



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: November 9, 2016

Mr. Alvin W. Allison, Jr., President/CEO
Baptist Homes Society
489 Castle Shannon Boulevard
Pittsburgh, Pennsylvania 15234

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

Dear Mr. Allison:

As a result of the Department of Human Services' licensing inspection on May 5, 2016 and June 9, 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 black ink that reads "Brent Sutherland".

Brent Sutherland
Acting Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

OCT 21 2016

Page 2 of 4

Violation Report: 44143 - 05/05/2016 - Hultquist, Cliff
PCH Name: PROVIDENCE POINT

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.25(a)(1) - Prior to admission, or within 24 hours after admission, a written resident-home contract (contract) between the resident and the home shall be in place.

2a. DESCRIPTION OF VIOLATION
Resident #1, admitted to the home on [redacted] 14, did not have a resident-home contract completed.

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.

2600.25(a)(1)-This violation immediately corrected by contacting the family and having them sign the contract. (see attached) *On 10/21/16 the home submitted copies of resident #1's contract signed by the resident, the resident's designated person, and the home's administrator or designee on 5/11/16.*
Ongoing plan: Admissions coordinator now keeps a checklist in each admissions folder to ensure that all necessary admission documents are completed per regulation. *See attached*
Monthly audits done by Administrator or designee, to ensure that all residents have necessary admission documents on file.
Monthly audits are reported quarterly at QAPI by Administrator or designee.

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 *10-21-16*

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

The above plan of correction is approved as of 11/8/16
(Date)

Plan of correction Implementation status as of 11/8/16
(Date)

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

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

Violation Report: 44143 - 05/05/2016 - Hultquist, Cliff
 PCH Name: PROVIDENCE POINT

1. REGULATION 56 Pa.Code §2600
 2600.42(c) - A resident shall be treated with dignity and respect.

2a. DESCRIPTION OF VIOLATION

On 04/30/16 at approximately 7:00 p.m., staff persons C, E, and F were assisting resident #3 to walk safely through the hallway of the home when staff person C commented in front of the resident that resident #3 knew what he/she was doing and that the resident was a drama queen and falls on purpose.

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(c)

Resident aide "C" was immediately suspended pending investigation by DHS and Protective Services.

Suspension dates were May 1-17, 2016.

When employee "C" was permitted by DHS and Protective Services to return to work, she was given a 3 day suspension for violation of Rules of Conduct (see attached).

Employee "C" also completed abuse training prior to returning to work after the investigation and suspension.

Employee "C" returned to work on 5-18-16 and completed the attached abuse training on that day prior to returning to work full duty to provide direct care.

Immediately - The administrator will implement monitoring procedures to ensure that each resident is treated with dignity and respect.

BS 11/8/16

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 *10-21-16*

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

The above plan of correction is approved as of *11/8/16* (Date)

Plan of correction implementation status as of *11/8/16* (Date)

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

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

Violation Report: 44143 - 06/06/2016 - Hultquist, Cliff
PCH Name: PROVIDENCE POINT

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2800

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 had purple bruises on his/her right and left forearms and hands on 5/3/16 at approximately 10 p.m. as a result of manual restraints by staff person B during incontinence care, including during incontinence care on 5/2/16 at approximately 10 p.m. as staff person B and staff person H both manually restrained the resident's hands and forearms.

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.

Resident Aide "B" was immediately suspended pending investigation by DHS and Protective Services.

Suspension dates for Resident Aide "B" were as follows: May 7, 2016 through May 16, 2016.

When employee "B" was permitted by DHS and Protective Services to return to work, he was given a 3 day suspension for violation of Rules of Conduct (see attached).

Employee "B" also completed abuse training prior to returning to work after the investigation and suspension (see attached).

Employee "B" returned to work on May 18, 2016 and completed the attached abuse training on that day prior to returning to work full duty to provide direct care.

Employee "H" received and completed abuse training on October 14, 2016 (see attached documents).

Ongoing Plan: will continue with annual abuse training.

Responsible Party: Administrator or designee.

Immediately - The administrator will implement monitoring procedures to ensure the prohibition of each of the procedures

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

Signature of Legal Entity Representative (Required on EVERY Page) Kim Sweeney, RN, MSN, PCHA

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Kim Sweeney, RN, MSN, PCHA Date 10-21-16

defined in this regulation. BB 11/8/16

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

The above plan of correction is approved as of 11/8/16

Plan of correction implementation status as of 11/8/16 (Date)

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

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