



**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE**

11 Stanwix Street
Room 230
Pittsburgh, Pennsylvania 15222

ADULT RESIDENTIAL LICENSING

Phone: (412) 565-5616/5614
Toll Free: 1-888-322-3664
Fax: (412) 565-5633/565-2840
www.dpw.state.pa.us

Mailing Date: **FEB** 2 2012

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 June 27, 2011 and December 14, 2011, of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.

All violations specified on the enclosed Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Adult Residential Licensing so that compliance can be verified.

Sincerely,

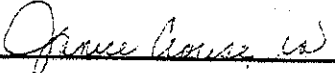
A handwritten signature in black ink that reads "Jon Kimberland".

Jon Kimberland
Regional Licensing Administrator

Enclosure(s)

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

Page 2 of 11

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) 06/27/2011		REGIONAL REPRESENTATIVE M. Orme, J. Cutter	
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 9/12/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE 1-30-12

REGULATION 55 Pa.Code §2600 and conditions.	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
	<div style="border: 1px solid black; padding: 10px; width: fit-content; margin: auto;"> <p>Western Region</p> <p>JAN 27 2012</p> <p>Adult Residential Licensing</p> </div>			

0003/0005

01/27/2012 16:42 FAX

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) 06/27/2011		REGIONAL REPRESENTATIVE M. Orme, J. Cutter	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Janice Crouse, LP - Interim Director of Personal Care</i>			
SIGNATURE OF LEGAL ENTITY <i>Janice Crouse, LP</i>	DATE <i>9/16/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE <i>9-30-12</i>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
141a The medical evaluation shall include the following: (1) A general physical examination by a physician, physician's assistant or nurse practitioner. (2) Medical diagnosis including physical or mental disabilities of the resident, if any. (3) Medical information pertinent to diagnosis and treatment in case of an emergency. (4) Special health or dietary needs of the resident. (5) Allergies. (6) Immunization	The medical evaluation for resident #1, dated 3/27/10, does not include a mobility assessment or whether the resident has the ability to self-administer medications. Western Region APR 19 2011 Adult Residential Licensing	<i>3/27/11</i>	<i>Medical evaluation for resident #1 dated 3/27/10 missing mobility assessment & resident's inability to self administer medications. Now has a new medical evaluation completed for resident #1 and is attached. Medical evaluations for residents will be monitored by staff nurse for completeness upon receipt. If medical evaluation is found to be incomplete, a copy will be in chart with dated note that medical evaluation has been faxed to physician for completion. RN supervisor/Administrator will monitor thru quality improvement process monthly.</i>	<i>1-30-12 g</i>

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) 06/27/2011		REGIONAL REPRESENTATIVE M. Orme, J. Cutler	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <p align="center"><i>Javi</i></p>			
SIGNATURE OF LEGAL ENTITY <p align="center"><i>James Brown</i></p>	DATE <p align="center"><i>9/16/11</i></p>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE <p align="center"><i>8/1-2012</i></p>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
history. (7) Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications. (8) Body positioning and movement stimulation for residents, if appropriate. (9) Health status. (10) Mobility assessment, updated annually or at the Department's request.	<div style="border: 1px solid black; padding: 10px; width: fit-content; margin: auto;"> <p style="font-size: 1.2em; margin: 0;">Western Region</p> <p style="margin: 5px 0 0 0;">JAN 27 2012</p> <p style="margin: 0 0 0 0;">Adult Residential Licensing</p> </div>			

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) 06/27/2011		REGIONAL REPRESENTATIVE M. Orme, J. Cutter	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Janice Crouse, W - Interim Director of Personal Care</i>			
SIGNATURE OF LEGAL ENTITY <i>Janice Crouse, W</i>	DATE <i>9/16/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE <i>1-30-12</i>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
141b1 A resident shall have a medical evaluation: (1) At least annually.	Resident #1's last medical evaluation was completed on 3/27/10. Resident #2's last medical evaluation was completed on 10/5/9. Western Region 2011 Adult Residential Licensing	<i>3/27/11</i> <i>8/10/11</i> <i>July 15, 2011</i> <i>2-20-11</i>	<i>Resident #1 has a new complete medical evaluation dated 3/27/11</i> <i>Resident #2 has a new, complete medical evaluation date 8/10/11</i> <i>RN Supervisor or designee has created a spreadsheet which will alert the staff when medical evaluations are due. Document attached. This will be monitored by the RN Supervisor to ensure that the documents are completed.</i> <i>The Administrator or designated staff person will review all resident records to ensure all required documentation including medical evaluations are part of the resident record. 1-30-12 g</i>	<i>1-30-12 g</i>

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) 06/27/2011		REGIONAL REPRESENTATIVE M. Orme, J. Cutter	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Jatrice Crouse, RN - Interim Director of Personal Care</i>			
SIGNATURE OF LEGAL ENTITY <i>Jatrice Crouse, RN</i>	DATE 9/16/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE 9-30-12

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
187d The home shall follow the directions of the prescriber.	Resident #1 is prescribed Hydrocodone/APAP 7.5/750 mg to be administered for pain as needed. On the following dates, staff person C administered the medication for "agitation": 3/29/11, 3/30/11, 3/31/11, 4/1/11, 4/3/11, 4/4/11, 4/6/11, 4/12/11, 4/18/11, and 4/28/11. <p style="text-align: center; font-weight: bold; font-size: 1.2em;">Western Region</p> <p style="text-align: center;">Adult Residential Licensing</p>	6/28/11 4/29/11 2-20-12	Resident #1 is prescribed hydrocodone/APAP to be administered for pain as needed. Staff person "C" has been educated regarding reasons for medication being prescribed + appropriate documentation RN supervisor or designee will monitor documentation in E-MAR monthly. Reeducate staff that are administering medications, regarding med. usages, proper documentation + the zero tolerance for chemical restraints. All staff persons administering medications will be educated on following prescriber orders including administering medications for the purpose or diagnosis indicated by the physician And not administering medications as a restraint. Documentation will be kept,	Steps have been taken to correct violation; full compliance is not verifiable 1-30-12 Date Initials (DPW)

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) 06/27/2011		REGIONAL REPRESENTATIVE M. Orme, J. Cutter	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Janice Crouse, RN - Interim Director of Personal Care</i>			
SIGNATURE OF LEGAL ENTITY <i>Janice Crouse, RN</i>	DATE <i>9/16/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE <i>9-13-12</i>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
225a A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.	The home did not complete an initial assessment for resident #3, admitted 10/11/10. <p align="center" style="font-size: 1.2em;">Western Region</p> <p align="center" style="font-size: 0.8em;">2011</p> <p align="center" style="font-size: 1.1em;">Adult Residential Licensing</p>	<i>7/15/11</i>	<i>RN supervisor/designee will complete assessment in appropriate time frame. RN supervisor/designee will use newly created spread sheet (attached) to monitor that required paperwork has been completed.</i>	<i>1-30-12 Y</i>

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) 06/27/2011		REGIONAL REPRESENTATIVE M. Orme, J. Cutter	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Janice Crouse, RN - Interim Director of Personal Care</i>			
SIGNATURE OF LEGAL ENTITY <i>Janice Crouse, RN</i>	DATE <i>9/16/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE <i>1-30-12</i>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
225c The resident shall have additional assessments as follows: (1) Annually. (2) If the condition of the resident significantly changes prior to the annual assessment. (3) At the request of the Department upon cause to believe that an update is required.	<p>The most recent assessment for resident #1 was completed on 3/15/10.</p> <p>The most recent assessment for resident #2 was completed on 12/3/9.</p> <p>The most recent assessment for resident #4 was completed on 1/2/10.</p> <p align="center">Western Region</p> <p align="center">2011</p> <p align="center">Adult Residential Licensing</p>	<p><i>8/3/11</i></p> <p><i>8/3/11</i></p> <p><i>8/3/11</i></p>	<p><i>New assessments have been completed for residents #1, 2 + 4 + are attached. Spreadsheet to monitor when assessments are due was created + is completed by RN supervisor/designee + is attached. Audit will be done monthly thru Quality Improvement process. The training documents process by RN supervisor/designee + given to administrator</i></p>	<p><i>1-30-12</i></p>

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) 06/27/2011		REGIONAL REPRESENTATIVE M. Orme, J. Cutter	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Janice Creuse, MD - Interim Director of Personal Care</i>			
SIGNATURE OF LEGAL ENTITY <i>Janice Creuse, MD</i>	DATE <i>9/16/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE <i>1-30-12</i>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
227d Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.	Resident #3 had been found on the floor or had fallen on 10/21/10, 10/24/10, 11/25/10, 3/14/11, 4/29/11, 5/22/11, 5/30/11, and 6/11/11. There resident's fall risk and the proper fall prevention measures were not addressed in the resident's support plan dated 6/17/11. <p align="center">Western Region</p> <p align="center">0011</p> <p align="center">Adult Residential Licensing</p>	<i>July, 2011</i>	<i>Falls prevention measures now addressed in resident #3's support plan. RN supervisor will audit support plans quarterly for completeness & document for administrator to be reported thru Quality Improvement process. Audit is attached. Therapy is consulted after each fall. Environmental Services is also notified so that they may inspect the area of the fall for any contributing environmental factors.</i>	<i>Steps have been taken to correct violation; full compliance is not verifiable</i> <i>1-30-12</i> Date <i>J</i> Initials (DPW)

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) 06/27/2011		REGIONAL REPRESENTATIVE M. Orme, J. Cutter	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Tanice Crouse, RN - Interim Director of Personal Care</i>			
SIGNATURE OF LEGAL ENTITY <i>Tanice Crouse RN</i>	DATE <i>9/16/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE <i>1-30-12</i>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
231b A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit.	Resident #1, admitted to the SDCU on 3/15/10, did not have a medical evaluation which indicated a need for SDCU care. Western Region 2011 Adult Residential Licensing	<i>July, 2011</i>	<i>Medical evaluation for resident #1 did not indicate the need for SDCU care. Physician was notified & SDCU care was added to medical evaluation. Medical evaluations for residents will be monitored by staff nurse for completeness upon receipt. If medical evaluation is found to be incomplete, a copy will be placed in chart with dated note that medical evaluation has been faxed to physician for completion. RN supervisor/administrator will monitor thru quality improvement process monthly, the training documents.</i>	<i>1-30-12</i>

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) 06/27/2011		REGIONAL REPRESENTATIVE M. Orme, J. Cutter	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Janice Crouse, RN - Interim Director of Personal Care</i>			
SIGNATURE OF LEGAL ENTITY <i>Janice Crouse, RN</i>	DATE <i>9/16/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE <i>1-30-12</i>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
231c A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.	Resident #1 was admitted to the SDCU on 3/15/10. The resident did not have a cognitive screening completed by a physician. <p align="center">Western Region</p> <p align="center">2011</p> <p align="center">Adult Residential Licensing</p>	<i>2/16/10</i>	<i>Resident #1 had a cognitive screening completed by RN who is part of the geriatric assessment team for the facility. The geriatric assessment team is made up of RN supervisor, administrator, social worker or the physician. Copy of pre-assessment screen attached. RN supervisor/administrator will monitor thru quality improvement process monthly. The training documents</i>	<i>1-30-12</i>