	<p>The Director Completed an Audit of all current staff Training records and confirmed that staff person "A" was the only staff person with an incomplete Training file. Staff Person "A" was removed from unsupervised care pending completion of the DPW on-line test. Staff Person "A" completed the DPW on-line test - Please see ATTACHMENT "C"</p> <p>The Director or Designee will review each new staff person's training for completeness prior to unsupervised assignment and indicate by initial on the orientation checklist see attachment "D"</p>	<p>10-15-10 JJP</p>
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<ul style="list-style-type: none"> <li>(iii) Personal hygiene.</li> <li>(iv) Care of residents with dementia, mental illness, cognitive impairments, mental retardation and other mental disabilities.</li> <li>(v) The normal aging-cognitive, psychological and functional abilities of individuals who are older.</li> <li>(vi) Implementation of the initial assessment, annual assessment and support plan.</li> <li>(vii) Nutrition, food handling and sanitation.</li> <li>(viii) Recreation, socialization, community resources, social services and activities in the community.</li> </ul>	<p style="font-size: 24px; font-weight: bold;">Western Region</p> <p style="font-size: 24px; font-weight: bold;">Visit Residential Licensing</p>		
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 PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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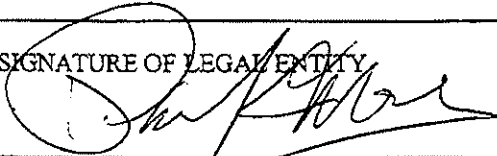

- (ix) Gerontology.
- (x) Staff person supervision, if applicable.
- (xi) Care and needs of residents with special emphasis on the residents being served in the home.
- (xii) Safety management and hazard prevention.
- (xiii) Universal precautions.
- (xiv) The requirements of this chapter.
- (xv) Infection control.
- (xvi) Care for individuals with mobility needs, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

Western Region

West Pennsylvanian Licensing

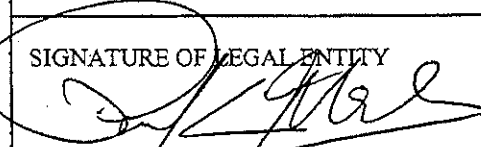
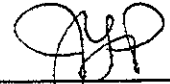
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(6) Smoke detectors and fire alarms. (7) Telephone use and notification of emergency services.	Western Region  Adult Residential Licensing		
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<p>183d Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.</p>	<p>Resident #1's Lantus was opened on 7/19/2010 and was still being administered to resident #1 on 8/31/2010 even though it was expired.</p> <p>Western Region</p> <p>Adult Residential Licensing</p>	<p>08/31/2010</p> <p>10/07/10</p> <p>ongoing</p>	<p>IT is The Policy of Providence Point To Store, label and dispose of medications in The appropriate manner and according to state Regulations. SEE Attachment "E"</p> <p>The on duty Staff. LPN Removed The expired medication and Disposed of it. A Complete medication Audit was completed</p> <p>All current LPN and Med pass Certified Aides were in-serviced on The disposal of expired medications See Attachment "F"</p> <p>The RN Supervisor will conduct a monthly Audit of The medication CARTS To ensure Compliance with This policy</p>	<p>10-15-10 JP</p>
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