



**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**MAILING DATE: October 22, 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 August 18, 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 "Caroline Goedert" followed by a stylized flourish.

Caroline Goedert  
Acting Regional Licensing Director

Enclosure  
Licensing Inspection Summary

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

Page 1 of 2

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 Other 06/09/2009 Scott Township		RECEIVED SEP 24 2014 WEST REGION FIELD OFFICE Human Services Licensing
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 72	Waking Staff: 54
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Incident		
On-Site Inspection Dates and Department Representatives On-Site		
Off-Site Inspection Dates and Inspectors, If Applicable 08/18/2014: Farley, Jesse		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 84	Number of Residents Served: 72	Number of Residents who:
Secured Dementia Care Unit in Home: Yes	Area: First Floor	Receive Supplemental Security Income: 0
Secured Dementia Unit Capacity, If Applicable: 20	Number of Residents Served in Secured Dementia Care Unit, If applicable: 19	Are 60 Years of Age or Older: 40
Number of Current Hospice Residents: 1	Number of Hospice Residents in past year: 14	Have Mental Illness: 0
		Have an Intellectual Disability: 1
		Have a Mobility Need: 0
		Have a Physical Disability: 0

RECEIVED

SEP 26 2014

Page 2 of 2

Violation Report: 44143 - 08/18/2014 - Farley, Jesse

PCH Name: PROVIDENCE POINT

WEST REGION FIELD OFFICE

Human Services Licensing

**1. REGULATION 56 Pa.Code §2600**

2600.132(h) - Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

**2a. DESCRIPTION OF VIOLATION**

On 8/16/14 at 5:30PM, the home's fire alarm system was activated by a burning grilled cheese sandwich. Twelve (12) residents did not evacuate to any of the homes fire safe areas or designated meeting place away from the building.

**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 (h)**

1. ONGOING EDUCATION WITH PERSONAL CARE AND ENVIORNMENTAL/SECURITY STAFF OF REGULATION 2600.132 WITH DOCUMENTATION OF EDUCATION.
2. 2600.132 EDUCATION HAS BEGUN AND WILL BE ONGOING WITH ALL STAFF IN THE ABOVE DEPARTMENTS RESPONSIBLE BY DEPARTMENT DIRECTORS.
3. EMPHASIS ON 2600.132 ALL ALARMS WILL BE EVACUATED REGARDLESS OF CAUSE OF ALARM.
4. FIRE EDUCATION IS GIVEN UPON HIRE AND MONTHLY WITH DEBRIEFING AFTER MONTHLY DRILLS.
5. RESPONSIBLE PARTIES: ADMINISTRATOR AND DIRECTOR OF EVS

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 *9-23-14*

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

The above plan of correction is approved as of 10/1/14  
(Date)

Plan of correction implementation status as of 10/1/14  
(Date)

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

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