



Mailing Date: ~~SEP 19 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 (Department) licensing inspection on June 16, 2012; June 19, 2012 and September 5, 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 Human Services Licensing so that compliance can be verified.

Sincerely,

A handwritten signature in black ink that reads "Jon Kimberland". The signature is written in a cursive style and includes a diagonal slash followed by the letters "JMK".

Jon Kimberland  
Regional Licensing Administrator

Enclosure(s)



Violation Report: 44143 - 06/16/2012 - Pollock, Susan  
 PCH Name: PROVIDENCE POINT

**1. REGULATION 55 Pa.Code §2600**

2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

**2. DESCRIPTION OF VIOLATION**

Staff person F signed resident #1's 6/8/12 medication administration record indicating the resident's Coumadin medication was administered at 9:00 p.m.; however, the resident's medication was not administered. The medication error was not reported to the Department.

**3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)**

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

*On 7/26/12 training was conducted with staff person F. Please see attachments # 1 and 2. Supervisor will check E-mar 3x/week to ensure proper documentation of medication administration & a reportable incident will be sent if any inconsistencies are found. An incident report was completed on 8/10/12 (attach #8) The staff will be educated again on reportable incidents and what are reportable incidents (Attach #9) RN Supervisor will monitor weekly incidents. The director/designee will complete the education by 8/31/12. Results of weekly monitors will be reported at the quarterly Quality Assurance meeting by the Director/designee for the next 4 meetings.*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Janice Crouse, RN*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page)

Janice Crouse, RN

Date

8/10/12

**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of

9-14-12  
 (Date)

Verification of Legal Entity Representative Signature

9-14-12  
 (Date)

Fully Implemented

Partially Implemented - Adequate Progress 9-14-12

Partially Implemented - Inadequate Progress

Not Implemented

The above plan of correction was approved by

JC  
 (Initials)

Violation Report: 44143 - 06/16/2012 - Pollock, Susan  
 PCH Name: PROVIDENCE POINT

**1. REGULATION 55 Pa.Code §2500**

2600.42(b) - A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

**2. DESCRIPTION OF VIOLATION**

On 6/8/12 at approximately 12:30 p.m. resident #1 was taken to the home's first floor outside patio in his/her wheelchair by a staff person. Approximately seventeen hours later on 6/9/12 at 6:00 a.m. resident #1 was found by staff person G. The resident is diagnosed with vascular dementia (first stages) and is unable to propel him/herself in the wheelchair.

The resident was found in urine soaked clothing from mid abdomen to his/her feet, shivering, cold to the touch. The resident was complaining of being cold.

Staff persons on all three shifts were aware that the resident could not be located and believed the resident was out of the home with a family member. Staff person H, who worked the 1:00 p.m. to 7:00 a.m. shift, checked the home's sign in/out log and determined that the resident was not signed out; however, did not take any further action. None of the homes staff took any other measures to locate the resident.

During the seventeen hours the resident was left outside the National Weather Service recorded the overnight temperature as 53 degrees Fahrenheit. The resident was only wearing pants, an undershirt, socks and shoes.

During this time the resident did not receive his/her prescribed Coumadin medication, continence care or meals.

**3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)**

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

When the resident was located by staff member, [redacted] was immediately assessed by nursing staff. [redacted] was found to be alert with a core temperature of 97.6. Resident was then showered and groomed and ate breakfast. RN supervisor interviewed resident and found [redacted] to be in stable condition. [redacted] was also found to have [redacted] emergency pendant and cell phone on [redacted] which prior to this incident was able to use appropriately. Due to this incident, Providence Point has updated its policy regarding its residents whereabouts. Training was also conducted on 6/27/12 for all staff. See attachments 3+4. In addition to the staff training and new policies implemented (Attach. 3+4), staff will check the patio area each evening @ approximately 8P to ensure that there are no residents outside. Training on abuse will be scheduled with the ombudsman within the next 2 months. The support plan was updated to reflect our new policy accounting for residents.

→ next page

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Janice Crouse, RN*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Janice Crouse* Date *8/10/12*

**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of 9-14-12  
 (Date)

Verification of Legal Entity Representative Signature 9-14-12  
 (Date)

The above plan of correction was approved by [Signature]  
 (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress *9-14-12g*
- Partially Implemented - Inadequate Progress
- Not Implemented

See pages 3A and 3B

(cont) In addition, we will update any support plans for any residents who have cognitive deficits to reflect following <sup>plans</sup> our plan of accounting for their whereabouts.

Janice Crouse, W

Janice Crouse 8/10/12

8/9/12

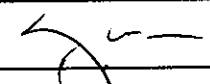
Violation Report: 44143 - 06/16/2012 - Pollock, Susan  
 PCH Name: PROVIDENCE POINT

**1. REGULATION 55 Pa.Code §2600**  
 2600.42(b) - A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

**2. DESCRIPTION OF VIOLATION**  
 On 6/8/12 at approximately 12:30 p.m. resident #1 was taken to the home's first floor outside patio in his/her wheelchair by a staff person. Approximately seventeen hours later on 6/9/12 at 6:00 a.m. resident #1 was found by staff person G. The resident is diagnosed with vascular dementia (first stages) and is unable to propel him/herself in the wheelchair.  
 The resident was found in urine soaked clothing from mid abdomen to his/her feet, shivering, cold to the touch. The resident was complaining of being cold.  
 Staff persons on all three shifts were aware that the resident could not be located and believed the resident was out of the home with a family member. Staff person H, who worked the 1:00 p.m. to 7:00 a.m. shift, checked the home's sign in/out log and determined that the resident was not signed out; however, did not take any further action. None of the homes staff took any other measures to locate the resident.  
 During the seventeen hours the resident was left outside the National Weather Service recorded the overnight temperature as 53 degrees Fahrenheit. The resident was only wearing pants, an undershirt, socks and shoes.  
 During this time the resident did not receive his/her prescribed Coumadin medication, continence care or meals.

**3. PLAN OF CORRECTION (POC)** (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.  
 9/15/12 – The administrator will develop and implement a policy and procedures to ensure all residents receive proper medical care in a timely manner. The policy and procedure will include seeking the proper medical care through the resident's physician or emergency medical care. This will include recognition and response to emergency situations of a decline in the resident's health status and the proper notification to the resident's physician and the home's administrator or the designated staff person when a resident's health status declines.  
 9/15/12 - All direct care staff will be educated on the home's policy and procedures for securing medical care if the resident's health status declines. Documentation of education will be kept.

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative  
 (Required on EVERY Page)   
 Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) Brian Warner  
 Date 9/5/12  
 Janice Crouse

**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of <u>9-14-12</u> (Date)	Verification of Legal Entity Representative Signature _____ (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 44143 - 08/16/2012 - Pollock, Susan  
PCH Name: PROVIDENCE POINT

1. REGULATION 55 Pa.Code §2600

2600.65(a) - 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 location if applicable.
- (3) The designated meeting place outside the building or within the fire-safe 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.

2. DESCRIPTION OF VIOLATION

Staff persons A, B, C, D and E did not receive orientation in general fire safety and emergency preparedness in accordance with regulation 2600.65a prior to or on the first day of scheduled work as follows:

- Staff person A's first day of work was 1/6/11.
- Staff person B's first day of work was 1/23/12.
- Staff person C's first day of work was 3/18/11.
- Staff person D's first day of work was 10/18/11.
- Staff person E's first day of work was 9/3/11.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

*Staff persons A-B-C-D-E all worked @ Providence Point as contract staff through Milestone Staffing Services. As of 7/1/12, Providence Point Personal Care and Memory Support have not contracted with them. If necessary to contract with them in the future, we have developed an orientation and sign-off sheet for milestone employees that includes hands-on training which will then be signed off by employee. Effective date for orientation is 7/1/12. The director will oversee the training and document paperwork ensuring compliance. (Attach 5) Administrator/designee will monitor all records to ensure that all staff, including agency + new employees have been oriented in accordance with regulation 65a. This monitoring will be done monthly. Results will be shared at the quarterly Quality Assurance meeting by the Director/designee for the next (4) meetings.*

Repeat Violation: Yes	Date(s) of Previous Violation(s):	10/13/2011		
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Signature of Legal Entity Representative  
(Required on EVERY Page) *Jance Crouse, RN*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Jance Crouse, RN* Date *8/10/12*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 9-14-12  
(Date)

The above plan of correction was approved by J  
(Initials)

Verification of Legal Entity Representative Signature 9-14-12  
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *9-14-12*
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 44143 - 06/16/2012 - Pollock, Susan  
 PCH Name: PROVIDENCE POINT

**1. REGULATION 55 Pa.Code §2600**

- 2600.65(a) - 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 location if applicable.
  - (3) The designated meeting place outside the building or within the fire-safe 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.

**2. DESCRIPTION OF VIOLATION**

Staff persons A, B, C, D and E did not receive orientation in general fire safety and emergency preparedness in accordance with regulation 2600.65a prior to or on the first day of scheduled work as follows:  
 Staff person A's first day of work was 1/6/11.  
 Staff person B's first day of work was 1/23/12.  
 Staff person C's first day of work was 3/18/11.  
 Staff person D's first day of work was 10/18/11.  
 Staff person E's first day of work was 9/3/11.

**3. PLAN OF CORRECTION (POC)** (Attach pages as necessary. Remember that you must sign and date any attached pages.)

*Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.*

9/20/12 - The administrator or designated staff person will review all staff person training records to ensure all staff persons have completed the required training in accordance with regulation 2600.65a.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	10/13/2011		
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Signature of Legal Entity Representative  
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page)

Date 9/5/12

**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of 9-14-12  
 (Date)

The above plan of correction was approved by [Signature]  
 (Initials)

Verification of Legal Entity Representative Signature \_\_\_\_\_  
 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 44143 - 06/16/2012 - Pollock, Susan  
 PCH Name: PROVIDENCE POINT

**1. REGULATION 55 Pa.Code §2600**

2600.65(b) - Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:  
 (1) Resident rights.  
 (2) Emergency medical plan.  
 (3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. §§ 10225.101-10225.5102).  
 (4) Reporting of reportable incidents and conditions.

**2. DESCRIPTION OF VIOLATION**

Direct care staff persons A, B, C, D and E did not receive orientation in accordance with regulation 2600.65b within 40 scheduled working hours as follows.  
 Direct care staff person A completed 40 scheduled working hours on 1/16/11.  
 Direct care staff person B completed 40 scheduled working hours on 1/29/12.  
 Direct care staff person C completed 40 scheduled working hours on 3/22/11.  
 Direct care staff person D completed 40 scheduled working hours on 1/20/12.  
 Direct care staff person E completed 40 scheduled working hours on 9/20/11.

**3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)**

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

*Staff persons A-B-C-D-E all worked @ Providence Point as contract staff through Milestone Staffing Services. As of 7/1/12 Providence Point Personal Care and Memory Support have not contracted with them. If necessary to contract with them in the future, we have developed an orientation and sign-off sheet for Milestone employees that includes hands-on training which will then be signed off by employee. Effective date for orientation is 7/1/12. The director will oversee the training and document paperwork ensuring compliance (Attach #5) All staff will be trained on regulation 65b. If resident requires medical care, it will be done in a timely manner. This will be monitored by RN supervisor to ensure that staff have been trained in accordance of 65b. This will be monitored 3 mos. Results of the monitors will be reported at the quarterly Quality Assurance meetings by the Director/Designee for the next (4) meetings.*

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Janice Crouse, RN*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Janice Crouse* Date *8/10/12*

**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of 9-14-12  
 (Date)

The above plan of correction was approved by JC  
 (Initials)

Verification of Legal Entity Representative Signature 9-14-12  
 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *9-14-12g*
- Partially Implemented - Inadequate Progress
- Not Implemented

*See page 6A*

Violation Report: 44143 - 06/16/2012 - Pollock, Susan  
 PCH Name: PROVIDENCE POINT

**1. REGULATION 55 Pa.Code §2600**

2600.65(b) - Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

- (1) Resident rights.
- (2) Emergency medical plan.
- (3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. §§ 10225.101-10225.5102).
- (4) Reporting of reportable incidents and conditions.

**2. DESCRIPTION OF VIOLATION**

Direct care staff persons A, B, C, D and E did not receive orientation in accordance with regulation 2600.65b within 40 scheduled working hours as follows.

Direct care staff person A completed 40 scheduled working hours on 1/16/11.  
 Direct care staff person B completed 40 scheduled working hours on 1/29/12.  
 Direct care staff person C completed 40 scheduled working hours on 3/22/11.  
 Direct care staff person D completed 40 scheduled working hours on 1/20/12.  
 Direct care staff person E completed 40 scheduled working hours on 9/20/11.

**3. PLAN OF CORRECTION (POC)** (Attach pages as necessary. Remember that you must sign and date any attached pages.)

*Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.*

9/20/12 - The administrator or designated staff person will review all staff person training records to ensure all staff persons have completed the required training in accordance with regulation 2600.65b.

Repeat Violation: No	Date(s) of Previous Violation(s):				
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Signature of Legal Entity Representative  
 (Required on EVERY Page)

*[Handwritten Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Beyla Wilson</i> <i>Jessica Crouse, M</i>	<i>9/5/12</i>

**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of 9-14-12  
 (Date)

Verification of Legal Entity Representative Signature \_\_\_\_\_  
 (Date)

The above plan of correction was approved by *[Handwritten Initials]*  
 (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 44143 - 06/16/2012 - Pollock, Susan  
 PCH Name: PROVIDENCE POINT

1. REGULATION 55 Pa.Code §2600

2600.142(a) - 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.

2. DESCRIPTION OF VIOLATION

On 6/8/12 at approximately 12:30 p.m. resident #1 was taken to the home's first floor outside patio in his/her wheelchair by a staff person. Approximately seventeen hours later on 6/9/12 at 6:00 a.m. resident #1 was found by staff person G. The resident is diagnosed with vascular dementia (first stages) and is unable to propel him/herself in the wheelchair.

The resident was found in urine soaked clothing from mid abdomen to his/her feet, shivering, cold to the touch. The resident was complaining of being cold.

During the seventeen hours the resident was left outside the National Weather Service recorded the overnight temperature as 53 degrees Fahrenheit. The resident was only wearing pants, an undershirt, socks and shoes.

During this time the resident did not receive his/her prescribed Coumadin medication, continence care or meals.

The home did not secure medical care for the resident after the incident.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

*If any abnormal situation or occurrence, the resident will be assessed at an emergency treatment center and physician notified of incident. Support plan and assessment will be updated to reflect any changes as of 9/1/12, a personal care coordinator will be hired to monitor accuracy and status changes of residents on the RASP. In addition, a new policy has been developed to prevent this incident from occurring in the future (attach # 3+4) This new policy will be added to the orientation for all new staff. RN will monitor that support plans have been updated to any new diagnosis/treatments. Results of weekly monitor will be discussed @ the quarterly quality assurance meetings by the director/designee for the next 4 meetings.*

Repeat Violation: Yes	Date(s) of Previous Violation(s):	01/04/2012		
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Signature of Legal Entity Representative (Required on EVERY Page) *Janeice Crouse, RN*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Janeice Crouse* Date *8/10/12*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 9-14-12 (Date)

Verification of Legal Entity Representative Signature Janeice Crouse (Date)

The above plan of correction was approved by [Signature] (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress *9-14-12*
- Partially Implemented - Inadequate Progress
- Not Implemented

*See pg 6A*

Violation Report: 44143 - 06/16/2012 - Pollock, Susan  
 PCH Name: PROVIDENCE POINT

**1. REGULATION 55 Pa.Code §2600**

2600.142(a) - 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.

**2. DESCRIPTION OF VIOLATION**

On 6/8/12 at approximately 12:30 p.m. resident #1 was taken to the home's first floor outside patio in his/her wheelchair by a staff person. Approximately seventeen hours later on 6/9/12 at 6:00 a.m. resident #1 was found by staff person G. The resident is diagnosed with vascular dementia (first stages) and is unable to propel him/herself in the wheelchair.

The resident was found in urine soaked clothing from mid abdomen to his/her feet, shivering, cold to the touch. The resident was complaining of being cold.

During the seventeen hours the resident was left outside the National Weather Service recorded the overnight temperature as 53 degrees Fahrenheit. The resident was only wearing pants, an undershirt, socks and shoes.

During this time the resident did not receive his/her prescribed Coumadin medication, continence care or meals.

The home did not secure medical care for the resident after the incident.

**3. PLAN OF CORRECTION (POC)** (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

9/15/12 - The administrator will develop and implement a policy and procedures to ensure all residents receive proper medical care in a timely manner. The policy and procedure will include seeking the proper medical care through the resident's physician or emergency medical care. This will include recognition and response to emergency situations of a decline in the resident's health status and the proper notification to the resident's physician and the home's administrator or the designated staff person when a resident's health status declines.

9/15/12 - All direct care staff will be educated on the home's policy and procedures for securing medical care if the resident's health status declines. Documentation of education will be kept.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	01/04/2012		
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Signature of Legal Entity Representative  
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page)

Date 9/15/12

**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of 9-14-12  
 (Date)

The above plan of correction was approved by S  
 (Initials)

Verification of Legal Entity Representative Signature \_\_\_\_\_  
 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 44143 - 06/16/2012 - Pollock, Susan  
 PCH Name: PROVIDENCE POINT

**1. REGULATION 55 Pa.Code §2600**

2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.

**2. DESCRIPTION OF VIOLATION**

Staff person F signed resident #1's 6/8/12 medication administration record indicating the resident's Coumadin medication was administered at 9:00 p.m.; however, the resident's medication was not administered.

**3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)**

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

*Staff person F was retrained on the 5 rights of medication administration. Supervisor will randomly check med passes to ensure proper documentation of meds (Attach #1). In addition, the RN will check the E-Max weekly to ensure that meds are administered @ correct times as prescribed. All Staff will be re-educated on regulation 182 c. This will be done by 8/31/12. Results of monitors will be reported at the quarterly quality assurance meetings by the Director/designee for next (4) meetings.*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Janice Crouse RN*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page)

*Janice Crouse RN*

Date *8/10/12*

**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of

*9-14-12*  
 (Date)

Verification of Legal Entity Representative Signature

*9-14-12*  
 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *9-14-12*
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by

*JC*  
 (Initials)

Violation Report: 44143 - 06/16/2012 - Pollock, Susan  
 PCH Name: PROVIDENCE POINT

**1. REGULATION 55 Pa.Code §2600**

2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.

**2. DESCRIPTION OF VIOLATION**

Staff person F signed resident #1's 6/8/12 medication administration record indicating the resident's Coumadin medication was administered at 9:00 p.m.; however, the resident's medication was not administered.

**3. PLAN OF CORRECTION (POC)** (Attach pages as necessary. Remember that you must sign and date any attached pages.)

*Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.*

9/15/12 - The administrator or a designated staff person qualified to administer medications will observe medication administration, for each staff person administering medication, at least once a week for eight weeks to ensure the proper procedures of medication administration and documentation.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page)  

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) Bryan Carson Janice Crouse, M Date 9/15/12

**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of 9-14-12  
 (Date)

Verification of Legal Entity Representative Signature 9-14-12  
 (Date)

The above plan of correction was approved by /  
 (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 44143 - 06/16/2012 - Pollock, Susan  
 PCH Name: PROVIDENCE POINT

1. REGULATION 55 Pa.Code §2600

2600.187(d) - The home shall follow the directions of the prescriber.

2. DESCRIPTION OF VIOLATION

Staff person F signed resident #1's 6/8/12 medication administration record indicating the resident's Coumadin medication was administered at 9:00 p.m.; however, the resident's medication was not administered.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

*Staff person F was retrained on the 5 rights of medication administration and the importance of only signing that a medication was given after the medication was administered. Supervisor will randomly check med passes to ensure proper documentation (Attach. #1) - Correct time, and only after the med has been administered. All staff will be re-educated on this regulation 187 d by 8/31/12. Results of random med passes will be reported at the quarterly Quality Assurance meetings by the Director/Designee for the next (4) meetings.*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Janice Crouse LN*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page)

*Janice Crouse LN*

Date 8/10/12

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of

*9-14-12*  
 (Date)

Verification of Legal Entity Representative Signature

*9-14-12*  
 (Date)

Fully Implemented

Partially Implemented - Adequate Progress *9-14-12*

Partially Implemented - Inadequate Progress

Not Implemented

The above plan of correction was approved by

*J*  
 (Initials)

*See pg 6A*

Violation Report: 44143 - 06/16/2012 - Pollock, Susan  
PCH Name: PROVIDENCE POINT

**1. REGULATION 55 Pa.Code §2600**

2600.187(d) - The home shall follow the directions of the prescriber.

**2. DESCRIPTION OF VIOLATION**

Staff person F signed resident #1's 6/8/12 medication administration record indicating the resident's Coumadin medication was administered at 9:00 p.m.; however, the resident's medication was not administered.

**3. PLAN OF CORRECTION (POC)** (Attach pages as necessary. Remember that you must sign and date any attached pages.)

*Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.*

9/15/12 - The administrator or a designated staff person qualified to administer medications will observe medication administration, for each staff person administering medication, at least once a week for eight weeks to ensure the orders of the prescriber are followed.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
(Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) Debra Walker Janice Crouse RN Date 9/5/12

**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

<p>The above plan of correction is approved as of <u>9-14-12</u> (Date)</p> <p>The above plan of correction was approved by <u>[Signature]</u> (Initials)</p>	<p>Verification of Legal Entity Representative Signature _____ (Date)</p> <p><input type="checkbox"/> Fully Implemented</p> <p><input type="checkbox"/> Partially Implemented - Adequate Progress</p> <p><input type="checkbox"/> Partially Implemented - Inadequate Progress</p> <p><input type="checkbox"/> Not Implemented</p>
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Violation Report: 44143 - 06/16/2012 - Pollock, Susan  
 PCH Name: PROVIDENCE POINT

**1. REGULATION 55 Pa.Code §2600**

2600.188(b) - A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.

**2. DESCRIPTION OF VIOLATION**

Staff person F signed resident #1's 6/8/12 medication administration record indicating the resident's Coumadin medication was administered at 9:00 p.m.; however, the resident's medication was not administered. The medication error was not reported to the resident's physician or designated person.

**3. PLAN OF CORRECTION (POC)** (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

*Any time a medication incident occurs, an incident report will be filled out and submitted to the D.P.W. RN will track medication errors for trends. Residents prescriber was notified of incident on 6/10/12. All staff will be re-educated on the homes policies and procedures. RN will monitor monthly that policies are being followed.*

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Jessie Crouse, RN*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Jessie Crouse</i>	Date <i>8/10/12</i>
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of 9-14-12  
 (Date)

Verification of Legal Entity Representative Signature 9-14-12  
 (Date)

The above plan of correction was approved by [Signature]  
 (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress *9-14-12y*
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 44143 - 06/16/2012 - Pollock, Susan  
PCH Name: PROVIDENCE POINT

**1. REGULATION 55 Pa.Code §2600**

2600.188(b) - A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.

**2. DESCRIPTION OF VIOLATION**

Staff person F signed resident #1's 6/8/12 medication administration record indicating the resident's Coumadin medication was administered at 9:00 p.m.; however, the resident's medication was not administered. The medication error was not reported to the resident's physician or designated person.

**3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)**

*Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.*

10-15-12 - The administrator or designated staff person qualified to administer medications will monitor medication administration, for each staff person administering medication, at least once a week for eight weeks to identify any medication errors and ensure medication errors are properly reported.

10/15/12 - The administrator will review all occurrences of medication errors to ensure the immediate notification of the resident, the resident's designated person and the prescriber.

Repeat Violation: No	Date(s) of Previous Violation(s):				
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Signature of Legal Entity Representative  
(Required on EVERY Page)  

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) Debra Warner Janice Crouse, RN Date 9/15/12

**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of <u>9.14.12</u> (Date)	Verification of Legal Entity Representative Signature _____ (Date)
The above plan of correction was approved by <u>S</u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 44143 - 06/16/2012 - Pollock, Susan  
 PCH Name: PROVIDENCE POINT

**1. REGULATION 55 Pa.Code §2600**

2600.225(c) - 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.

**2. DESCRIPTION OF VIOLATION**

Resident #1's assessment, dated 12/28/11, was not updated to include the resident's diagnosis of dementia on 1/6/12 or the increased continence care requested by the resident's physician on 2/17/12.

Resident #1's assessment, dated 12/28/11, was not updated to include the proper level of supervision to protect the resident after the resident was found outside of the home overnight after seventeen hours on 6/9/12.

**3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)**

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

*Spoke to PCP regarding documenting diagnosis in proper location on chart so that it is easily accessible to read by all staff. Any time a new diagnosis is made, the assessment will be updated to include the new diagnosis and the plan of care for the diagnosis (Attach. 6+7) All nurses will be re-educated on information that is included/added to assessments. RN will review all assessments as they are done to check accuracy.*

Repeat Violation: Yes	Date(s) of Previous Violation(s):	10/13/2011	
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Jessie Crouse, MD*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Jessie Crouse*

Date *8/10/12*

**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of 9-14-12  
 (Date)

Verification of Legal Entity Representative Signature 9-14-12  
 (Date)

The above plan of correction was approved by J  
 (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress *9-14-12*
- Partially Implemented - Inadequate Progress
- Not Implemented

*See pg 10 A*

Violation Report: 44143 - 06/16/2012 - Pollock, Susan  
 PCH Name: PROVIDENCE POINT

**1. REGULATION 55 Pa.Code §2600**

- 2600.225(c) - 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.

**2. DESCRIPTION OF VIOLATION**

Resident #1's assessment, dated 12/28/11, was not updated to include the resident's diagnosis of dementia on 1/6/12 or the increased continence care requested by the resident's physician on 2/17/12.

Resident #1's assessment, dated 12/28/11, was not updated to include the proper level of supervision to protect the resident after the resident was found outside of the home overnight after seventeen hours on 6/9/12.

**3. PLAN OF CORRECTION (POC)** (Attach pages as necessary. Remember that you must sign and date any attached pages.)

*Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.*

Immediately – The administrator or designated staff person will update resident #1's assessment including the resident's diagnosis of dementia, the proper level of continence care and the proper level of supervision to protect the resident.

9/15/12 - All staff persons completing assessments will be educated on the accuracy and completion of the form including diagnoses, resident needs and proper level of supervision to protect the resident. Documentation of education will be kept.

9/15/12 – The administrator or designated staff person will review all current resident assessments for accuracy and completion including diagnoses, resident needs and proper level of supervision to protect the resident.

9/15/12 – If the review of resident assessments reveals that a resident's supervision needs cannot be met by the home the home will assist the resident to relocate to a home that can meet the resident's needs.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	10/13/2011		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) Joyce House, MD Date 9/15/12

**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of <u>9-14-12</u> (Date)	Verification of Legal Entity Representative Signature _____ (Date)
The above plan of correction was approved by <u>4</u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 44143 - 06/16/2012 - Pollock, Susan  
 PCH Name: PROVIDENCE POINT

**1. REGULATION 55 Pa.Code §2600**

2600.227(d) - 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.

**2. DESCRIPTION OF VIOLATION**

Resident #1's support plan, dated 12/30/11, was not updated to include the resident's diagnosis of dementia on 1/6/12 or the increased continence care requested by the resident's physician on 2/17/12.

Resident #1's support plan, dated 12/30/11, was not updated to include the proper level of supervision to protect the resident after the resident was found outside of the home overnight after seventeen hours on 6/9/12.

**3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)**

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

*Spoke to PCP regarding documenting diagnosis in proper location on chart so that it is easily accessible to read by all staff. Any time a new diagnosis is made, the support plan will be updated to include the new diagnosis and the plan of care for the diagnosis (Attach. 6 & 7) All nurses will be re-educated on information that is included/added to support plan. RN will review support plans as they are done to ensure accuracy. Night shift nurses will check charts nightly for any new diagnosis and add them to the RASP if the progress notes identify a new diagnosis*

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Jessie Crouse RN*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Jessie Crouse</i>	Date <i>8/10/12</i>
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of 9-14-12  
 (Date)

The above plan of correction was approved by J  
 (Initials)

Verification of Legal Entity Representative Signature 9-14-12  
 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *9-14-12*
- Partially Implemented - Inadequate Progress
- Not Implemented

*502 PCH 11A*

Violation Report: 44143 - 06/16/2012 - Pollock, Susan  
 PCH Name: PROVIDENCE POINT

**1. REGULATION 55 Pa.Code §2600**

2600.227(d) - 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.

**2. DESCRIPTION OF VIOLATION**

Resident #1's support plan, dated 12/30/11, was not updated to include the resident's diagnosis of dementia on 1/6/12 or the increased continence care requested by the resident's physician on 2/17/12.

Resident #1's support plan, dated 12/30/11, was not updated to include the proper level of supervision to protect the resident after the resident was found outside of the home overnight after seventeen hours on 6/9/12.

**3. PLAN OF CORRECTION (POC)** (Attach pages as necessary. Remember that you must sign and date any attached pages.)

*Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.*

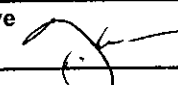
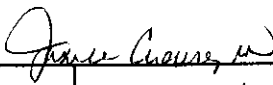
Immediately – The administrator or designated staff person will update resident #1's support plan including the resident's diagnosis of dementia, the proper level of continence care and the proper level of supervision to protect the resident.

9/15/12 - All staff persons completing support plans will be educated on the accuracy and completion of the form including diagnoses, resident needs and proper level of supervision to protect the resident. Documentation of education will be kept.

9/15/12 – The administrator or designated staff person will review all current resident support plans for accuracy and completion including diagnoses, resident needs and proper level of supervision to protect the resident.

9/15/12 – If the review of resident support plans reveals that a resident's supervision needs cannot be met by the home the home will assist the resident to relocate to a home that can meet the resident's needs.

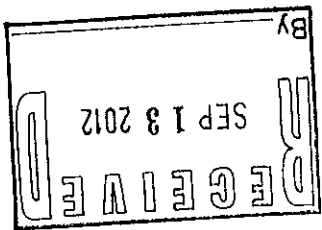
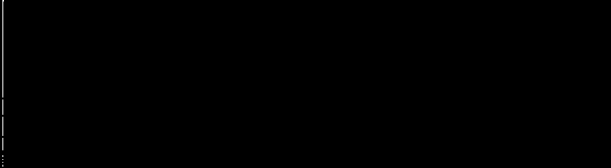

Repeat Violation: No	Date(s) of Previous Violation(s):		
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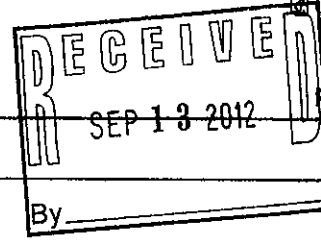
Signature of Legal Entity Representative (Required on EVERY Page)			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Bryan Warner	Janice Crouse
		Date	9/15/12

**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of <u>9-14-12</u> (Date)	Verification of Legal Entity Representative Signature _____ (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

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

PCH Name: PROVIDENCE POINT		License Number: 441430
Address: 200 ADAMS AVENUE, PITTSBURGH, PA 15243		County: Allegheny
Administrator: MR. BRYAN M. WARNER		Region: WEST
Legal Entity Name: BAPTIST HOMES SOCIETY		
Legal Entity Address: 489 CASTLESHANNON BOULEVARD, PITTSBURGH, PA 15234		
Certificate(s) of Occupancy Other 06/09/2009 Township of Scott		
Staffing Hours Resident Support: 0                      Total Daily Staff: 103                      Waking Staff: 77		
Type of Inspection: Interim - POC                      BHA Docket Number:                      Notice: Unannounced		
Reason(s) for Inspection(s) Interim		
On-Site Inspections Dates and Department Representatives On-Site 09/05/2012: Pollock, Susan		
Off-Site Inspection Dates and Inspectors, if Applicable		
		
Other Details Partial or Full Triggers: N/A                      Random Indicators: N/A		
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 84 Number of Residents Served: 74 Secured Dementia Care Unit in Home: Yes Area: First Floor Secured Dementia Unit Capacity, if Applicable: 20 	Number of Residents who: 	



Violation Report: 44143 - 09/05/2012 - Pollock, Susan  
 PCH Name: PROVIDENCE POINT

**1. REGULATION 55 Pa.Code §2600 :**  
 2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

**2. DESCRIPTION OF VIOLATION**  
 Resident #1 is prescribed the administration of 9:00 a.m. medications as follows: Allopurinol 100mg, Amlodipine 5mg, Calcium 600mg, Glipizide XL 5mg, Metforman ER 500 mg, Metoprolol ER 50mg and Vitamin D3 1,000 units. The medications were not available in the home for administration and not administered to resident #1. The home did not report these medication errors to the Department.

**3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)**  
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

*Staff will be inserviced on 9/26/12 in regards to medications that have been missed for any reason including medications that are not available. They will also be inserviced on when reportable incidents need reported to the department of welfare. The inservice will also include the procedure to notify pharmacy when medications are not available for administration. To ensure that education is successful, RN supervisor will print medication variance reports daily x 30 days, then weekly thereafter. See attachment #2*

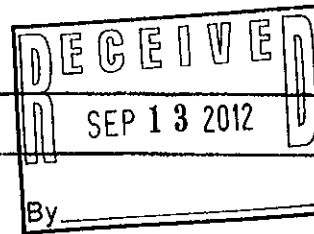
Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Tanice Crouse, RN*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Tanice Crouse, RN</i>	Date <i>9/13/12</i>
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of <u>9-14-12</u> (Date)	Verification of Legal Entity Representative Signature <u>9-14-12</u> (Date)
The above plan of correction was approved by <u>TC</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>9-14-12</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented



Violation Report: 44143 - 09/05/2012 - Pollock, Susan  
PCH Name: PROVIDENCE POINT

1. REGULATION 55 Pa.Code §2600

2600.54(a) - Direct care staff persons shall have the following qualifications:

- (1) Be 18 years of age or older, except as permitted in § 2600.54(b).
- (2) Have a high school diploma, GED diploma, or active registry status on the Pennsylvania nurse aide registry.
- (3) Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

2. DESCRIPTION OF VIOLATION

Direct care staff person A was hired by the home on 8/13/12, and does not have a high school diploma, GED diploma or active registration status on the Pennsylvania nurse aide registry.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

*ON 9/13/12, the Human Resource dept. of Baptist Homes provided training & regards to new hire requirements, which was attended by our Healthcare administrator, [redacted]. It was decided, from this day on, that anyone who is hired, must provide a high school diploma, GED diploma, active registry status on Pa. nurse aide registry or NON-US education equivalent prior to beginning work, or they will not be hired. Staff member "A" is no longer working at the facility.*

Repeat Violation: No      Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *Janice Crouse, RN*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *JANICE CROUSE, RN*      Date *9/13/12*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 9-14-12 (Date)

The above plan of correction was approved by J (Initials)

Verification of Legal Entity Representative Signature 9-14-12 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *9-14-12*
- Partially Implemented - Inadequate Progress
- Not Implemented

005/0014  
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 SEP 13 2012 Page 4 of 5  
 By \_\_\_\_\_

Violation Report: 44143 - 09/05/2012 - Pollock, Susan  
 PCH Name: PROVIDENCE POINT

**1. REGULATION 55 Pa.Code §2600**

2600.187(d) - The home shall follow the directions of the prescriber.

**2. DESCRIPTION OF VIOLATION**

Resident #1 is prescribed the administration of 9:00 a.m. medications as follows: Allopurinol 100mg, Amlodipine 5mg, Calcium 600mg, Glipizide XL 5mg, Metforman ER 500 mg, Metoprolol ER 50mg and Vitamin D3 1,000 units. The medications were not available in the home for administration and not administered to resident #1.

**3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)**

*Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.*

*Staff will be inserviced on 9/26/12 in regards to medications that have been missed, for any reason including medications that are not available. They will also be inserviced on when reportable incidents need reported to the dept. of welfare. The inservice will also include procedure to notify pharmacy when medications are not available for administration. To ensure that the education is successful, the RD supervisor will print the variance report daily x 30 days then weekly, thereafter.*

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Janice Crouse, RN*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Janice Crouse, RN</i>	Date <i>9/13/12</i>
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of <u>9-14-12</u> (Date)	Verification of Legal Entity Representative Signature <u>9-14-12</u> (Date)
The above plan of correction was approved by _____ (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress 9-14-12 <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

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**RECEIVED**

SEP 13 2012 Page 5 of 5

By \_\_\_\_\_

Violation Report: 44143 - 09/05/2012 - Pollock, Susan  
 PCH Name: PROVIDENCE POINT

**1. REGULATION 55 Pa.Code §2600**

2600.188(b) - A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.

**2. DESCRIPTION OF VIOLATION**

Resident #1 is prescribed the administration of 9:00 a.m. medications as follows: Allopurinol 100mg, Amlodipine 5mg, Calcium 600mg, Glipizide XL 5mg, Metforman ER 500 mg, Metoprolol ER 50mg and Vitamin D3 1,000 units. The medications were not available in the home for administration and not administered to resident #1. The error was not reported to the prescriber.

**3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)**

*Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.*

*Staff will be inservice on 9/26/12 in regards to any missed medications and who is to be notified if medications have been missed. The policy has been updated to reflect a step-by-step instruction regarding what each person is responsible for when a dosage is missed or not available, for whatever reason. See attachment #1*

*10-15-12 The Administrator or designated staff person qualified to administer medications will monitor medication administration, for each staff person administering medication, at least once a week for eight weeks to identify any medication errors and ensure medication errors are properly reported. 9-14-12g*

*10-15-12 The Administrator will review all occurrences of medication errors to ensure the immediate notification of the resident, the resident's designated person and the prescriber. 9-14-12g*

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Janice Crouse, MD*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Janice Crouse MD* Date *9/13/12*

**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of <u>9-14-12</u> (Date)	Verification of Legal Entity Representative Signature <u>9-14-12</u> (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>9-14-12g</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented