



**pennsylvania**  
DEPARTMENT OF PUBLIC WELFARE

MAY 08 2014

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

RE: Providence Point  
200 Adams Avenue  
Pittsburgh, Pennsylvania 15243  
License #: 441430

Dear Mr. Allison:

As a result of the Department of Public Welfare's licensing inspection on October 17, 2013, October 18, 2013 and December 5, 2013, of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Your regular license for the period January 4, 2014 to January 4, 2015 was issued on September 18, 2013. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink, appearing to read "Matthew J. Jones", with a long horizontal flourish extending to the right.

Matthew J. Jones  
Director

Enclosure  
License Inspection Summary

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

Page 1 of 17

|  |   |   |
|--|---|---|
| PCH Name: PROVIDENCE POINT   |   | License Number: 44143   |
| Address: 200 ADAMS AVENUE, PITTSBURGH, PA 15243  |   | County: Allegheny   |
| Administrator: KIM SALVIO  |   | Region: WEST  |
| Legal Entity Name: BAPTIST HOMES SOCIETY   |   |   |
| Legal Entity Address: 489 CASTLESHANNON BOULEVARD, PITTSBURGH, PA 15234  |   |   |
| Certificate(s) of Occupancy<br>I-1<br>11/09/2009<br>Township of Scott  |   | <b>RECEIVED</b><br><br><b>MAR 14 2014</b><br><br><b>WEST REGION FIELD OFFICE</b><br><b>Human Services Licensing</b> |
| <b>Staffing Hours</b>  |   |   |
| Resident Support: 0  | Total Daily Staff: 117                  | Waking Staff: 88  |
| Type of Inspection: Full   | BHA Docket Number:                      | Notice: Unannounced   |
| Reason(s) for Inspection(s)<br>Renewal, Complaint, Incident  |   |   |
| On-Site Inspections Dates and Department Representatives On-Site<br>10/17/2013: Flinner-Alman, Lisa; Garrigan, Laurie<br>10/18/2013: Flinner-Alman, Lisa; Garrigan, Laurie<br>12/05/2013: Flinner-Alman, Lisa; Cutter, Jan |   |   |
| 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: 84  | Number of Residents who:                |   |
| Number of Residents Served: 78   | Receive Supplemental Security Income: 0 |   |
| Secured Dementia Care Unit In Home: Yes  | Are 60 Years of Age or Older: 77        |   |
| Area: Memory Support 1st Floor   | Have Mental Illness: 0                  |   |
| Secured Dementia Unit Capacity, if Applicable: 20  | Have an Intellectual Disability: 0      |   |
| Number of Residents Served in Secured Dementia Care Unit, if applicable: 20  | Have a Mobility Need: 39                |   |
| Number of Current Hospice Residents: 3   | Have a Physical Disability: 0           |   |
| Number of Hospice Residents in past year: 13   |   |   |

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Violation Report: 44143 - 10/17/2013 - Flinner-Alman, Lisa  
PCH Name: PROVIDENCE POINT

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.3(c) - The personal care home shall post the current license, a copy of the current inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

2a. DESCRIPTION OF VIOLATION  
On 10/17/13, the home's copy of 55 Pa.Code Chapter 2600 was located in an office and was not posted in a conspicuous and public place in the home.

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.

2600.3(c)

Providence Point Personal Care would like to appeal this violation:

Since opening our community in 2004, the copy of the License along with the copy of 55 Pa. Code Chapter 2600.00 is located in a conspicuous and public area of our Personal Care Home.

The code, license and inspection summary is located in the blue binder on the first floor of Personal Care as you enter the unit and as evidenced in the accompanying photos.

The inspection and inspectors on 10-17-13 were based on the 2<sup>nd</sup> floor of our Personal Care and we keep a copy of this code in the Nurses Station on that unit. For efficiency sake, we gave the inspectors, as they requested, a copy of our Pink Book from the nurse's station so they could reference the regulations as they conducted their inspection.

Upon exit, we were not told that this would result in any violation nor were we asked where the items were located as part of our inspection.

*Violation withdrawn  
9/11/14*

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

Signature of Legal Entity Representative *Kim Salvio Patta*  
(Required on EVERY Page)

Printed Name and Title of Legal Entity Representative *Kim Salvio Patta*      Date *3-14-14*  
(Required on EVERY Page)

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

|   |  |
|---|--|
| The above plan of correction is approved as of _____ (Date)   | Plan of correction implementation status as of _____ (Date)  |
| The above plan of correction was approved by _____ (Initials) | <input type="checkbox"/> Fully Implemented<br><input type="checkbox"/> Partially Implemented - Adequate Progress<br><input type="checkbox"/> Partially Implemented - Inadequate Progress<br><input type="checkbox"/> Not Implemented |

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|   |                                   |   |                     |
|---|-----------------------------------|---|---------------------|
| Violation Report: 44143 - 10/17/2013 - Flinner-Alman, Lisa<br>PCH Name: PROVIDENCE POINT  |                                   | <b>WEST REGION FIELD OFFICE</b><br><b>Human Services Licensing</b>  |                     |
| <b>1. REGULATION 55 Pa.Code §2600</b><br>2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.  |                                   |   |                     |
| <b>2a. DESCRIPTION OF VIOLATION</b><br>On 10/17/13 at 9:55 a.m., the narcotic accountability log containing residents' medication information, including resident #9, was unattended, unlocked and accessible on top of the hutch next to the medication cart across from room #210.  |                                   |   |                     |
| <b>3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)</b><br><i>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.</i>  |                                   |   |                     |
| 2600.17<br><br><b>PLAN OF CORRECTION:</b><br><br>Regulation 2600.17 reviewed with all Medication Aids and LPN's that pass mediations on 3-10-14.<br>Education sheet signed and handout given regarding regulation and subsequent violation. See attached.<br><br>Random Audits for HIPPA compliance with Narcotic Record with monthly QI/QA.<br><br>Responsible Party: Administrator or Designee<br><br><i>By 7/30/14 - a designated staff person, daily and on each shift, will monitor the home to ensure resident records, including medication records, are kept confidential and in a secure area. Jm 4/1/14</i> |                                   |   |                     |
| Repeat Violation: No  | Date(s) of Previous Violation(s): |   |                     |
| Signature of Legal Entity Representative<br>(Required on EVERY Page) <i>Kim Salvio PCHA</i>   |                                   |   |                     |
| Printed Name and Title of Legal Entity Representative<br>(Required on EVERY Page) <i>Kim Salvio PCHA</i>  |                                   |   | Date <i>3-14-14</i> |
| <b>DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!</b>   |                                   |   |                     |
| The above plan of correction is approved as of <u>4/1/14</u><br>(Date)  |                                   | Plan of correction implementation status as of <u>4/1/14</u><br>(Date)  |                     |
| The above plan of correction was approved by <u><i>[Signature]</i></u><br>(Initials)  |                                   | <input type="checkbox"/> Fully Implemented<br><input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>sw</i><br><input type="checkbox"/> Partially Implemented - Inadequate Progress<br><input type="checkbox"/> Not Implemented |                     |

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Violation Report: 44143 - 10/17/2013 - Flinner-Alman, Lisa  
 PCH Name: PROVIDENCE POINT

WEST REGION FIELD OFFICE  
 Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
 2600.25(a)(1) - Prior to admission, or within 24 hours after admission, a written resident-home contract (Contract) between the resident and the home shall be in place.

2a. DESCRIPTION OF VIOLATION

Resident #1, admitted 9/1/13, did not have a resident-home contract completed until 9/3/13.

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.

2600.25(a)(1)

PLAN OF CORRECTION:

Resident #1 was admitted to our Personal Care unit from our in house skilled unit on 9-1-13 which was a Friday. This resident does have a diagnosis of Dementia and her daughter who needed to sign the contract, lives and was out of town that weekend. She lives in New Jersey. It was signed as soon as she returned to Pennsylvania which was on 9-3-13.

Our plan of correction: Regulation 2600.25 (a)(1) reviewed with admissions coordinators 3-4-14.

Will conduct random audits to ensure that regulatory compliance is maintained.

Responsible Party: Administrator, Admissions, or Designee

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

|  |                        |
|--|------------------------|
| Signature of Legal Entity Representative<br>(Required on EVERY Page) | <i>Kim Salvio PCHA</i> |
|--|------------------------|

|   |            |      |         |
|---|------------|------|---------|
| Printed Name and Title of Legal Entity Representative<br>(Required on EVERY Page) | Kim Salvio | Date | 3-14-14 |
|---|------------|------|---------|

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| The above plan of correction is approved as of <u>4/1/14</u><br>(Date)      | Plan of correction Implementation status as of <u>4/1/14</u><br>(Date) |
| The above plan of correction was approved by <u><i>ON</i></u><br>(Initials) |  |

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

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Violation Report: 44143 - 10/17/2013 - Flinner-Alman, Lisa  
 PCH Name: PROVIDENCE POINT

WEST REGION FIELD OFFICE  
 Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
 2600.25(b) - 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.

2a. DESCRIPTION OF VIOLATION

The contract, dated 9/3/13, for resident #1 was not signed by the payer. The resident is not the payer.  
 The contract, dated 6/4/13 and updated on 10/4/13, for resident #2 was not signed by the payer. The resident is not the payer.  
 The contract, dated 6/27/13, for resident #3 was not signed by the payer. The resident is not the payer.  
 The contract, dated 5/1/13, for resident #4 was not signed by the payer. The resident is not the payer.

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

PLAN OF CORRECTION: Regulation 2600.25 (b) reviewed with admissions coordinators and signed that they have received and reviewed a copy of the regulation. Completed 3-4-14

Payers for the following residents were notified and came in to sign the contract along with the residents. See attached signature pages of noted contracts for residents below. Will be completed by 3-31-14.

Resident #1, #2, #3, and #4.

All charts of PC will be audited (3/11/14-3/14/14) to ensure that the payer has signed along with the resident if the resident is not the payer.

All payers will be identified and notified by the Admissions department of the need for them to come in to sign the contract. Will be completed by 3-31-14.

Monthly audits will be conducted as part of monthly QA/QI to ensure compliance after full audit conducted.

Responsible party: Admissions, Administrator or Designee

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

Signature of Legal Entity Representative (Required on EVERY Page) *Kim Salvjo PCHA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Kim Salvjo PCHA Administrator* Date *3-14-14*

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The above plan of correction is approved as of 4/1/14 (Date)

Plan of correction implementation status as of 4/6/14 (Date)

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

- Fully Implemented
- Partially Implemented - Adequate Progress *[initials]*
- Partially Implemented - Inadequate Progress
- Not Implemented

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Violation Report: 44143 - 10/17/2013 - Finner-Alman, Lisa  
 PCH Name: PROVIDENCE POINT

WEST REGION FIELD OFFICE  
 Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.81(b) - Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION

On 10/17/13, the left arm pad was missing from the common wheelchair in the memory care unit, creating a skin tear hazard.

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

2600.18(b)

PLAN OF CORRECTION:

STAFF REVIEWED REGULATION 2600.81 ON 3-10-14

RANDOM AUDITS ON MOBILITY DEVICES AND PROSTHETIC DEVICES TO BE CONDUCTED MONTHLY/AS PART OF QI/QA AS WELL AS DAILY REPORTING BY ALL STAFF TO PC TEAM LEADERS OF ANY HAZARDOUS MOBILITY DEVICES.

THERAPY DEPARTMENT ALSO REVIEWED REGULATION AND WILL NOTIFY PC TEAM LEADERS OF ANY HAZARDOUS MOBILITY DEVICES.

HAZARDOUS DEVICES WILL THEN BE REMOVED FOR REPAIR AND RESIDENT WILL HAVE ACCESS TO TEMPORARY DEVICE UNTIL THEIR DEVICE IS SAFE TO USE.

RESPONSIBLE PARTY: ADMINISTRATOR, RN SUPERVISOR OR DESIGEE.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Kim Salvio PCMA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Kim Salvio PCMA* Date *3-14-14*

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The above plan of correction is approved as of 4/1/14 (Date)

Plan of correction implementation status as of 4/1/14 (Date)

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

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

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Violation Report: 44143 - 10/17/2013 - Flinner-Alman, Lisa  
 PCH Name: PROVIDENCE POINT

WEST REGION FIELD OFFICE  
 Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.82(c) - 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.

2a. DESCRIPTION OF VIOLATION

On 10/17/13, a bottle of laundry detergent, with a manufacturer's label indicating "If swallowed, call a poison control center or doctor immediately", was unlocked and accessible to residents in the 2nd floor laundry room.

On 10/17/13, a bottle of laundry detergent, with a manufacturer's label indicating "If swallowed, give a glass full of water. Call a physician." was unlocked and accessible to residents in the 3rd floor laundry room.

Not all residents of the home, including resident #3, have been assessed capable of recognizing and using poisons safely.

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.

2600.82(c)

PLAN OF CORRECTION:

ALL RESIDENTS NOTIFIED OF REGULATION BY GIVING THEM THE ATTACHED FLYER ON THEIR MAIL SHELF AND ALSO DISCUSSED AT RESIDENT COUNCIL ON 3-13-14. SEE ATTACHED FLYER.

SIGN POSTED IN LAUNDRY ROOM TO REMIND RESIDENTS AND STAFF NOT TO LEAVE ANY CHEMICALS UNATTENDED IN THE LAUNDRY ROOM. SEE ATTACHED PICTURES. 3-13-14

STAFF IN-SERVICED ON REGULATION AND IF THEY SEE LAUNDRY DETERGENT IN THE LAUNDRY ROOM, TO REMOVE IT AND RETURN IT TO THE RESIDENT IT BELONGS TO. 3-11-14

CONTINUE QA/QI AUDITS TO ENSURE COMPLIANCE TO REGULATION, AT LEAST MONTHLY. 4/1/14

RESPONSIBLE PARTY: ADMINISTRATOR OR DESIGNEE

By 4/20/14 - A designated staff person, daily and on each shift, will monitor the home for poisonous materials. dr. 4/1/14

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Kim Salvio PCHA*

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

Kim Salvio PCHA

Date 3-14-14

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The above plan of correction is approved as of

4/1/14  
 (Date)

Plan of correction implementation status as of

4/1/14  
 (Date)

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

The above plan of correction was approved by

*CS*  
 (Initials)

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Violation Report: 44143 - 10/17/2013 - Fllner-Alman, Lisa  
PCH Name: PROVIDENCE POINT

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.132(g) - Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

2a. DESCRIPTION OF VIOLATION

The past six drills held during sleeping hours in the personal care home were conducted at approximately the same time of day:

- 10/11/12 at 6:38 a.m.
- 11/27/12 at 6:30 a.m.
- 3/18/13 at 6:33 a.m.
- 4/19/13 at 6:31 a.m.
- 5/10/13 at 6:37 a.m.
- 9/6/13 at 6:27 a.m.

The past four drills held during sleeping hours in the memory support unit were conducted at approximately the same time of day:

- 10/19/12 at 6:16 a.m.
- 1/15/13 at 6:29 a.m.
- 4/10/13 at 6:17 a.m.
- 7/30/13 at 6:18 a.m.

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.

*[Redacted] (Maintenance Worker who conducts fire drills) was interviewed on having the fire drills at different times during sleeping hours. [Redacted] fully understands the necessity to stagger the timing of drills and will do so from this point forward.*

*[Signature]*  
EVS Director

*[Signature]*

*see attached page 8A of 17*

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

Signature of Legal Entity Representative (Required on EVERY Page) *Kim Salvio PCMA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Kim Salvio, PCMA*      Date *3-14-14*

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The above plan of correction is approved as of 4/1/14 (Date)

Plan of correction implementation status as of 4/1/14 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *[initials]*
- Partially Implemented - Inadequate Progress
- Not Implemented

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

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2600.132 (g)

PLAN OF CORRECTION:

A member of our Environmental services department, who is also a Fire Fighter, is responsible to conduct our monthly drills. The violation was reviewed with him and he has been In-serviced on regulation 2600.132 (g). He fully understands the necessity to stagger the timing of the drills and will do so from this point forward.

Responsible Party: EVS or designee

Kim Salvo PCMA  
Kim Salvo 3-14-14

March 2013 fire drill completed and conducted during late evening sleeping hours.

By 5/31/14 - The home will conduct another sleeping hours fire drill between the hours of 10 p.m - 5 a.m.

3/14/14

Violation Report: 44143 - 10/17/2013 - Flinger-Alman, Lisa  
 PCH Name: PROVIDENCE POINT

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1. REGULATION 55 Pa.Code §2600  
 2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

MAR 14 2014

2a. DESCRIPTION OF VIOLATION

The medical evaluation, dated 8/16/13, for resident #4 does not include health status or cognitive functioning.

The medical evaluation, dated 8/16/13, for resident #5 does not include the resident's ability to self-administer medications.

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.

PLAN OF CORRECTION:

THE DME FOR RESIDENT #4 HAS BEEN UPDATED TO INCLUDE ALL REQUIRED AREAS BY DPW I.E. HEALTH STATUS OR COGNITIVE FUNCTIONING. 3-12-14

DME FOR RESIDENT #5: THIS RESIDENT HAS SINCE BEEN DISCHARGED.

RANDOM AUDITS WILL BE CONDUCTED MONTHLY AS PART OF QI/QA TO ENSURE DME COMPLIANCE WITH REGULATION 2600.141 (a) (2)

RESPONSIBLE PARTY: RN SUPERVISOR OR DESIGNEE

On 3/10/14 - All staff involved in reviewing medical evaluations were reeducated on ensuring the document is completed in its entirety. Any incomplete forms will be returned to the residents' physician for completion. Jan 9/1/14

|                       |                                   |            |
|-----------------------|-----------------------------------|------------|
| Repeat Violation: Yes | Date(s) of Previous Violation(s): | 10/11/2012 |
|-----------------------|-----------------------------------|------------|

|  |                        |
|--|------------------------|
| Signature of Legal Entity Representative<br>(Required on EVERY Page) | <i>Kim Salvio PCHA</i> |
|--|------------------------|

|   |                |
|---|----------------|
| Printed Name and Title of Legal Entity Representative<br>(Required on EVERY Page) | Date           |
| <i>Kim Salvio PCHA</i>  | <i>3-14-14</i> |

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The above plan of correction is approved as of 4/1/14  
 (Date)

Plan of correction implementation status as of 4/1/14  
 (Date)

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

- Fully Implemented
- Partially Implemented - Adequate Progress *[Signature]*
- Partially Implemented - Inadequate Progress
- Not Implemented

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Violation Report: 44143 - 10/17/2013 - Flinner-Alman, Lisa  
 PCH Name: PROVIDENCE POINT

WEST REGION FIELD OFFICE  
 Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
 2600.162(c) - Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

2a. DESCRIPTION OF VIOLATION  
 On 10/17/13, a menu for the current week of 10/14/13 - 10/20/13 was posted. However, the weekly menu for the following week was not posted.

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.

PLAN OF CORRECTION:

ON THE DATE OF THE INSPECTION, OCTOBER 17, 2013, THIS VIOLATION WAS CORRECTED IN THE PRESENCE OF THE INSPECTORS.

ALL 5 WEEKS OF MENUS FOR THIS SEASON ARE AVAILABLE IN A PUBLIC AREA (BOTH DINING IN PC AND MEMORY SUPPORT- SEE ATTACHED PHOTOS). THEY ARE LOCATED IN A BINDER.

ON DISPLAY IN A PUBLIC AREA (1<sup>ST</sup> FLR, 3<sup>RD</sup> FLR, AND MEMORY SUPPORT) IS THE CURRENT WEEK MENU AND THE FOLLOWING WEEK MENU WHICH IDENTIFIES THE SPECIFIC FOOD BEING SERVED AT EACH MEAL.

WE WILL COMPLY WITH REGULATION 2600.162 (c) AS IDENTIFIED ABOVE.

REMINDER ON WEEKLY CALENDAR TO CHANGE AND DISPLAY APPROPRIATE MENUS. 3-10-14

RESPONSIBLE PARTY: DIETARY SUPERVISOR OR DESIGNEE

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

Signature of Legal Entity Representative (Required on EVERY Page) *Kim Salvio PCMA*

|  |                     |
|--|---------------------|
| Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Kim Salvio</i> | Date <i>3-14-14</i> |
|--|---------------------|

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

The above plan of correction is approved as of 4/1/14  
 (Date)

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

Plan of correction implementation status as of 4/1/14  
 (Date)

- Fully Implemented *2*
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

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WEST REGION FIELD OFFICE  
Human Services Licensing

Violation Report: 44143 - 10/17/2013 - Flinner-Alman, Lisa  
PCH Name: PROVIDENCE POINT

1. REGULATION 55 Pa.Code §2600

2600.181(e) - To be considered capable to self-administer medications, a resident shall:

- (1) Be able to recognize and distinguish his/her medication.
- (2) Know how much medication is to be taken.
- (3) Know when medication is to be taken.

2a. DESCRIPTION OF VIOLATION

Resident #6 self-administers medications and is ordered Vitamin D3, one tablet daily. Resident #6 does not take it as ordered and stated he/she "takes it once in a while."

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.

PLAN OF CORRECTION:

RN SUPERVISOR REVIEWED RESIDENT'S MEDICATION ORDERS WITH RESIDENT #6.  
RESIDENT #6 WAS RETESTED ON ABILITY TO SELF ADMINISTER MEDICATIONS 2-27-14. SEE ATTACHED.  
RESIDENT #6 SUCCESSFULLY COMPLETES TESTING TO SELF ADMINISTER MEDICATIONS 2-27-14.  
RESIDENT REFUSES TO TAKE VITAMIN D AS ORDERED.  
PHYSICIAN NOTIFIED OF THE ABOVE ISSUE WITH REFUSAL OF VITAMIN D AND PHYSICIAN DISCONTINUES MEDICATION. 3-16-14  
ALL RESIDENT WHO SELF ADMINISTER WILL BE TESTED ON SELF ADMINISTERING MEDICATIONS QUARTERLY AND AS NEEDED.  
RECORDS OF COMPLETION OF RESIDENT SELF ADMINISTRATION TESTING WILL BE MAINTAINED BY RN SUPERVISOR OR DESIGNEE.  
PROVIDENCE POINT PERSONAL CARE WILL COMPLY WITH REGULATION 2600.181.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Kim Salvio PCHA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Kim Salvio PCHA Administrator*      Date *3-14-14*

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

The above plan of correction is approved as of 4/1/14 (Date)

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

Plan of correction implementation status as of 4/1/14 (Date)

- Fully Implemented *[Signature]*
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

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Violation Report: 44143 - 10/17/2013 - Flinner-Alman, Lisa  
 PCH Name: PROVIDENCE POINT

WEST REGION FIELD OFFICE  
 Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
 2600.105(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 #4 is ordered an enema, administer one rectally every day as needed. However, on 10/18/13, the medication was not available for administration in the home.

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.

PLAN OF CORRECTION:

MONTHLY MEDICATION CART AUDITS TO BE CONDUCTED BY MEDICATION AIDES TO ENSURE THAT ALL RESIDENTS HAVE MEDICATIONS ORDERED ON SITE.

RN SUPERVISOR OR DESIGNEE IS RESPONSIBLE TO DISTRIBUTE AUDITS, COLLECT AND REVIEW AUDITS THEN DELEGATE ORDERING OF NEEDED MEDICATIONS. *Q month*

SEE ATTACHED SAMPLE AUDIT

RESPONSIBLE PARTY: RN SUPERVISOR OR DESIGNEE

*My 4/30/14 - The administrator will monitor medication audits and curbed system to ensure medication is available. 4/6/14*

|                       |                                   |            |
|-----------------------|-----------------------------------|------------|
| Repeat Violation: Yes | Date(s) of Previous Violation(s): | 10/11/2012 |
|-----------------------|-----------------------------------|------------|

Signature of Legal Entity Representative (Required on EVERY Page) *Kim Salvio PCHA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Kim Salvio Administrator* Date *3-14-14*

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

The above plan of correction is approved as of 4/1/14 (Date)

The above plan of correction was approved by *Q* (Initials)

Plan of correction implementation status as of 4/1/14 (Date)

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

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Violation Report: 44143 - 10/17/2013 - Finner-Alman, Lisa  
PCH Name: PROVIDENCE POINT

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 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 #8 was admitted to the home on 7/11/13; however, the preadmission screening form was completed on 10/9/13.

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.

Violation  
Withdrawn

*[Signature]* 4/1/14

Violation  
Withdrawn

See attached page 13a for plan of correction

Repeat Violation: Yes | Date(s) of Previous Violation(s): 10/11/2012

Signature of Legal Entity Representative (Required on EVERY Page) *Kim Salvio PCA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Kim Salvio Administrator* | Date *3-14-14*

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

The above plan of correction is approved as of \_\_\_\_\_ (Date)

The above plan of correction was approved by \_\_\_\_\_ (Initials)

Plan of correction implementation status as of \_\_\_\_\_ (Date)

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

MAR 14 2014

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Violation Report: 44143 - 10/17/2013 - Pinner-Alman, Lisa  
 PCH Name: PROVIDENCE POINT

WEST REGION FIELD OFFICE  
 Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.225(a) - 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.

2a. DESCRIPTION OF VIOLATION

The initial assessment for resident #1, admitted 9/1/13, was completed on 8/20/13.

The assessment, dated 8/27/13, for resident #2, does not address the resident's diagnoses of muscle weakness, difficulty walking, osteoarthritis and tachycardia as indicated on the medical evaluation, dated 10/4/13.

The assessment, dated 7/1/13, for resident #3, indicates the resident is minimally immobile; however, the medical evaluation, dated 7/1/13, indicates the resident is moderately immobile.

Resident #9 has received psychiatric services from Med Options since 12/30/11; however, it is not addressed on the assessment, completed 7/8/13.

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.

*See Attached HHA Plan of Correction page 14 of 17*

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

Signature of Legal Entity Representative (Required on EVERY Page) *Kim Sanio PCAA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Administrator Kim Sanio* Date *3-14-14*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE

The above plan of correction is approved as of 3/11/14 (Date)

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

Plan of correction implementation status as of 4/1/14 (Date)

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

*Page 19 of 17*

*14a. Plan*

2600.225 (a)

PLAN OF CORRECTION:

RESIDENT #1: THE INITIAL ASSESSMENT WAS DATED INCORRECTLY. HOWEVER, IF THE CORRECT DATE WAS 9/20/13 THE SUPPORT PLAN WOULD STILL BE OUT OF COMPLIANCE FOR THE ASSESSMENT PART OF THE SUPPORT PLAN. PERSON RESPONSIBLE RE EDUCATED WITH REGULATION.

RESIDENT #2: SUPPORT PLAN HAS BEEN UPDATED TO INCLUDE THE DIAGNOSIS THAT WAS MISSING AS INDICATED ON THE DME. SEE ATTACHMENT.

RESIDENT #3: THE PRE ADMISSION ASSESSMENT COMPLETED UPON THIS RESIDENT WAS CONDUCTED IN HIS INDEPENDENT LIVING APARTMENT WITHIN THE REGULATED 15 DAYS PRIOR TO ADMISSION TO PERSONAL CARE. THE RESIDENT WAS ASSESSED BY THIS WRITER TO BE MINIMALLY IMMOBILE BASED ON HIS OBSERVED AND DEMONSTRATED FUNCTIONAL MOBILITY DURING THE ASSESSMENT. THE LONG TIME PHYSICIAN OF THIS RESIDENT WHO COMPLETED THE DME RECORDS HIM TO BE MODERATELY IMMOBILE BASED ON HIS HISTORY AND UNPREDICTABLE DISEASE STATE. HIS MOBILITY DOES FLUCTUATE BUT THIS WRITER DID NOT KNOW THAT AT THE TIME THE ASSESSMENT WAS CONDUCTED.

RESIDENT #9: HAS HAD THE SUPPORT PLAN UPDATED WITH NECESSARY INFORMATION OF RECEIVING PSYCH SERVICES. SEE ATTACHMENT.

COMPLIANCE WITH COMPLETION OF PRE ADMISSION ASSESSMENT, RASP AND DME AS PER 2600.225 AND 2600.227

RESPONSIBLE PARTY: ALL THOSE WHO PARTICIPATE IN PREADMISSION SCREENS, RASP COMPLETION AND DME COMPLETION ON THE PERSONAL CARE TEAM.

*By 4/30/14 - The administrator or designee will review all assessments of current residents to ensure they are complete and updated.*

*Providence Point  
Kim Sakuro / Kim Savio  
Administrator 3-14-14*

*4/1/14  
[Signature]*

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Violation Report: 44143 - 10/17/2013 - Flinner-Alman, Lisa  
 PCH Name: PROVIDENCE POINT

WEST REGION FIELD OFFICE  
 Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
 2600.227(a) - A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

2a. DESCRIPTION OF VIOLATION  
 Resident #1 was admitted to the home on 9/1/13; however, the resident's support plan was completed on 8/20/13.

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.

PLAN OF CORRECTION:

THIS RASP WAS COMPLETED BY THE PERSONAL CARE COORDINATOR. SHE INSERTED THE INCORRECT DATE. THIS RASP WAS NOT COMPLETED PRIOR TO THE RESIDENT ADMITTING.

STAFF IN-SERVICED ON CORRECT COMPLETION OF RASP ON 3-13-14.

PERSONAL CARE STAFF COMPLETING THE RASP WILL COMPLY WITH REGULATION 2600.227(a) AND WILL HAVE A WRITTEN SUPPORT PLAN DEVELOPED AND IMPLEMENTED WITHIN 30 DAYS OF ADMISSION TO THE HOME. THE SUPPORT PLAN SHALL BE DOCUMENTED ON THE DEPARTMENT'S SUPPORT PLAN FORM.

RESPONSIBLE PARTY: RN SUPERVISOR OR DESIGNEE

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

Signature of Legal Entity Representative (Required on EVERY Page) *Kim Salvo, RNHA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Administrator Kim Salvo* Date *3-14-14*

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

The above plan of correction is approved as of 4/2/14  
 (Date)

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

Plan of correction implementation status as of 4/2/14  
 (Date)

- Fully Implemented *[initials]*
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

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Violation Report: 44143 - 10/17/2013 - Fflinner-Alman, Lisa  
PCH Name: PROVIDENCE POINT

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa. Code §2600  
2600.227(g) - Individuals who participate in the development of the support plan shall sign and date the support plan.

2a. DESCRIPTION OF VIOLATION

Resident #1 participated in the development of their support plan on 8/20/13. However, the resident did not sign the support plan.

The support plan, dated 8/11/13, for resident #6 does not indicate who completed the form and does not include any signatures.

Resident #9 participated in the development of their support plan on 7/8/13. However, the resident did not sign the support plan.

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.

PLAN OF CORRECTION:

- 2 a. RESIDENT #1 HAS SIGNED THE SUPPORT PLAN- SEE ATTACHED 3-11-14
- THE SUPPORT PLAN DATED 8-11-13 FOR RESIDENT #6 WAS SIGNED BY THE STAFF PERSON WHO COMPLETED THE SUPPORT PLAN. SEE ATTACHED 3-11-14
- RESIDENT #9 UNABLE TO SIGN SUPPORT PLAN AT THIS TIME DUE TO COGNITIVE AND FUNCTIONAL DECLINE. POA REVIEWED SUPPORT PLAN AND SIGNED. 3-11-14
- WILL COMPLY WITH REGULATION 2600.227 (g)
- RESPONSIBLE PARTY: RN SUPERVISOR OR DESIGNEE

*will review all newly completed support plans to ensure all required signatures are obtained and if a resident is unable to sign, this will be indicated on the plan.*  
J 4/1/14

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

Signature of Legal Entity Representative (Required on EVERY Page) *Kim Salvo*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Kim Salvo Administrator*      Date *3-14-14*

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

The above plan of correction is approved as of 4/1/14 (Date)

Plan of correction implementation status as of 4/1/14 (Date)

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

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

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MAR 14 2014

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Violation Report: 44143 - 10/17/2013 - Flinner-Alman, Lisa  
PCH Name: PROVIDENCE POINT

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.254(b) - Each home shall develop and implement policy and procedures addressing record accessibility, security, storage, authorized use and release and who is responsible for the records.

2a. DESCRIPTION OF VIOLATION

The home's policies and procedures for managing records do not indicate where records are stored.

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.

PLAN OF CORRECTION:

PROVIDENCE POINT HAS A POLICY ON MEDICAL RECORD STORAGE. THIS POLICY WAS NOT LOCATED IN THE PERSONAL CARE POLICY BOOK BUT IN THE MEDICAL RECORDS POLICY BOOK.

PLEASE SEE ATTACHED POLICY.

POLICY IS REVIEWED AND REVISED ANNUALLY.

WE WISH TO APPEAL THIS VIOLATION.

RESPONSIBLE PARTY: ADMINISTRATOR OR DESIGNEE.

*By 4/15/14 The administrator or designee will ensure all policies - medical records policies, current resident records policy and discharged residents' policy include specific storage location.*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Kim Salvio PCHA*

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

*KIM SALVIO  
Administrator*

Date *3-14-14*

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

The above plan of correction is approved as of

*4/1/14*  
(Date)

Plan of correction implementation status as of

*4/1/14*  
(Date)

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

The above plan of correction was approved by

*[Signature]*  
(Initials)