



**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: MAR 16 2012

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 January 4, 2012 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.

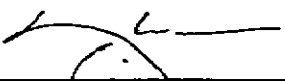

Sincerely,


Jill Pezzino
Regional Licensing Administrator

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

P. 3/5

TD:4125655633

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) 01/04/2012		REGIONAL REPRESENTATIVE Jason Williams, Carole Perry	
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 Warner Director PC/MS</i>			
SIGNATURE OF LEGAL ENTITY 	DATE 2/23/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 2-27-12

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
142a The home shall assist the resident to secure medical care if a resident's health status declines. The home shall document the resident's need for the medical care, including updating the resident's assessment and support plan.	On 12/29/2011 at 1:40pm, Resident #1 was heard yelling out for help. Staff found the resident laying on the floor of his/her bedroom bleeding from a laceration on the left side of the head. The resident told staff that he/she fell coming out of the bathroom and was not using his/her walker. Staff interviews indicate that blood was seen on the edge of the dresser and on the floor. Resident #1 was not sent out for emergency medical attention following this unwitnessed fall.	<i>currently + ongoing using procedure</i>	<i>On 12/29/11, staff from memory support unit notified RN supervisor that resident had fallen to the floor in room in front of dresser. Upon entering room, resident was speaking to staff + very alert. [redacted] was noted to have blood @ the posterior of head and blood was also noted @ the base of the dresser. Resident stated that [redacted] fell attempting to return from the bathroom + stated that [redacted] forgot [redacted] walker. After assessing resident, [redacted] was assisted from the floor to the chair. Once in the chair, the blood was cleaned from [redacted] head @ which time he was noted to have a scratch approximately 1/4" in length. The bleeding had stopped. Neuro checks were performed & were within normal limits. Resident was alert and</i>	<i>Steps have been taken to correct violation; full compliance is not verifiable</i> <i>2/27/12</i> <i>[redacted]</i> Date Initials (DPW)

RECEIVED

FEB 24 2012

Western Field Office
Adult Residential Licensing


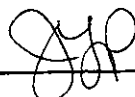
CONTINUED ON NEXT PAGE

FEB-24-2012 17:40 FROM:

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

P. 4/5

TO: 4125655633

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) 01/04/2012		REGIONAL REPRESENTATIVE Jason Williams, Carole Perry	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Jason Williams Director PC/HMS</i>			
SIGNATURE OF LEGAL ENTITY 	DATE <i>2/23/12</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE <i>2-27-12</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
142a The home shall assist the resident to secure medical care if a resident's health status declines. The home shall document the resident's need for the medical care, including updating the resident's assessment and support plan.	On 12/29/2011 at 1:40pm, Resident #1 was heard yelling out for help. Staff found the resident laying on the floor of his/her bedroom bleeding from a laceration on the left side of the head. The resident told staff that he/she fell coming out of the bathroom and was not using his/her walker. Staff interviews indicate that blood was seen on the edge of the dresser and on the floor. Resident #1 was not sent out for emergency medical attention following this unwitnessed fall.	<i>(cont)</i>	<i>pleasant + denied any pain/discomfort. [redacted] was reminded to call for assistance + use walker. No bandage was needed and neuro checks were continued. No outside emergency care was needed and family and MD were notified of incident. If it were necessary to send resident for outside medical care, upon return, support plan and assessment would be updated as per policy if there were substantial change or injury.</i>	

RECEIVED

FEB 24 2012

Western Field Office
Adult Residential Licensing

FEB-24-2012 17:40 FROM: