



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: July 15, 2016

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 February 1, 2016 and February 2, 2016, 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 cursive script that reads "Susie Pollock".

Susie Pollock
Human Services Licensing Supervisor

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		
Certificate(s) of Occupancy I-1 08/09/2009 Twsh. of Scott		RECEIVED JUN 15 2016 WEST REGION FIELD OFFICE Human Services Licensing Working Staff: 87
Staffing Hours Resident Support: 0		Total Daily Staff: 116
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Complaint, Incident		
On-Site Inspections Dates and Department Representatives On-Site 02/01/2016: Cutter, Jan; Summers, Vicky 02/02/2016: 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 Served: 76 Secured Dementia Care Unit In Home: Yes Area: Memory Support Unit Secured Dementia Unit Capacity, if Applicable: 20 Number of Residents Served In Secured Dementia Care Unit, if applicable: 19 Number of Current Hospice Residents: 8 Number of Hospice Residents In past year: 20	Number of Residents who: Receive Supplemental Security Income: 0 Are 80 Years of Age or Older: 56 Have Mental Illness: 0 Have an Intellectual Disability: 1 Have a Mobility Need: 40 Have a Physical Disability: 0	

Violation Report: 44143 - 02/01/2016 - Cutter, Jan
PCH Name: PROVIDENCE POINT

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa. Code §2600

2600.15(a) - The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adults Protective Services Act (35 P.S. Sections 10225.701 - 10225.707) and 6 Pa. Code Sections 15.21 - 15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

2a. DESCRIPTION OF VIOLATION

Resident #1 resides on the secure dementia care unit (SDCU). Resident #1's support plan, dated 9/22/15, indicates the resident requires physical assistance with all ADL's and IADLs, is unable to express needs, easily gets upset/agitated and requires prompting /cueing with understanding instructions and directions. Staff is instructed to speak slowly and softly to the resident and to cue/prompt the resident to prevent anxiety and redirect the resident as tolerated.

On 10/22/16, at approximately 10:00 a.m., resident #1 was refusing to take his/her medications. Direct care staff person A requested assistance from direct care staff person B in administering medications to resident #1. As direct care staff person B approached resident #1 to administer medications, direct care staff person A grabbed the collar of resident #1's shirt and began to unbutton it in order to remove and replace the resident's Exelon 9.6mg patch. The resident became agitated and aggressive, hitting direct care staff person A on his/her left arm and yelling "You son of a Bitch." Direct care staff person A positioned himself/herself behind resident #1, placing his/her arm across the resident's neck and pushed the resident down to the floor. Direct care staff person A held the resident down on the floor as the resident attempted to hit and bite him/her. Direct care staff person C intervened and instructed direct care staff person A to release the resident. Direct care staff person C immediately notified staff person D, the supervisor on duty of the incident. The home did not report this allegation of abuse to the local Area Agency on Aging until 1/25/16.

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.

* Please see page 2^A of 6 for Plan of Correction.

Sec. attached

SP 1/14/16

Immediately - If the home receives an allegation of resident abuse the home will immediately take the following steps:

- Report the allegation of resident abuse in accordance with the Older Adults Protective Services Act (35 P.S. Sections 10225.701 – 10225.707) and 6 Pa. Code Sections 15.21 – 15.27.
- Suspend the staff person or persons involved in the alleged resident abuse or place the staff person on a plan of supervision that has been approved by the Department.
- Report the allegation of resident abuse to the Department.
- Report the allegation of resident abuse to the resident and the resident's designate person.

Within 15 days of receipt of the plan of correction, the administrator or designated staff person will review all reported incidents at least weekly to ensure any suspected abuse of a resident is reported in accordance with the Older Adult Protective Services Act (35 P.S. Sections 10225.701 – 10225.707) and 6 Pa. Code Sections 15.21 – 15.27.

Within 60 days of receipt of the plan of correction, all staff will receive training in abuse reporting and prevention from a Department-approved outside source. SP 1/14/16

Repeat Violation: Yes	Date(s) of Previous Violation(s):	10/31/2014		
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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 Date 6/16/16

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

The above plan of correction is approved as of <u>7/14/16</u> (Date)	Plan of correction implementation status as of <u>7/14/16</u> (Date)
The above plan of correction was approved by <u>SPD</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <u>SPD</u> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

2600.15 (a)

1. On 1/25/16 Richard Eyerman was put on administrative leave pending investigation by DHS and Protective Services.
2. Leadership staff (PCHA and RN Supervisor) will investigate thoroughly each occurrence of reported aggression resulting in possible manual restraint of resident. Responsible parties; Administrator and RN Supervisor or designee.
3. Reporting to DHS and Area Agency on Aging via phone call and report will be made within 24 hours of report. Responsible parties: Administrative and RN Supervisor or designee.
4. All staff educated with enclosed packet on the following:

Providence Points Policy and Procedures:

- 104 Preventing Resident Abuse
- 105 Resident Rights
- 115 Reportable Incidents to DPW
- 673 Care of the Abusive Resident

RECEIVED

JUL 14 2016

WEST REGION FIELD OFFICE
Human Services Licensing

2600 Regulatory Compliance Regulations

- 2600.16 regulation Reportable Incidents and Conditions
- Mandatory Abuse Reporting
- 2600.42 (b) Specific Rights-

2600.202 Prohibitions 1-6

2600.15 Abuse Reporting covered by Law (a)-(d)

Pennsylvania Department of Human Services- Incident Reporting Form- reviewed form and how to complete

Pennsylvania Department of Aging ACT - 13 MANDATORY ABUSE REPORT- reviewed form and how to complete.

Each staff member will receive verbal education and packet of these handouts to educate them on mandatory abuse reporting and compliance along with Providence Point policies and procedures.

Staff roster enclosed and Record of Training with staff trained thus far. Will continue to train all staff and follow up with DHS on completed training. Training expected to be completed by June 30, 2016.

Responsible parties for completed training: Administrative, RN Supervisor or designee.

*Susie Pollock 7/14/16
Regional Licensing Approval of Plan of Correction
Susie Pollock (SR)*

*Kim Salvio, PCHA
KIM SALVIO 7-13-16*

JUN 15 2016

Violation Report: 44143 - 02/01/2016 - Culter, Jan
PCH Name: PROVIDENCE POINT

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2800

2600.15(b) - If there is an allegation of abuse of a resident involving a home's staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

2a. DESCRIPTION OF VIOLATION

Resident #1 resides on the secure dementia care unit (SDCU). Resident #1's support plan, dated 9/22/15, indicates the resident requires physical assistance with all ADL's and IADL's, is unable to express needs, easily gets upset/agitated and requires prompting /cueing with understanding instructions and directions. Staff is instructed to speak slowly and softly to the resident and to cue/prompt the resident to prevent anxiety and redirect the resident as tolerated.

On 10/22/16, at approximately 10:00 a.m., resident #1 was refusing to take his/her medications. Direct care staff person A requested assistance from direct care staff person B in administering medications to resident #1. As direct care staff person B approached resident #1 to administer medications, direct care staff person A grabbed the collar of resident #1's shirt and began to unbutton it in order to remove and replace the resident's Exelon 9.6mg patch. The resident became agitated and aggressive, hitting direct care staff person A on his/her left arm and yelling "You son of a Bitch." Direct care staff person A positioned himself/herself behind resident #1, placing his/her arm across the resident's neck and pushed the resident down to the floor. Direct care staff person A held the resident down on the floor as the resident attempted to hit and bite him/her. Direct care staff person C intervened and instructed direct care staff person A to release the resident. Direct care staff person C immediately notified staff person D, the supervisor on duty of the incident. Direct care staff person A worked unsupervised providing care to the resident's on the 8:30 a.m. - 3:00 p.m. shift on several occasions. The home did not immediately develop and implement a plan of supervision or suspend direct care staff person A until 1/25/16.

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.

Within 60 days of receipt of the plan of correction, all staff will receive training in abuse reporting and prevention from a Department-approved outside source. SW 1/14/16

1. On 1/25/16 [redacted] was put on administrative leave pending investigation by DHS and Protective Services.

2. Leadership staff (PCHA and RN Supervisor) will investigate thoroughly each occurrence of reported aggression resulting in possible manual restraint of resident. Responsible parties; Administrator and RN Supervisor or designee.

3. Reporting to DHS and Area Agency on Aging via phone call and report will be made within 24 hours of report. Responsible parties: Administrative and RN Supervisor or designee.

Immediately - If the home receives an allegation of resident abuse that involves a staff person the home must immediately suspend the staff person involved or place the staff person on a plan of supervision that has been approved by the Department. The staff person will remain suspended or on the approved plan of supervision until the home receives approval from the Department that the suspension or supervision plan may be lifted. SW 1/14/16

Repeat Violation: Yes	Date(s) of Previous Violation(s):	10/31/2014
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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* Date *6/16/16*

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

The above plan of correction is approved as of <u>7/14/16</u> (Date)	Plan of correction implementation status as of <u>7/14/16</u> (Date)
The above plan of correction was approved by <u>SW</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>SW</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 44143 - 02/01/2016 - Cutter, Jan
PCH Name: PROVIDENCE POINT

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 65 Pa.Code §2600

2600.18(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION

Resident #1 resides on the secure dementia care unit (SDCU). Resident #1's support plan, dated 9/22/15, indicates the resident requires physical assistance with all ADL's and IADL's, is unable to express needs, easily gets upset/agitated and requires prompting /cueing with understanding instructions and directions. Staff is instructed to speak slowly and softly to the resident and to cue/prompt the resident to prevent anxiety and redirect the resident as tolerated.

On 10/22/15, at approximately 10:00 a.m., resident #1 was refusing to take his/her medications. Direct care staff person A requested assistance from direct care staff person B in administering medications to resident #1. As direct care staff person B approached resident #1 to administer medications, direct care staff person A grabbed the collar of resident #1's shirt and began to unbutton it in order to remove and replace the resident's Exelon 9.6mg patch. The resident became agitated and aggressive, hitting direct care staff person A on his/her left arm and yelling "You son of a Bitch." Direct care staff person A positioned himself/herself behind resident #1, placing his/her arm across the resident's neck and pushed the resident down to the floor. Direct care staff person A held the resident down on the floor as the resident attempted to hit and bite him/her. Direct care staff person C intervened and instructed direct care staff person A to release the resident. Direct care staff person C immediately notified staff person D, the supervisor on duty of the incident. The home did not submit an incident report to the Department until 1/25/16.

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

Within 60 days of receipt of the plan of correction, all staff will receive training in abuse reporting and prevention from a Department-approved outside source. *see attached*

1. On 1/25/16 [redacted] was put on administrative leave pending investigation by DHS and Protective Services.
2. Leadership staff (PCHA and RN Supervisor) will investigate thoroughly each occurrence of reported aggression resulting in possible manual restraint of resident. Responsible parties; Administrator and RN Supervisor or designee.
3. Reporting to DHS and Area Agency on Aging via phone call and report will be made within 24 hours of report. Responsible parties: Administrative and RN Supervisor or designee.
4. Educational packet will be reviewed by all staff to ensure proper knowledge of Regulations, Policies and Reporting. See attached education packet and Record of Training log with staff signatures, Current staff roster. Also refer to Plan of Correction on page 2, #4 for specific training topics.
Complete Training by 6-30-16
Responsible parties; Administrator and Rn Supervisor or designee.

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* Date *6/16/16*

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

The above plan of correction is approved as of 7/14/16 (Date)

Plan of correction implementation status as of 7/14/16 (Date)

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

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

Violation Report: 44143 - 02/01/2016 - Cutter, Jan
PCH Name: PROVIDENCE POINT

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.42(b) - A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

2a. DESCRIPTION OF VIOLATION

Resident #1 resides on the secure dementia care unit (SDCU). Resident #1's support plan, dated 9/22/15, indicates the resident requires physical assistance with all ADL's and IADL's. Is unable to express needs, easily gets upset/agitated and requires prompting /cueing with understanding instructions and directions. Staff is instructed to speak slowly and softly to the resident and to cue/prompt the resident to prevent anxiety and redirect the resident as tolerated.

On 10/22/15, at approximately 10:00 a.m., resident #1 was refusing to take his/her medications. Direct care staff person A requested assistance from direct care staff person B in administering medications to resident #1. As direct care staff person B approached resident #1 to administer medications, direct care staff person A grabbed the collar of resident #1's shirt and began to unbutton it in order to remove and replace the resident's Exelon 9.6mg patch. The resident became agitated and aggressive, hitting direct care staff person A on his/her left arm and yelling "You son of a Bitch." Direct care staff person A positioned himself/herself behind resident #1, placing his/her arm across the resident's neck and pushed the resident down to the floor. Direct care staff person A held the resident down on the floor as the resident attempted to hit and bite him/her. Direct care staff person C intervened and instructed direct care staff person A to release the resident.

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.

2600.42(b)

1. Staff member involved placed on administrative leave on 1-25-16. Should have been placed immediately on leave on 10-22-15.

2. Staff education mandated for all staff in Personal Care and Memory Support to include review of regulation 2600.42(b) Specific Rights. Please see education packet that is being reviewed with all staff and Record of Training to identify staff who have been given and trained already on the education packet. Staff roster indicates all current staff that are mandated to complete this education.

Responsible Parties; Administrator, RN Supervisor or designee.

Within 60 days of receipt of the plan of correction, all staff persons will receive specialized dementia care training to include, identifying resident abuse, utilizing positive interventions in a respectful manner to inhibit inappropriate behaviors and resident safety provided by an Department-approved outside source. Documentation of education shall be kept. *See 7/14/16*

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Kim Sanio* Date *6/16/16*

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The above plan of correction was approved by <u>Sno</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>SUP</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 44143 - 02/01/2016 - Cutter, Jan
PCH Name: PROVIDENCE POINT

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.202 - The following procedures are prohibited:

- (1) Seclusion, defined as involuntary confinement of a resident in a room from which the resident is physically prevented from leaving, is prohibited.
- (2) Aversive conditioning, defined as the application of startling, painful or noxious stimuli, is prohibited.
- (3) Pressure point techniques, defined as the application of pain for the purpose of achieving compliance, is prohibited.
- (4) A chemical restraint, defined as use of drugs or chemicals for the specific and exclusive purpose of controlling acute or episodic aggressive behavior, is prohibited.
- (5) A mechanical restraint, defined as a device that restricts the movement or function of a resident or portion of a resident's body, is prohibited.
- (6) A manual restraint, defined as a hands-on physical means that restricts, immobilizes or reduces a resident's ability to move his arms, legs, head or other body parts freely, is prohibited.

2a. DESCRIPTION OF VIOLATION

Resident #1 resides on the secure dementia care unit (SDCU). Resident #1's support plan, dated 9/22/15, indicates the resident requires physical assistance with all ADL's and IADL's, is unable to express needs, easily gets upset/agitated and requires prompting/cueing with understanding instructions and directions. Staff is instructed to speak slowly and softly to the resident and to cue/prompt the resident to prevent anxiety and redirect the resident as tolerated.

On 10/22/15, at approximately 10:00 a.m., resident #1 was refusing to take his/her medications. Direct care staff person A requested assistance from direct care staff person B in administering medications to resident #1. As direct care staff person B approached resident #1 to administer medications, direct care staff person A grabbed the collar of resident #1's shirt and began to unbutton it in order to remove and replace the resident's Exelon 9.6mg patch. The resident became agitated and aggressive, hitting direct care staff person A on his/her left arm and yelling "You son of a Bitch." Direct care staff person A positioned himself/herself behind resident #1, placing his/her arm across the resident's neck and pushed the resident down to the floor. Direct care staff person A held the resident down on the floor as the resident attempted to hit and bite him/her. Direct care staff person C intervened and instructed direct care staff person A to release the resident.

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.

* Please see page 6^{A of 6} for Plan of Correction. 7/14/16

See attached

Within 60 days of receipt of the plan of correction, all staff persons will receive specialized dementia care training to include, identifying resident abuse, utilizing positive interventions in a respectful manner to inhibit inappropriate behaviors and resident safety provided by an Department-approved outside source. Documentation of education shall be kept. *See 7/14/16*

Repeat Violation: No	Date(s) of Previous Violation(s):		
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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 *6/16/16*

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The above plan of correction was approved by <u>SW</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>SW</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

2600.202 Prohibitions

1. All staff mandated to receive attached educational packet with review of packet by leadership.

Providence Points Policy and Procedures:

- 104 Preventing Resident Abuse
- 105 Resident Rights
- 115 Reportable Incidents to DPW
- 673 Care of the Abusive Resident

RECEIVED

JUL 14 2016

WEST REGION FIELD OFFICE
Human Services Licensing

2600 Regulatory Compliance Regulations

2600.16 regulation Reportable Incidents and Conditions

Mandatory Abuse Reporting

2600.42 (b) Specific Rights-

*****2600.202 Prohibitions 1-6

2600.15 Abuse Reporting covered by Law (a)-(d)

Pennsylvania Department of Human Services- Incident Reporting Form- reviewed form and how to complete

Pennsylvania Department of Aging ACT -- 13 MANDATORY ABUSE REPORT- reviewed form and how to complete.

Each staff member will receive verbal education and packet of these handouts to educate them on mandatory abuse reporting and compliance along with Providence Point policies and procedures.

Staff roster enclosed and Record of Training with staff trained thus far. Will continue to train all staff and follow up with DHS on completed training. Training expected to be completed by June 30, 2016.

Responsible parties for completed training: Administrative, RN Supervisor or designee.

Kim Salvio, PCHA
Kim Salvio, PCHA

7-13-16

Susie Pollock
Regional Licensing Approval of Plan of Correction
Susie Pollock (sno) 7/14/16