



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: July 10, 2015

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

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

Dear Ms. Salvio:

As a result of the Department of Human Services' licensing inspection on December 30, 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 "Susie Pollock".

Susie Pollock
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

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

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		RECEIVED
Certificate(s) of Occupancy I-1 06/09/2009 TWP of Scott		JUN 27 2015 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 129	Waking Staff: 97
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Incident		
On-Site Inspections Dates and Department Representatives On-Site 12/30/2014: McConnell, Deb		
Off-Site Inspection Dates and Inspectors, If Applicable 12/31/2014: McConnell, Deb		
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: 82		Receive Supplemental Security Income: 0
Secured Dementia Care Unit in Home: Yes		Are 60 Years of Age or Older: 80
Area: Memory Support-First Floor		Have Mental Illness: 0
Secured Dementia Unit Capacity, if Applicable: 20		Have an Intellectual Disability: 1
Number of Residents Served in Secured Dementia Care Unit, if applicable: 20		Have a Mobility Need: 47
Number of Current Hospice Residents: 5		Have a Physical Disability: 3
Number of Hospice Residents in past year: 5		

Violation Report: 44143 - 12/30/2014 - McConnell, Deb
PCH Name: PROVIDENCE POINT

JUN 27 2015

1. REGULATION 55 Pa.Code §2600

2600.231(c) - A written cognitive preadmission screening completed in collaboration with a physician or 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.

WEST REGION FIELD OFFICE
Human Services Program

2a. DESCRIPTION OF VIOLATION

Resident #1 was admitted as an emergency respite stay to the secured dementia care unit (SDCU) on 3/8/14; however, the resident did not have a cognitive preadmission screening completed until 5/6/14.

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.

2600.231(c)

1. A new preadmission screen for this resident with part IV. Cognitive Screen completed on 6-23-15 and inserted into chart. See attached copy. Completed by RN Supervisor.

2. Currently using an admission checklist to ensure all needed documentation is obtained for chart of new resident. In Memory Support, have now added to the admission checklist- Cognitive Screen to ensure that the Preadmission Screen with Cognitive portion is completed prior to admission. LPN or designee admitting the resident. See attached. 72hrs.

3. Chart audits completed quarterly to ensure required documentation is completed and inserted into chart. Completed by RN Supervisor or designee.

^{ALL}
4. Staff educated on new Admission Checklist by Administrator or designee by July 15, 2015. Education Record to be maintained.

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Kim Salvio PCCHA* Date *6/27/15*

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

The above plan of correction is approved as of 7-9-15 (Date)

Plan of correction implementation status as of 7-9-15 (Date)

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

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