



CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: October 29, 2014

Kim Salvo, Administrator
Baptist Homes Society
489 Castle Shannon Boulevard
Pittsburgh, Pennsylvania 15234

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

Dear Ms. Salvo:

As a result of the Department of Public Welfare's licensing inspection on May 23, 2014 and July 15, 2014, 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.

Sincerely,

A handwritten signature in black ink that reads "Larry Mazza". The signature is written in a cursive style and is positioned above the printed name and title.

Larry Mazza
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

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

Page 1 of 8

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		RECEIVED SEP 18 2014							
Legal Entity Address: 489 CASTLESHANNON BOULEVARD, PITTSBURGH, PA 15234									
Certificate(s) of Occupancy <table border="0" style="width: 100%;"> <tr> <td style="width: 33%;">I-2</td> <td style="width: 33%;">Other</td> <td rowspan="3" style="width: 33%; text-align: center; vertical-align: middle;">WEST REGION FIELD OFFICE Human Services Licensing</td> </tr> <tr> <td>11/10/2009</td> <td>08/09/2009</td> </tr> <tr> <td>Township of Scott</td> <td>Township of Scott</td> </tr> </table>			I-2	Other	WEST REGION FIELD OFFICE Human Services Licensing	11/10/2009	08/09/2009	Township of Scott	Township of Scott
I-2	Other	WEST REGION FIELD OFFICE Human Services Licensing							
11/10/2009	08/09/2009								
Township of Scott	Township of Scott								
Staffing Hours									
Resident Support: N/A	Total Daily Staff: 112	Waking Staff: 84							
Type of Inspection: Partial	BHA Docket Number: N/A	Notice: Unannounced							
Reason(s) for Inspection(s) Complaint, Incident									
On-Site Inspection Dates and Department Representatives On-Site									
05/23/2014: Rosol, Jennifer; Perry, Carole									
07/15/2014: Rosol, Jennifer									
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 Served: 74 Secured Dementia Care Unit In Home: Yes Area: First Floor Secured Dementia Unit Capacity, If Applicable: 20 Number of Residents Served in Secured Dementia Care Unit, If applicable: 18 Number of Current Hospice Residents: 1 Number of Hospice Residents in past year: 14		Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 72 Have Mental Illness: 0 Have an Intellectual Disability: 1 Have a Mobility Need: 38 Have a Physical Disability: 0							

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SEP 24 2014 Page 2 of 8

Violation Report: 44143 - 05/23/2014 - Roscl, Jennifer
PCH Name: PROVIDENCE POINT WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
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.

2a. DESCRIPTION OF VIOLATION
On 5/23/14 at 10:43 am, the following information was unlocked and accessible in the 2nd floor sitting area:
*Lab report for resident #1, dated 4/11/14, that includes the resident's social security number, date of birth, diagnoses, and test that was ordered
*Lab report for resident #2, dated 5/22/14, that includes the resident's date of birth, test procedure completed and results
*Physician's order, dated 5/22/14 for resident #3, indicating "scheduled for D&C on 6/11/14, patient is to stop taking aspirin 7 days prior to surgery"

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
By 11/24/14 - A designated staff person on each shift daily will ensure all resident records are kept locked and inaccessible and returned to a secured area, after review at shift report, to maintain confidentiality. 10/24/14 LR
PLAN OF CORRECTION FOR VIOLATION 2600.17

RESIDENT RECORDS LEFT IN COMMON AREA BYLPN BY ACCIDENT AFTER CROSSOVER SHIFT REPORT.

- RE-EDUCATION IN PROCESS FOR ALL STAFF ON REGULATION 2600.17 AS EVIDENCED BY INITIAL SIGNATURES ON STAFF EDUCATION SHEET.
- RE-EDUCATION IN PROCESS FOR ALL STAFF ON PROVIDENCE POINT PERSONAL CARE POLICY 108 USE AND DISCLOSURE OF PHI. SEE ATTACHMENTS.
- VISUAL ROUNDS/AUDITS TO ENSURE HEALTH INFORMATION IS SECURED AND PROTECTED AT ALL TIMES.
- IMMEDIATE, INDIVIDUAL EDUCATION WHEN INFRACTIONS OCCUR PER PROVIDENCE POINT CORRECTIVE ACTION POLICIES.
- RESPONSIBLE PARTIES: ADMINISTRATOR, RN SUPERVISOR BUT IT IS THE PERSONAL RESPONSIBILITY OF EACH STAFF MEMBER TO COMPLY WITH OUR POLICIES AND PROCEDURES.

By 11/24/14 - the administrator or designated staff person will monitor the home at least twice weekly to ensure all resident records are kept safe, locked and stored in a confidential manner. Documentation will be kept. 10/24/14 LR

Repeat Violation: Yes Date(s) of Previous Violation(s): 10/17/2013

Signature of Legal Entity Representative (Required on EVERY Page) Kim Salvino, PCHA

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) KIM SALVINO, PCHA Date 9-19-14

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

The above plan of correction is approved as of 10/24/14 (Date) Plan of correction implementation status as of 10/24/14 (Date)

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

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

RECEIVED

SEP 19 2014

Violation Report: 44143 - 05/23/2014 - Rosol, Jennifer
 PCH Name: PROVIDENCE POINT

WEST REGION FIELD OFFICE
 Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600 25(c)(13) - The contract shall include written information on the resident's rights and complaint procedures as specified in § 2600.41 (relating to notification of resident rights and complaint procedures).

2a. DESCRIPTION OF VIOLATION

The contract for resident #4, dated 1/16/14, does not include a copy of the resident rights and complaint procedures.

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 in PLAN OF CORRECTION FOR VIOLATION 2600.25 (c)(13)

- RESIDENT #4 AND FAMILY GIVEN AND REVIEWED AGREEMENT FOR PERSONAL CARE/MEMORY SUPPORT:
- RESIDENT RIGHTS AND COMPLAINT PROCEDURES REVIEWED AND ARE PART OF THIS AGREEMENT. SEE ATTACHED PAGES.
- PERSONAL CARE/MEMORY SUPPORT AGREEMENT COMPLETED AND FILED AS APPROPRIATE FOR RESIDENT #4.
- ALL MEMORY SUPPORT AGREEMENTS REVIEWED TO ENSURE PROPER DOCUMENTATION IS CONTAINED IN THE ADMISSION FILE. COMPLETED 5-30-14.
- NEW ADMISSION AND SAMPLE PERSONAL CARE CHARTS AUDITED MONTHLY FOR REQUIRED DOCUMENTATION BY PERSONAL CARE ADMINISTRATOR OR DESIGNEE AS EVIDENCED BY QI.
- CHECKLIST MADE FOR ADMISSIONS COORDINATORS TO CHECK OFF WHEN NECESSARY PAPERWORK IS ADDED TO ADMISSION FILE.
- ADMISSIONS COORDINATORS WILL AUDIT NEW RESIDENT ADMISSIONS FILES WITHIN 24 HOURS TO ENSURE AGREEMENTS ARE SIGNED.
- ADMISSION COORDINATOR TRAINING TO INCLUDE PROPER PERSONAL CARE/MEMORY SUPPORT ADMISSION PAPERWORK IS COMPLETED UPON HIRE AND RE EDUCATION WILL OCCUR WHEN INFRACTIONS ARE OBSERVED.
- IF FAMILIES TAKE THE AGREEMENT HOME FOR REVIEW, A COPY OF THE AGREEMENT WILL BE PLACED IN THE ADMISSIONS FILE WITH ANOTE TO FOLLOW UP FOR RETURN WITHIN 24 HOUR TIME LIMIT.
- RESPONSIBLE PARTY: ADMINISTRATOR, RN SUPERVISOR, ADMISSIONS COORDINATORS OR DESIGNEE.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Kim Salvo, PCHA</i>	Date <i>9-19-14</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>10/24/14</u> (Date)	Plan of correction implementation status as of <u>10/24/14</u> (Date)
The above plan of correction was approved by _____ (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>KS</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

PROVIDENCE POINT

Violation Report: 44143 - 05/23/2014 - Rosol, Jennifer

10/20/2014

PCH Name: PROVIDENCE POINT

WEST PENNSYLVANIA INSTITUTE OF TECHNOLOGY
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.42(p) - A resident shall be free from restraints.

2a. DESCRIPTION OF VIOLATION

Resident #5 was admitted on 1/13/14 and resides on the personal care home side of the home. However, according to staff interviews, the resident will spend approximately 13 hours a day, 7 days a week in the home's secured dementia care unit (SDCU). According to staff interviews, the resident will be escorted from the personal care side to the SDCU at approximately 7:00 am daily. While in the SDCU, the resident receives all his/her meals and will participate in activities. According to staff interviews, the resident will then return back to the personal care side at approximately 8:00 pm daily. The resident's medical evaluation, dated 11/7/14, indicates the resident has a diagnosis of "likely alzheimer's type dementia;" however, the medical evaluation does not indicate the need for secured dementia care.

The resident cannot independently operate the locking mechanism to exit the SDCU.

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: VIOLATION FOR 2600.42 (p)

New DME obtained citing that resident does not require secured dementia unit. See attached.

NEW RASP to support that resident attends activities and meals in secured dementia unit daily. See attached.

Speech therapy notes indicate that resident has had therapy services to teach him how to use the key pad locking system to allow himself out of the secured unit whenever he desires to return to his bedroom or PC. Resident keeps copy of code in his pocket daily.

Responsible parties: Administrator or designee.

Immediately: resident #5 will be assessed weekly to ensure he/she is still able to independently exit the secured dementia care unit.

*-RM
10/20/14*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Kim Salveio, PCMA

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

Kim Salveio, PCMA

Date *10-17-14*

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

The above plan of correction is approved as of

10/24/14
(Date)

Plan of correction Implementation status as of

10/24/14
(Date)

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

The above plan of correction was approved by

(Initials)

PROVIDENCE

Violation Report: 44143 - 05/23/2014 - Rosol, Jennifer
 PCH Name: PROVIDENCE POINT

1. REGULATION 55 Pa.Code §2600
 2600.101(l) - A resident shall have access to his/her bedroom at all times.

WEST REGIONAL FIELD OFFICE
 Human Services Licensing

2a. DESCRIPTION OF VIOLATION
 Resident #5 was admitted on 1/13/14 and resides on the personal care home side of the home. However, according to staff interviews, the resident will spend approximately 13 hours a day, 7 days a week in the home's SDCU. According to staff interviews, the resident will be escorted from the personal care side to the SDCU at approximately 7:00 am daily. While in the SDCU, the resident receives all his/her meals and will participate in activities. According to staff interviews, the resident will then return back to the personal care side at approximately 8:00 pm daily. The resident's medical evaluation, dated 11/7/14, indicates the resident has a diagnosis of "likely alzheimer's type dementia;" however, the medical evaluation does not indicate the need for secured dementia care. The resident cannot independently operate the locking mechanism to exit the SDCU. While the resident is in the SDCU, he/she does not have immediate access to his/her bedroom.

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: VIOLATION FOR 2600.101(l)

Speech therapy notes indicate that resident has had therapy services to teach him how to use the key pad locking system to allow himself out of the secured unit whenever he desires to return to his bedroom or PC. Resident keeps copy of code in his pocket daily. Extra copies of code available to resident when needed by staff. staff updated on plan for resident to self exit. POA updated on plan for resident to self exit. MD updated on plan for resident to self exit using key pad.

Responsible parties: Administrator or designee.

*Immediately: resident #5 will be assessed weekly to ensure he/she will be able to independently exit the secured dementia care unit and return to his/her bedroom as they wish.
 RM 10/24/14*

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Kim Salveo, PCMA* Date *10-17-14*

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

The above plan of correction is approved as of 10/24/14 (Date) Plan of correction implementation status as of 10/24/14 (Date)

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

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

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SEP 19 2014 Page 6 of 8

Violation Report: 44143 - 05/23/2014 - Rosol, Jennifer
 PCH Name: PROVIDENCE POINT

WEST REGION FIELD OFFICE
 Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.132(c) - A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

2a. DESCRIPTION OF VIOLATION

The fire drill record for the drill conducted on the personal care side on 1/20/14 at 10:15 pm, does not include the following:
 * # of residents in the home
 * # of residents evacuated

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 FOR VIOLATION 2600.132 (c)

- FIRE ALARM RECORDS DID NOT HAVE THE INDECATED NUMBER OF RESIDENTS OR EVACUATED RESIDENTS INDICATED ON REPORT.
- THIS WAS AN ACTUAL EVENT, NOT A DRILL. THESE REPORTS ARE DOCUMENTED DIFFERENTLY.
- ACTUAL CENSUS AND EVACUATION RESEARCHED AND LOG UPDATED TO MEET REGULATION STANDARD. SEE ATTACHMENTS. THIS HAS ALREADY BEEN COMPLETED BY ADMINISTRATOR.
- REVIEW OF THE REGULATION COMPLETED WITH ENVIRONMENTAL SERVICES AND SECURITY AS THESE ARE THE EMPLOYEES WHO DOCUMENT ON THE EVENT RECORD. CENSUS AND EVACUATION WILL BECOME PART OF THEIR DOCUMENTATION PROCESS ON ALARM REPORTS.
- RESPONSIBLE PARTY: ADMINISTRATOR, RN SUPERVISOR ENVIRONMENTAL SERVICE EMPLOYEES RECORDING FIRE EVENTS.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Kim Savio, PCNA

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

Kim Savio PCNA

Date *9-19-14*

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The above plan of correction is approved as of 10/24/14
 (Date)

Plan of correction implementation status as of 10/24/14
 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *R*
- Partially Implemented - Inadequate Progress
- Not implemented

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

RECEIVED

SEP 19 2014

Violation Report: 44143 - 05/23/2014 - Rosol, Jennifer
PCH Name: PROVIDENCE POINT

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 65 Pa.Code §2600

2600.141(a)(1) - A resident shall have a medical evaluation by a physician, physician's assistant, or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

2a. DESCRIPTION OF VIOLATION

Resident #5 was admitted on 1/13/14; however, the resident's medical evaluation was completed on 11/7/13, which exceeds 60 days prior to admission.

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 FOR VIOLATION 2600.141 (a)(1)

- COMPLETION OF THE FORM WAS WITHIN 60 DAYS BUT NOT THE EVALUATION ITSELF.
- STAFF EDUCATED THAT THE DATE OF EVALUATION MUST BE WITHIN THE 60 DAYS PRIOR TO ADMISSION.
- DATES ARE ASSESSED ON ADMISSION BY RN SUPERVISOR OR DESIGNEE.
- SEE ATTACHED EDUCATION SHEET.
- REGULAR AUDITING OF DME FOR CORRECT INFORMATION BY RN SUPERVISOR OR DESIGNEE
- RESPONSIBLE PARTY: ADMINISTRATOR AND RN SUPERVISOR.

within 30 days of receipt of the plan of correction:
 All resident records will be reviewed to ensure they have a completed medical evaluation within 60 days prior to admission or within 30 days after admission.
 for 10/24/14

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Kim Senio, PCAA* Date *9-19-14*

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The above plan of correction is approved as of 10/24/14 (Date)

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

Plan of correction implementation status as of 10/24/14 (Date)

Fully Implemented

Partially Implemented - Adequate Progress *[Signature]*

Partially Implemented - Inadequate Progress

Not Implemented

RECEIVED

SEP 23 2014

Violation Report: 44143 - 05/23/2014 - Rosol, Jennifer
PCH Name: PROVIDENCE POINT

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa. Code §2600

2600.233(c) - If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

2a. DESCRIPTION OF VIOLATION

On 5/23/14, the directions for operating the home's locking mechanism were not conspicuously posted near any of the 6 doors in the SDCU.

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 FOR VIOLATION 2600.233 (c)

- NEW CODES FOR THE SECURED AREA DISPLAYED AT ALL SECURED DOORS AS OF 5-23-14 PRIOR TO EXIT OF SURVEYORS.
- SEE ATTACHED PHOTO.
- IN FUTURE, IF CODES NEEDS REVISED, NEW CODE WILL BE POSTED SIMULTANEOUSLY WITH REPROGRAMMING OF LOCING MECHANISM.
- RESPONSIBLE PARTY: ADMINISTRATOR OR DESIGNEE.

immediately for

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Kim Savio, PCHA

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

Kim Savio, PCHA

Date

9-19-14

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

The above plan of correction is approved as of

10/24/14
(Date)

Plan of correction Implementation status as of

10/24/14
(Date)

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

The above plan of correction was approved by

(Initials)