





**pennsylvania**  
DEPARTMENT OF PUBLIC WELFARE

**JAN 04 2013**

Mr. Alvin W. Allison, Jr., President/CEO  
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 October 11, 2012 and October 12, 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.

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



Sincerely,

A handwritten signature in black ink, appearing to read "R. Melusky".

Ronald Melusky  
Director

Enclosures  
License  
Violation Report

**VIOLATION REPORT  
PERSONAL CARE HOMES - 65 Pa.Code Chapter 2600**

PGH Name: PROVIDENCE POINT		License Number: 441430
Address: 200 ADAMS AVENUE, PITTSBURGH, PA 15243		County: Allegheny
Administrator: Brian Warner		Region: WEST
Legal Entity Name: BAPTIST HOMES SOCIETY		
Legal Entity Address: 489 CASTLESHANNON BOULEVARD, PITTSBURGH, PA 15234		
Certificate(s) of Occupancy		NOV 23 2012
I-2 11/10/2009 Township of Scott	2B 08/09/2009 Township of Scott	WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 97	Working Staff: 73
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 10/11/2012: Glidden, Michelle; Rojon, Dennis 10/12/2012: Glidden, Michelle		
Off-Site Inspection Dates and Inspectors, If Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 64 Number of Residents Served: 69 Secured Dementia Care Unit In Home: Yes Area: 1st floor Secured Dementia Unit Capacity, If Applicable: 20 	Number of Residents who: 	

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Violation Report: 44143 - 10/11/2012 - Glidden, Michelle  
 NOV 23 2012  
 PCH Name: PROVIDENCE POINT

1. REGULATION 66 Pa.Code §2600  
 2600.107(a) - The administrator shall have a copy and be familiar with the emergency preparedness plan for the municipality in which the home is located.  
 WEST REGION FIELD OFFICE  
 Human Services

2a. DESCRIPTION OF VIOLATION  
 The home does not have the emergency preparedness plan for the local municipality.

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.  
 Please see attachment #1 copy of plan. Plan was submitted by [redacted] from Scott Tup. [redacted] can be contacted @ [redacted] regarding any questions

Repeat Violation: Yes      Date(s) of Previous Violation(s): 10/13/2011

Signature of Legal Entity Representative (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)      Date 11/15/12  
 Director PC/MS

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

The above plan of correction is approved as of 11/29/12 (Date)  
 The above plan of correction was approved by MS (Initials)

Plan of correction implementation status as of 11/29/12 (Date)  
 Fully Implemented MS  
 Partially Implemented - Adequate Progress  
 Partially Implemented - Inadequate Progress  
 Not Implemented

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Violation Report: 44143-40/11/2012 - Glidden, Michelle  
 PCH Name: PROVIDENCE POINT

WEST REGION FIELD OFFICE  
 Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.123(p) - Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

2a. DESCRIPTION OF VIOLATION

The home's emergency procedures were not posted in a conspicuous and public place in the home. They were on a shelf in the locked "care base" room on the first floor.

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.

*As of Oct. 11, 2012 the emergency preparedness book was moved + placed by the resident sign-out book so that families, residents + staff can view the book. Please see attachment #2*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

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

*Ryan Wheeler Director PCH*

Date *11/15/12*

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 (Date)

Plan of correction implementation status as of 11/29/12  
 (Date)

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

- Fully Implemented MS
- Partially Implemented - Adequate Progress
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Violation Report: 44143--10/11/2012 - Glidden, Michelle  
 PCH Name: PROVIDENCE POINT

NOV 23 2012

1. REGULATION 55 Pa.Code §2800

2600.141(a)(2) - The medical evaluation must include the following: (1) through (16)

WEST REGION FIELD OFFICE  
 Human Services Licensing

2a. DESCRIPTION OF VIOLATION

The medical evaluation for resident #1, dated 2/10/12, does not include medical diagnoses, medical history and medications. These sections of the medical evaluation indicate "see attached"; however, nothing is attached.

The medical evaluation for resident #2, dated 8/29/12, does not include medical diagnoses and medications. These sections of the medical evaluation indicate "see attached"; however, nothing is attached.

The medical evaluation for resident #3, dated 8/10/12, does not include medical diagnoses, medications and immunizations. These sections of the medical evaluation indicate "see attached"; however, nothing is attached.

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.

*Please see attachments 3a, 3b & 3c to corrected DME's. To prevent future violations, PC coordinator, MS coordinator + staff will be reviewed @ the staff meeting on 11/28/12 @ 2P regards to receiving attachments to the DME. DME + attachments should be placed in resident charts upon receipt. Coordinators + RN supervisor will be responsible to prevent future violations*

Repeat Violation: Yes  Date(s) of Previous Violation(s): 10/13/2011

Signature of Legal Entity Representative (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Bryan Warner D. PC/MS* Date *11/15/12*

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

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The above plan of correction was approved by <u>MS</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>MS</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 44143-10/11/2012 - Glidden, Michelle  
FCH Name: PROVIDENCE POINT

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1. REGULATION 85 Pa.Code §2600  
2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

NOV 23 2012

2a. DESCRIPTION OF VIOLATION  
Resident #4's most recent medical evaluation was completed on 8/1/11.

WEST REGION FIELD OFFICE  
Human Services Licensing

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.

The social worker for PC requested the DME from the physician in enough time that would have kept us in compliance. The DME was never sent back by the doctor causing us to be out of compliance. Several attempts have been made to have the DME completed, but have been unsuccessful. Resident #4 has a doctors appointment on Monday, 11/19/12 with the PCP and DME will be sent with [redacted] to be completed. With the hiring of the P.C. coordinator, she is responsible for the day-to-day operations of the state paperwork. A card system has been developed to ensure the completion of the state paperwork. The RN supervisor will oversee that the paperwork is in compliance

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

Signature of Legal Entity Representative  
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Printed Name and Title of Legal Entity Representative  
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WEST REGION FIELD OFFICE  
Human Services Licensing

Violation Report: 44143-10/11/2012 - Glidden, Michelle  
PCH Name: PROVIDENCE POINT

1. REGULATION 55 Pa.Code §2600

2600.185(a) - 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.

2a. DESCRIPTION OF VIOLATION

Resident #5 is prescribed the following medications; however, they are not included on resident #5's October medication administration record:

- \* ABHR cream, apply 1ml topically to inner wrist every 4 hours as needed for nausea
- \* Acetaminophen, 650 mg, one suppository every 4 hours as needed for pain or fever
- \* Levothyroxine, 137 mcg, 1 tablet before breakfast

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.

*The comfort kit was in the drawer & being noted on the E-Max. Meds were removed from the drawer immediately. Pharmacy will be notified upon receipt of these meds from any outside agencies to be added to the E-Max. Med techs, nurses & RN supervisor will be responsible in preventing future violations. Staff will be in-service on 11/28/12 re safe storage, access, security, distribution & use of medications & medical equipment. The comfort kit has since been discontinued.*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

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

Bryan Warner Dir. PCH/s

Date 11/15/12

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(Date)

Plan of correction implementation status as of 11/29/12  
(Date)

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Violation Report: 44143 - 10/11/2012 - Glidden, Michelle  
PCH Name: PROVIDENCE POINT  
WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 56 Pa.Code §2600  
2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

2a. DESCRIPTION OF VIOLATION  
Resident #3 was admitted 9/26/12; however, the preadmission screening was completed on 8/10/12.  
Resident #8 was admitted 2/29/12; however, the preadmission screening was completed on 9/29/11.

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.

The violation was caused by the fact that the resident's move-in dates were changed by families causing a delay in the move-in process causing the dates to be out of compliance. To prevent future violations, when notification of move-in date is received, pre-screening date will be checked, and if longer than 30 days, a new one will be done upon move-in. The coordinators, Lori's + RW supervisor will be responsible to check the dates to confirm move-in dates are within 30 days

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

Signature of Legal Entity Representative  
(Required on EVERY Page)

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) Bryan D. Palmer Date 11/15/12

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Plan of correction implementation status as of 11/29/12 (Date)

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

- Fully Implemented MS
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Violation Report: 44149 - 10/11/2012 - Glidden, Michelle  
 PCH Name: PROVIDENCE POINT  
 WEST REGION FIELD OFFICE  
 Human Services Licensing

1. REGULATION 65 Pa.Code §2600

2800.231(b) - 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.

2a. DESCRIPTION OF VIOLATION

Resident #1 was admitted to the secured dementia care unit on 9/4/12. However, the resident's medical evaluation was completed on 2/19/12 and it does not indicate the need for the resident to be served in a secured dementia care unit.

Resident #2 was admitted to the secured dementia care unit on 5/31/12. The resident's medical evaluation, dated 5/30/12, does not indicate the need for the resident to be served in a secured dementia care unit.

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.

*As of 11/15/12, on resident 1 and resident 2 were in compliance. Please see attachments 3A + 3b. PC + MS coordinator will be in-service in regards to the DME. Training will include a review of proper diagnosis for the resident and where they are to be served within the community. To prevent future violations, RA Supervisor will review the residents charts for proper documentation on DME.*

Repeat Violation: Yes      Date(s) of Previous Violation(s): 10/13/2011

Signature of Legal Entity Representative (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *ARYA WARDEN D, PC/MS*      Date *11/15/12*

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Violation Report: 44143 - 10/11/2012 - Glidden, Michelle  
 PCH Name: PROVIDENCE POINT

WEST REGION FIELD OFFICE  
 Human Services Licensing

**1. REGULATION 85 Pa. Code §2800**

2800.231(c) - A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

**2a. DESCRIPTION OF VIOLATION**

Resident #1 was admitted to the secured dementia care unit on 9/4/12; however, a written cognitive preadmission screening was not completed.

**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.

*Resident #1 was reading in the PC unit and was determined to be better served in the MS unit. Upon transfer, the pre-screen was thought to be done, but the new one should have been completed by the dementia team. MS coordinator will be educated on 11/28/12 of the importance of completing a pre-admission screen for all incoming residents including all transfers from PC. Coordinator & W Supervisor will review intake paperwork upon admission to prevent future violations.*

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

Signature of Legal Entity Representative  
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Diana Warner D. PC/MS*

Date *11/15/12*

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The above plan of correction is approved as of 11/29/12  
 (Date)

Plan of correction implementation status as of 11/29/12  
 (Date)

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

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