

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

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 ADDRESS OF SATELLITE SITE

\_\_\_\_\_  
ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

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  
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller. (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 January 4, 2012 until January 4, 2013,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **441430**

*Robert E. Robinson*

ISSUING OFFICER

*[Signature]*

DIRECTOR

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 - 01/11



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

ADULT RESIDENTIAL LICENSING

JAN 19 2012

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

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

RE: Providence Point  
200 Adams Avenue  
Pittsburgh, Pennsylvania 15243

Dear Mr. Allison:

As a result of the Department of Public Welfare's licensing inspection on October 13, 2011 and October 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.

The license indicates the home's recent change in the name from Providence Point Assisted Living Residence to Providence Point.

A regular license is being issued based on the enclosed Violation Report. Your license is enclosed.

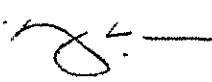

Sincerely,

A handwritten signature in cursive script that reads "Ronald Melusky" followed by a stylized flourish.

Ronald Melusky  
Director

Enclosures  
License  
Violation Report

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

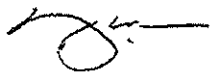

NAME AND ADDRESS OF PERSONAL CARE HOME PROVIDENCE POINT ASSISTED LIVING RESIDENCE, 200 ADAMS AVENUE PITTSBURGH, PA 15243		CURRENT LICENSE NUMBER 441430	
INSPECTION DATES (Include all dates of the inspection) 10/13/2011, 10/14/2011		REGIONAL REPRESENTATIVE N. Mandock, L. Mazza, N. Mandock, L. Mazza	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>BRYAN M. WARNER Director of Personal Care and Memory Support</i>			
SIGNATURE OF LEGAL ENTITY 	DATE 11/16/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 12-29-11


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
14c If a building is structurally renovated or altered after the initial fire safety approval is issued, the home shall submit the new fire safety approval, or written certification that a new fire safety approval is not required, from the appropriate fire safety authority. This documentation shall be submitted to the Department within 15 days of the completion of the renovation or alteration.	The building was structurally altered by installation of two sets of fire doors, one set on the second floor and one set on the third floor of the home, with a completion date of 9/2010. The home did not submit written certification that a new fire safety approval is not required from the appropriate fire safety authority.	11/16/2011	<p>Received letter from [redacted] (Fire Services) that doors will only add to the safety of the residents to use as fire safe areas</p> <p>See attached letter from Annual fire inspection (Attachment #1)</p> <p>Both administrator and ARI RIA have phoned local code enforcement officer for an inspection of fire doors and if applicable a new fire safety approval.</p>	11-17-2011

Adult Residential Licensing



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

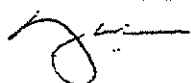

NAME AND ADDRESS OF PERSONAL CARE HOME PROVIDENCE POINT ASSISTED LIVING RESIDENCE, 200 ADAMS AVENUE PITTSBURGH, PA 15243		CURRENT LICENSE NUMBER 441430	
INSPECTION DATES (Include all dates of the inspection) 10/13/2011, 10/14/2011		REGIONAL REPRESENTATIVE N. Mandock, L. Mazza, N. Mandock, L. Mazza	
PRINTED 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 11/16/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 12-29-11


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
25b 25b - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.	<p>The contract for resident #2, dated 10/7/11, was not signed by the resident.</p> <p>The contract for resident #3, dated 9/7/11, was not signed by the resident.</p> <p>The contract for resident #4, dated 6/4/11, was not signed by the resident or by the home's administrator or administrator designee.</p> <p>The contract for resident #5 was not signed by the resident or by the home's administrator or administrator designee.</p>	<p>11/17/2011</p> <p>12/30/2011</p>	<p>Residents # 3 &amp; 5 signed contract after reviewing with admissions and if residents agree</p> <p>Resident's # 2 &amp; 4 no longer reside @ Providence Point</p> <p>Contracts will be rewritten + those without signatures will be signed</p> <p>See attachment #9</p>	<p></p> <p>12-29-11</p>
<p>Western Region</p> <p>Adult Residential Licensing</p>				

1008/032

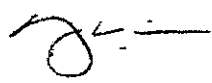

11/17/2011 THU 17:05 FAX 412 489 3561 PROVIDENCE POINT HIGH CZ

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) 10/13/2011, 10/14/2011		REGIONAL REPRESENTATIVE N. Mandock, L. Mazza, N. Mandock, L. Mazza	
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 11/16/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 12-29-11

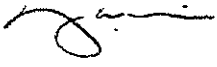
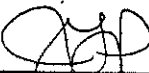
REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
65a Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following: (1) Evacuation procedures. (2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency	Staff person A, hired 8/3/11, did not receive orientation in general fire safety and emergency preparedness until 8/16/11.  <b>Western Region</b>  <b>Adult Residential Licensing</b>	ONGOING	- As part of staff members "on-boarding" Providence Point will use the attached orientation check list to ensure staff has been trained prior to or on the first day of work. - See attachment #2	 12-29-11


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) 10/13/2011, 10/14/2011		REGIONAL REPRESENTATIVE N. Mandock, L. Mazza, N. Mandock, L. Mazza	
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 11/16/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 12-29-11


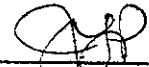
REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
location if applicable. (3) The designated meeting place outside the building or within the firesafe area in the event of an actual fire. (4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable. (5) The location and use of fire extinguishers. (6) Smoke detectors and fire alarms. (7) Telephone use and notification of emergency services.	Western Region  Adult Residential Licensing			

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) 10/13/2011, 10/14/2011		REGIONAL REPRESENTATIVE N. Mandock, L. Mazza, N. Mandock, L. Mazza	
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 11/16/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 12-29-11

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
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	Direct care staff person B, hired 8/8/11, provided unsupervised ADL services on 10/12/11. The staff person did not complete the Department approved direct care training course and pass the competency test until 10/14/11.  Repeated Violations: 08/31/2010  <div style="text-align: center; font-size: 24px; opacity: 0.5;">Western Region</div>  <div style="text-align: center; font-size: 24px; opacity: 0.5;">Adult Residential Licensing</div>	ONGOING	<ul style="list-style-type: none"> <li>- As part of staff members "on-boarding" Providence Point will use the attached orientation check list to ensure that staff has been trained prior to or on the first day of work.</li> <li>- See attached (Attachment #2)</li> <li>- In regards to staff person B, her test was completed in past prior to hire, but she was unable to access + print test due to the inability to reset her password on website.</li> <li>- Supervisor or Nursing staff will administer DPW online test. Upon successful completion, printed certification will be placed in employee personnel file.</li> </ul>	 12-29-11

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

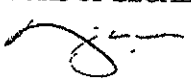

NAME AND ADDRESS OF PERSONAL CARE HOME PROVIDENCE POINT ASSISTED LIVING RESIDENCE, 200 ADAMS AVENUE PITTSBURGH, PA 15243		CURRENT LICENSE NUMBER 441430	
INSPECTION DATES (Include all dates of the inspection) 10/13/2011, 10/14/2011		REGIONAL REPRESENTATIVE N. Mandock, L. Mazza, N. Mandock, L. Mazza	
PRINTED 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 11/16/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 12-29-11

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
following: (i) Safe management techniques. (ii) ADLs and IADLs. (iii) Personal hygiene. (iv) Care of residents with dementia, mental illness, cognitive impairments, mental retardation and other mental disabilities. (v) The normal aging-cognitive, psychological and functional abilities of individuals who are older. (vi) Implementation of the initial assessment, annual	Western Region  2011  Adult Residential Licensing			

015/032

11/11/2011 THU 11:09 FAX 412 489 3561 PROVIDENCE POINT HITH CI

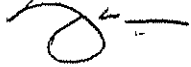
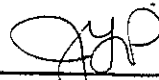
VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600


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) 10/13/2011; 10/14/2011		REGIONAL REPRESENTATIVE N. Mandock, L. Mazza, N. Mandock, L. Mazza	
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 11/16/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 12-29-11

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
assessment and support plan. (vii) Nutrition, food handling and sanitation. (viii) Recreation, socialization, community resources, social services and activities in the community. (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.	WOODBURN HEIGHTS 2011 Adult Residential Licensing			

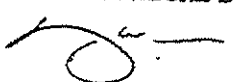
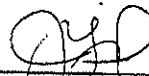



VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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) 10/13/2011, 10/14/2011		REGIONAL REPRESENTATIVE N. Mandock, L. Mazza, N. Mandock, L. Mazza	
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 11/16/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 12-29-11

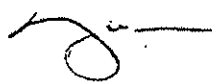
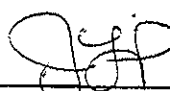
REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
82c Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.	<p>A 2 ounce bottle containing Aloe Vesta skin protectant, and a 1.5 ounce bottle containing Med-Spa anti-perspirant, both with a manufacturer's label indicating "if swallowed contact a poison control center", were unlocked and accessible to residents on the bathroom counter of resident bedroom #123 in the home's secured care dementia unit.</p> <p>A 4 ounce tube containing Calazime skin protectant paste, with a manufacturer's label indicating "if swallowed contact a poison control center", was unlocked and accessible to residents on the bathroom counter of resident bedroom #122 in the home's secured care dementia unit.</p> <p>Residents of the home's secured care dementia unit have not been assessed capable of recognizing and using poisons safely.</p> <p style="text-align: center; font-size: 1.2em;">Western Region</p> <p style="text-align: center;">12-29-11</p>	<p>10/17/2011</p> <p>11/23/2011</p> <p>11/23/2011</p>	<p>Dementia care coordinator was educated with regards to poisonous materials and that they shall be kept locked + inaccessible to residents</p> <p>RN supervisor will do random rounds to ensure compliance of said violation.</p> <p>RN supervisor's "rounding log" will be used to document rounds and will start on 11/23/2011</p> <p>See attachment # 3</p>	<p></p> <p>12-29-11</p>

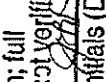
VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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) 10/13/2011, 10/14/2011		REGIONAL REPRESENTATIVE N. Mandock, L. Mazza, N. Mandock, L. Mazza	
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 11/16/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 12-29-11



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
91 Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control center, municipal emergency management agency and personal care home complaint hotline shall be posted on or by each telephone with an outside line.	The telephones with an outside line in resident bedrooms #205, #313, #316, #317, #323 did not have the required emergency service telephone numbers posted nearby.  (Observed 10/14/11)          Western Region          Adult Residential Licensing	12/16/2011  12/16/2011  12/16/2011	- Each resident 4/for apartment will be furnished with a list of phone numbers for emergency purposes. - Staff will educate all new and existing residents on the importance of keeping these numbers visible at all times. - See attachment # 4 - Education & documentation will be completed by 12/16/2011 - See attachment # 5	 12-29-11

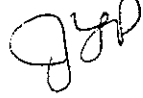
VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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) 10/13/2011, 10/14/2011		REGIONAL REPRESENTATIVE N. Mandock, L. Mazza, N. Mandock, L. Mazza	
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 11/16/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 12-29-11

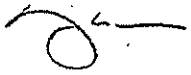
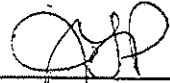
REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
96a The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.	<p>The first aid kit located in the second floor care unit lacked a CPR mask, tweezers, and disposable gloves.</p> <p>The first aid kit located in the first floor secured care unit lacked tweezers and disposable gloves.</p> <p align="center">Western Region</p> <p align="center">Adult Residential Licensing</p>	<p>12/30/2011</p> <p>12/30/2011</p> <p>Ongoing</p>	<p>New, updated first aid kits will be ordered and ready for use on or prior to Dec. 30, 2011.</p> <p>Will keep receipt of order as proof of meeting deadline of Dec. 30, 2011</p> <p>Audit first aid kits biweekly. See attachment #5</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p align="right">Date: 12/29/11 Initials (DPW): </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) 10/13/2011, 10/14/2011		REGIONAL REPRESENTATIVE N. Mandock, L. Mazza, N. Mandock, L. Mazza	
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 11/16/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 12-29-11

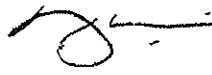

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
103g Food shall be stored in closed or sealed containers.	There were 4 packages of opened and unsealed frozen waffles located in the freezer of the third floor small kitchen.	11/15/2011	- All staff inserviced on labeling + dating all items in refrigerator and freezers. - Freezer cleaning added to weekly cleaning list.	 12-29-11
		- ongoing	- Nightly checkout list updated to include checking freezer to ensure all items are labeled and dated.	
		- ongoing	- HC manager to audit 2x/week for one month then do weekly audits.	
		- ongoing	- Any food remaining in the refrigerator will be sealed, labeled + dated.	
	Western Region			
	Adult Residential Licensing			

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) 10/13/2011, 10/14/2011		REGIONAL REPRESENTATIVE N. Mandock, L. Mazza, N. Mandock, L. Mazza	
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 11/16/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 12-29-11

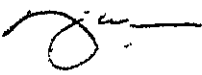

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
103i Outdated or spoiled food or dented cans may not be used.	<p>There were 9 packages of frozen waffles in the freezer located in the third floor small kitchen which were undated and unlabeled when frozen.</p> <p>There were 4 packages of frozen waffles in the freezer located in the kitchen in the first floor secured care unit which were undated and unlabeled when frozen.</p> <p align="center"><b>Western Region</b></p> <p align="center">Adult Residential Licensing</p>	<p>11/15/2011</p> <p>ONGOING</p> <p>ONGOING</p>	<p>All staff inserviced on labeling and dating all items in refrigerators and freezers.</p> <p>Freezer cleaning added to weekly cleaning list.</p> <p>Nightly checkout list updated to include checking freezer to ensure all items are labeled and dated.</p> <p>HC manager to audit dx/week for 1 month, then do weekly audits.</p>	<p></p> <p>12-29-11</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) 10/13/2011, 10/14/2011		REGIONAL REPRESENTATIVE N. Mandock, L. Mazza, N. Mandock, L. Mazza	
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 11/16/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 12-29-11

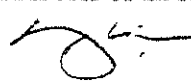

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
107a The administrator shall have a copy and be familiar with the emergency preparedness plan for the municipality in which the home is located.	Staff person C, the administrator, does not have the emergency preparedness plan for the local municipality.  Western Region  Adult Residential Licensing	10/13/2011 10/14/2011  1/30/12	- Administrator did produce an emergency preparedness plan upon request. - Plans are located in each care base and one in the administrator's office.  The administrator was obtain a copy of the municipalities emergency preparedness plan. 12/29/11 JSP	

**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) 10/13/2011, 10/14/2011		REGIONAL REPRESENTATIVE N. Mandock, L. Mazza, N. Mandock, L. Mazza	
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 11/12/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 12-29-11

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
132c A written fire drill record shall include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.	The fire drill records for the drills conducted in the SCU from the months of 01/11-07/11 do not include the numbers of residents in the home at the time of the drill, the number of residents evacuated, and the exit route(s) used.  <p align="center">Western Region</p> <p align="center">Adult Residential Licensing</p>	10/12/2011  11/15/2011	<ul style="list-style-type: none"> <li>- Updated in-house fire drill report to show number of residents, number of residents evacuated, and exit route used.</li> <li>- Updated Adult Residential Licensing Fire drill record to current month, 11/15/2011 - Will continue to use record for future drills.</li> <li>- See Attachments # 6, 7, 8</li> </ul>	 12-29-11

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


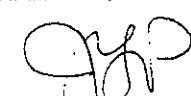
NAME AND ADDRESS OF PERSONAL CARE HOME PROVIDENCE POINT ASSISTED LIVING RESIDENCE, 200 ADAMS AVENUE PITTSBURGH, PA 15243		CURRENT LICENSE NUMBER 441430	
INSPECTION DATES (Include all dates of the inspection) 10/13/2011, 10/14/2011		REGIONAL REPRESENTATIVE N. Mandock, L. Mazza, N. Mandock, L. Mazza	
PRINTED 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 11/16/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 12-29-11


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 A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.	Resident #6, was admitted on 3/11/11. The resident's medical evaluation was completed 7/18/11.  <p style="text-align: center; font-size: 1.2em;">Western Region</p>  <p style="text-align: center; font-size: 1.2em;">Adult Residential Licensing</p>	10/18/2011          1/30/12	<ul style="list-style-type: none"> <li>- Nursing staff instructed to review MA-55 when it is received from MD. to ensure that all blocks are filled in.</li> <li>- If any blocks remain blank, it is to be returned to MD immediately so that it may be completed in its entirety.</li> <li>- See attachment #9</li> </ul> <p>A medical evaluation documented on a form specified by the Department will be completed for each new admission 60 days prior to admission or within 30 days after admission. 12-29-11 JFP</p>	

10/13/2011

PROVIDENCE POINT HLTH CR



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) 10/13/2011, 10/14/2011		REGIONAL REPRESENTATIVE N. Mandock, L. Mazza, N. Mandock, L. Mazza	
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 11/16/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 12-29-11

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	<p>The medical evaluation for resident #7, dated 7/28/11, does not include a medication regimen for the resident.</p> <p>The medical evaluation for resident #8, dated 6/30/11, does not address the resident's dietary needs.</p> <p>The medical evaluation for resident #4, dated 5/29/11, does not address the resident's mobility needs.</p> <p align="center"><b>Western Region</b></p> <p align="center">Adult Residential Licensing</p>	10/18/2011	<p>Nursing staff instructed to review MA-55 when it is received from MD to ensure that all blocks are filled in</p> <p>- If any blocks remain blank, it is to be returned to MD immediately so that it may be completed in its entirety</p> <p>- See attachment #9</p> <p>Medical evaluations for residents # 7, 8 and 4 have been updated.</p> <p align="right">JJP 12-29-11</p>	<p align="center"></p> <p align="center">12-29-11</p>

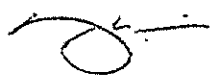
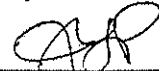



VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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) 10/13/2011, 10/14/2011		REGIONAL REPRESENTATIVE N. Mandock, L. Mazza, N. Mandock, L. Mazza	
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 11/16/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 12-29-11



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
141b2 A resident shall have a new medical evaluation if the medical condition of the resident changes prior to the annual medical evaluation.	Resident #9's most recent medical evaluation was completed 8/4/11. A new medical evaluation was not completed for the resident when he/she was admitted to hospice on 9/26/11.  <p style="text-align: center; font-size: 2em; opacity: 0.5;">Western Region</p>  <p style="text-align: center; font-size: 2em; opacity: 0.5;">Adult Residential Licensing</p>	12/31/2011	<ul style="list-style-type: none"> <li>- Nursing staff will be educated that if there is a change in condition that a new MASS will be completed. Also, an updated support plan and assessment will also be completed to include the updated diagnosis and plan of care.</li> <li>- Education of staff will be completed by RN supervisor on or before December 31, 2011.</li> </ul> <p style="text-align: right;">Resident #9 CTB. 12-29-11 </p>	<p style="text-align: center;">Steps have been taken to correct violation; full compliance is not verifiable</p> <p style="text-align: center;">Date <u>12/29/11</u> Initials (DPW) <u>CTB</u></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) 10/13/2011, 10/14/2011		REGIONAL REPRESENTATIVE N. Mandock, L. Mazza, N. Mandock, L. Mazza	
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 11/16/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 12-29-11

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
181c A resident who desires to self-administer his medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.	On 10/14/11, at approximately 10:30 AM, resident #10 was observed in his/her bedroom, unattended by staff. A medication cup containing resident #10's AM medications was observed on a counter next to the resident. Staff person D stated he/she had just left the resident's room after having placed the resident's AM medications in a medication cup for the resident to self administer. Resident #10's medical evaluation, dated 9/9/11, indicates the resident cannot self-administer medications.  Western Region  Adult Residential Licensing	12/31/2011	<ul style="list-style-type: none"> <li>- RN supervisor will assess individuals who are currently self-administrators and those who request to self-administer. They must demonstrate knowledge of their medications &amp; ability to self-administer. ON or before 12/31/11.</li> <li>- RN supervisor will document successful demonstration of knowledge of medications</li> <li>- RN supervisor will advise MD. and ask MD for an updated MA-55 to reflect the change in medication administration</li> <li>- See Attachment #5</li> </ul>	 12-29-11

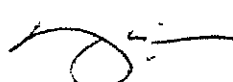

VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa. Code Chapter 2600

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) 10/13/2011, 10/14/2011		REGIONAL REPRESENTATIVE N. Mandock, L. Mazza, N. Mandock, L. Mazza	
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 11/14/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 12-29-11

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
183f1 Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person,	<p>On 10/14/11, the following discontinued medications for resident #7 were present in the resident's medication drawer:</p> <ul style="list-style-type: none"> <li>lisinopril 5 mg tablet</li> <li>lisinopril 2.5 mg tablet</li> <li>nitroglycerin SL 0.4 mg tablet</li> </ul> <p>On 10/14/11, resident #11's discontinued medication, Klor-con 20 mg tablets, was present in the resident's medication drawer.</p> <p>On 10/14/11, resident #12's discontinued medication, loperamide 2 mg capsules, was present in the resident's medication drawer.</p> <p>On 10/14/11, resident #13's discontinued OTC medication, ocuvite tablets, was present in the resident's medication drawer.</p> <p align="center"><b>Western Region</b></p>	<p>10/14/2011</p> <p>12/31/2011</p>	<ul style="list-style-type: none"> <li>All D/c'd meds were pulled from resident drawers ON 10/14/2011.</li> <li>All medications will be audited every other Friday when cycle meds are delivered to the community and distributed to resident rooms in medication drawers.</li> <li>This will include residents who do not receive cycle meds, and use outside pharmacies.</li> <li>Nursing staff will be educated on or before December 31, 2011.</li> <li>See attachment # 5 which will be used to document audit dates and process.</li> </ul>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>12/29/11 Date Initials (DPW)</p>

0117/043  
11/11/2011 THU 18:56 FAX 412 489 3561 PROVIDENCE POINT HIGH CR


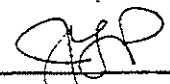
VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600


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) 10/13/2011, 10/14/2011		REGIONAL REPRESENTATIVE N. Mandock, L. Mazza, N. Mandock, L. Mazza	
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 11/14/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 12-29-11

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
if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.	<p style="font-size: 1.2em;">Western Region</p> <p style="font-size: 1.2em;">2011</p> <p style="font-size: 1.2em;">Adult Residential Licensing</p>			


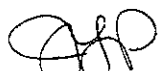
018/043  
3301 PROVIDENCE POINT HLTH CR

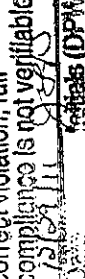
VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa. Code Chapter 2600

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) 10/13/2011, 10/14/2011		REGIONAL REPRESENTATIVE N. Mandock, L. Mazza, N. Mandock, L. Mazza	
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 10/14/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 12-29-11

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
184b If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.	On 10/14/11, the following OTC medications belonging to resident #2 were located in the medication cart and were not labeled with the resident's name: <ul style="list-style-type: none"> <li>• aspirin 81 mg</li> <li>• citracal 250 mg</li> <li>• daily multivitamin</li> <li>• vitamin D 2000 units</li> </ul> <p align="center">Western Region</p> <p align="center">10/17/2011</p> <p align="center">Adult Residential Licensing</p>	10/14/2011  ongoing	<ul style="list-style-type: none"> <li>- All meds in the medication carts that were unlabeled, were labeled with resident's name.</li> <li>- All medications will be audited every other Friday when cycle meds are delivered to the community and placed in med cart.</li> <li>- This will include residents who do not receive cycle meds, and use outside pharmacies.</li> <li>- Nursing staff will be educated on or before December 31, 2011</li> <li>- See attachment # 5 which will be used to document audit dates and progress.</li> </ul>	 12-29-11

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

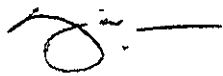

NAME AND ADDRESS OF PERSONAL CARE HOME PROVIDENCE POINT ASSISTED LIVING RESIDENCE, 200 ADAMS AVENUE PITTSBURGH, PA 15243		CURRENT LICENSE NUMBER 441430	
INSPECTION DATES (Include all dates of the inspection) 10/13/2011, 10/19/2011		REGIONAL REPRESENTATIVE N. Mandock, L. Mazza, N. Mandock, L. Mazza	
PRINTED 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 11/16/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 10-29-11


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
185a The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.	<p>On 10/14/11, resident #7's pm medication, guaifenesin DM syrup, which was listed on the resident's 10/2011 medication administration record, was unavailable in the resident's medication drawer.</p> <p>On 10/14/11, two of resident #14's pm medications, guaifenesin syrup and milk of magnesia, which were listed on the resident's 10/2011 medication administration record, were unavailable in the medication cart.</p> <p>On 10/14/11, resident #15's pm enema complete, which was listed on the resident's 10/2011 medication administration record, was unavailable in the medication cart.</p> <p align="center"><b>Western Region</b></p> <p align="center">2011</p> <p align="center"><b>Adult Residential Licensing</b></p>	<p>10/15/2011</p> <p>ONGOING</p>	<p>PRN meds were audited to assure that they were available in med carts. Any that were not found to be in drawers, were reordered + placed in med cart /drawers.</p> <p>All medications (PRN) will be audited every other Friday when cycle meds are delivered to community and placed in med cart/drawer.</p> <p>See attachment # 5 which will be used to document audit dates + process.</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p></p> <p>10/29/11</p> <p>Patricia (DPW)</p>

10/20/043

11/11/2011 THU 10:30 FAX 412 489 3361 PROVIDENCE POINT HIGH CR

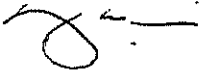

VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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) 10/13/2011 + 10/14/2011		REGIONAL REPRESENTATIVE N. Mandock, L. Mazza, N. Mandock, L. Mazza	
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 11/14/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 12/29/11

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 initial assessment for resident #7, admitted 3/15/11, was completed on 6/21/11. The assessment for resident #7 also lacks the resident's diagnoses of muscle weakness, A-fib, HTN, CHF, and DM-Type II as listed on the resident's medical evaluation dated 7/28/11.	11/17/2011	Resident's 3, 5, 6, 7 & 8 have all been updated with regards to the MA 55. See attached MA 55's.	 12-29-11
	The assessment for resident #5, dated 4/3/11, does not address his/her dietary needs for nectar thick liquids as listed on the resident's medical evaluation dated 7/11/11.	11/23/2011	Resident #4 no longer lives at Providence Point	
	The assessment for resident #6, dated 3/15/11, lacks the resident's diagnosis of CHF, as listed on the resident's medical evaluation dated 7/18/11.	ONGOING	Ticker system. (See attachment #9) is being used and nursing staff will be trained as of 11/23/2011	
	The assessment for resident #3, dated 9/9/11, lacks the resident's diagnosis of displaced surgical neck FX as listed on the resident's medical evaluation dated 9/8/11.	12/23/2011	All assessments have been updated (for residents listed @ left)	
	The assessment for resident #4, admitted 6/7/11, was completed 8/3/11. The assessment for resident #4 lacks the resident's diagnoses of prostate CA, anemia, kidney disease, hyperlipidemia, syncope, PAD, neuropathy, spinal		All resident charts will be audited and corrected by 12/30/2011	
			See attachments (Named state paper work)	

Western Region

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

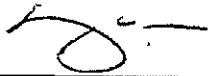
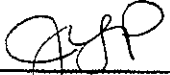
NAME AND ADDRESS OF PERSONAL CARE HOME PROVIDENCE POINT ASSISTED LIVING RESIDENCE, 200 ADAMS AVENUE PITTSBURGH, PA 15243		CURRENT LICENSE NUMBER 441430	
INSPECTION DATES (Include all dates of the inspection) 10/13/2011, 10/14/2011		REGIONAL REPRESENTATIVE N. Mandock, L. Mazza, N. Mandock, L. Mazza	
PRINTED 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 11/16/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 12-29-11

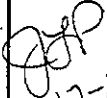
REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
	<p>stenosis and DVT as listed on the resident's medical evaluation dated 5/29/11.</p> <p>The assessment for resident #8, admitted to the home's secured dementia unit on 7/1/11, was undated when completed. The assessment for resident #8 also does not list the resident's stage of dementia, history of falls, dietary needs and mobility needs.</p> <p style="text-align: center; font-size: small;">ADULT RESIDENTIAL LICENSING</p>			

022/043


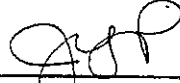
11/17/2011 10:11:00 AM 414 483 3061 PROVIDENCE POINT HLTH CR


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) 10/13/2011, 10/14/2011		REGIONAL REPRESENTATIVE N. Mandock, L. Mazza, N. Mandock, L. Mazza	
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 11/16/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 12-29-11

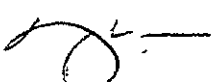
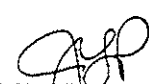
REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
<p>225c</p> <p>The resident shall have additional assessments as follows:</p> <p>(1) Annually.</p> <p>(2) If the condition of the resident significantly changes prior to the annual assessment.</p> <p>(3) At the request of the Department upon cause to believe that an update is required.</p>	<p>The most recent assessment for resident #9 was completed on 7/08/11. On 9/26/11, resident #9 was admitted to hospice. The home has not completed a new assessment of the resident's needs to reflect his/her admission to hospice.</p> <p style="text-align: center; font-size: 24px; font-weight: bold;">Western Region</p> <p style="text-align: center;">2011</p> <p style="text-align: center; font-size: 18px; font-weight: bold;">Adult Residential Licensing</p>	<p>12/30/2011</p> <p>11/23/2011</p> <p>10/29/2011</p>	<p>Charts will be audited for accurate documentation for current or any change in health status.</p> <p>Attached tickler system will be used for annual assessments and updated any change that occurs.</p> <p>Resident # 9 no longer resides @ Providence Point</p>	<p></p> <p>12-29-11</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) 10/13/2011, 10/14/2011		REGIONAL REPRESENTATIVE N. Mandock, L. Mazza, N. Mandock, L. Mazza	
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 11/16/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 12-29-11

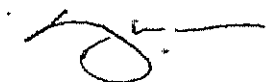
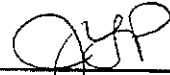
REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
227g Individuals who participate in the development of the support plan shall sign and date the support plan.	Resident #16 participated in the development of his/her support plan on 8/18/11. The resident did not sign the support plan.	11/17/2011 11/23/2011	Resident #16 signed support plan his supervisor will educate staff on documentation of support plans	 12-29-11
	<b>Western Region</b>			
	Adult Residential Licensing			


**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) 10/13/2011, 10/14/2011		REGIONAL REPRESENTATIVE N. Mandock, L. Mazza, N. Mandock, L. Mazza	
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 11/16/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 12-29-11

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 #17 was admitted to the home's SDCU on 7/23/11. The resident's medical evaluation, dated 5/17/11, was not received by the home until 7/26/11, and did not document the resident's need for SDCU care.	11/23/2011	<ul style="list-style-type: none"> <li>- Resident no longer resides @ Providence Point</li> <li>- For all future SDCU residents MA-55 are to be obtained on or prior to date of admission with proper documentation.</li> <li>- If paperwork is received from M.D, that is not completed, staff will be trained to send back for proper documentation.</li> </ul>	12-29-11 
	<p><b>Western Region</b></p> <p>NOV 17 2011</p> <p><b>Adult Residential Licensing</b></p>	12/30/2011	<ul style="list-style-type: none"> <li>- Refer to attachment #9 for audit of MA-55</li> </ul>	

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

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> PROVIDENCE POINT ASSISTED LIVING RESIDENCE, 200 ADAMS AVENUE PITTSBURGH, PA 15243		<b>CURRENT LICENSE NUMBER</b> 441430	
<b>INSPECTION DATES (Include all dates of the inspection)</b> 10/13/2011, 10/14/2011		<b>REGIONAL REPRESENTATIVE</b> N. Mandock, L. Mazza, N. Mandock, L. Mazza	
<b>PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)</b>			
<b>SIGNATURE OF LEGAL ENTITY</b> 	<b>DATE</b> 11/16/11	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> 	<b>DATE</b> 12-29-11

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
234a Within 72 hours of the admission or within 72 hours prior to the resident's admission to the secured dementia care unit, a support plan shall be developed, implemented and documented in the resident record.	Resident #2 was admitted to the SDCU on 10/7/11. The resident's initial support plan was developed on 10/11/11.	10/17/2011	RN Supervisor educated Dementia coordinator on 10/17/11 to ensure proper procedure is followed within 72 hours.  See attached signed document stating education was completed.	 12-29-11
<p>Western Region</p> <p>2011</p> <p>Adult Residential Licensing</p>				