



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**MAILING DATE: July 16, 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 May 18, 2015, 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 "Janine Wenzig" followed by a checkmark.

Janine Wenzig  
Regional Licensing Administrator

Enclosure  
Licensing Inspection Summary

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

Page 1 of 2

<b>PCH Name:</b> PROVIDENCE POINT		<b>License Number:</b> 44143
<b>Address:</b> 200 ADAMS AVENUE, PITTSBURGH, PA 15243		<b>County:</b> Allegheny
<b>Administrator:</b> Kim Salvio		<b>Region:</b> WEST
<b>Legal Entity Name:</b> BAPTIST HOMES SOCIETY		
<b>Legal Entity Address:</b> 489 CASTLESHANNON BOULEVARD, PITTSBURGH, PA 15234		
<b>Certificate(s) of Occupancy</b>		RECEIVED JUL 10 2015 WEST VIRGINIA DEPARTMENT OF HEALTH HUMAN SERVICES DIVISION
I-2 11/11/2009 Scott Township	Other 06/09/2009 Scott Township	
<b>Staffing Hours</b>		
<b>Resident Support:</b> 0	<b>Total Daily Staff:</b> 111	<b>Waking Staff:</b> 83
<b>Type of Inspection:</b> Partial	<b>BHA Docket Number:</b>	<b>Notice:</b> Unannounced
<b>Reason(s) for Inspection(s)</b> Complaint		
<b>On-Site Inspections Dates and Department Representatives On-Site</b> 06/18/2015: Wenzig, Janine		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>		
<b>Other Details</b>		
<b>Partial or Full Triggers:</b>		<b>Random Indicators:</b>
<b>Resident Demographic Data as of Inspection Dates</b>		
<b>Licensed Capacity:</b> 84	<b>Number of Residents Served:</b> 75	<b>Number of Residents who:</b>
<b>Secured Dementia Care Unit in Home:</b> Yes	<b>Area:</b> 1st Floor Left Side Entry	<b>Receive Supplemental Security Income:</b> 0
<b>Secured Dementia Unit Capacity, if Applicable:</b> 20	<b>Number of Residents Served in Secured Dementia Care Unit, if applicable:</b> 19	<b>Are 60 Years of Age or Older:</b> 74
<b>Number of Current Hospice Residents:</b> 3	<b>Number of Hospice Residents in past year:</b> 12	<b>Have Mental Illness:</b> 0
		<b>Have an Intellectual Disability:</b> 1
		<b>Have a Mobility Need:</b> 36
		<b>Have a Physical Disability:</b> 0

JUL 10 2015

Violation Report: 44143 - 05/18/2015 - Wenzig, Janine

PCH Name: PROVIDENCE POINT

WENZIG, JANINE  
PHARMACY REGISTERED NURSE

**1. REGULATION 55 Pa.Code §2600**

2600.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- (1) The resident's name.
- (2) The name of the medication.
- (3) The date the prescription was issued.
- (4) The prescribed dosage and instructions for administration.
- (5) The name and title of the prescriber.

**2a. DESCRIPTION OF VIOLATION**

Resident #1 is ordered Pantoprazole 40mg take 1 tablet daily; however, the medication label indicates Pantoprazole 40mg, take 2 tablets daily.

Resident #2 is ordered Furosemide 20mg, take 1 tab daily. However, one of the packets of this medication had a label indicating Furosemide 20mg, take 1 tab twice a day for 5 Days, beginning 4/13/15. There were 2 pills remaining in this package.

**PLAN OF CORRECTION 2600.184 (a)**

**3. f**

- 1. Resident #1- change in direction label placed on bottle of Pantoprazole to reflect current physician order of 40mg daily. Completed 5-18-15 by designee. Completed
- 2. Resident #2- medications in this bottle were disposed of according to medication disposal policy. Resident had another bottle of medication that was properly labeled according to physician orders. Completed 5-18-15 by designee.
- 3. Medication cart audits are performed monthly by the Pharmacy Registered Nurse. Results of audit are shared with Administrator, RN Supervisor, LPN'S and Medication Aides. [redacted] or designee from Curtis Pharmacy. RN Supervisor coordinates audits monthly.
- 4. Current practice: Weekly Medication cart audits are performed by daylight LPN in Memory Support or designee and 11p-7a LPN in Personal Care or designee and submitted to RN Supervisor for review each Friday. *See attached form.*
- 5. July 22, 2015 Pharmacy Registered Nurse or designee will give lecture and demonstration at our monthly staff meeting on how to correctly audit medication carts per regulatory requirements.
- 6. July 22, 2015 Pharmacy Registered Nurse or designee will complete future medication cart audits with Medication Aides or LPN's to ensure they are correctly auditing the medication carts.

Kim Salvio, Administrator

Repeat Violation: No

Date(s) of Previous Violation(s): 10/31/2014

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Kim Salvio, PCNA*

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

*Kim Salvio, PCNA*

Date *7-10-15*

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

The above plan of correction is approved as of

*7/14/15*  
(Date)

Plan of correction implementation status as of

*7/14/15*  
(Date)

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

The above plan of correction was approved by

*[Signature]*  
(Initials)