



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: August 23, 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 June 17, 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 "Jon Kimberland".

Jon Kimberland
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		RECEIVED
Legal Entity Address: 489 CASTLESHANNON BOULEVARD, PITTSBURGH, PA 15234		
Certificate(s) of Occupancy I-1 06/09/2009 Scott Township		AUG 19 2016 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 113	Waking Staff: 85
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Incident		
On-Site Inspections Dates and Department Representatives On-Site		
06/17/2016: Rahuba, Malt; Barry, Courtney		
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: 77 Secured Dementia Care Unit in Home: Yes Area: Memory Support wing behind administrator's office Secured Dementia Unit Capacity, if Applicable: 20 Number of Residents Served in Secured Dementia Care Unit, if applicable: 18 Number of Current Hospice Residents: 6 Number of Hospice Residents in past year: 18	Number of Residents who: Receive Supplemental Security Income: 0 Are 80 Years of Age or Older: 75 Have Mental Illness: 0 Have an Intellectual Disability: 1 Have a Mobility Need: 36 Have a Physical Disability: 0	

AUG 19 2016

Violation Report: 44143 - 06/17/2016 - Rahuba, Matt
PCH Name: PROVIDENCE POINT WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.65(b) - Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:
(1) Resident rights.
(2) Emergency medical plan.
(3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. §§ 10225.101-10225.6102).
(4) Reporting of reportable incidents and conditions.

2a. DESCRIPTION OF VIOLATION
Staff member A began working in the personal care home on [redacted] 16. However, there is no documentation indicating that the staff member received orientation in any of the required training in accordance with regulation 2600.65(b).

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.
2600.65(b)
1. Staff person A's employment was terminated by Providence Point during this investigation.
2. Staff person A was an employee who transferred from within the organization. Her paperwork to transfer her from skilled rehab to personal care was signed for a transfer of [redacted] 16 however, due to the staffing needs in healthcare at the time, she was not released until [redacted] 16. She did have orientation dated 4-12-16 to personal care fire safety and emergency preparedness. Her time card is attached noting the department she worked each date. The training she received when she came to orientation in personal care is also attached. Her resident aide department/job code number for personal care is [redacted] and her memory support (under pc license) department number is [redacted]. Her department number for skilled rehab, where she worked as a CNA is [redacted]. You will notice that she did have personal care education according to 2600.65(b) but not until after she began work in personal care. She also did not have training pertaining to 2600.65 (b)(2) because Emergency Medical Plan was not included in our training at that time. It has since been added to the training as of our licensing inspection with [redacted] on 7-22-16.
3. Our policy on Emergency Medical plan was added to our Emergency Operations Manual and our training folders as of 7-22-16. All staff will be educated on Emergency Medical Plan by 8-30-16. Will send this follow up training documentation into the department by 9-1-16.

See Next page, 3A of 3

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

Signature of Legal Entity Representative (Required on EVERY Page) Kim Salvio, PCAA

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Kim Salvio, PCAA Date 8/19/16.

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

The above plan of correction is approved as of 8-22-16 (Date)
The above plan of correction was approved by [initials] (Initials)
Plan of correction implementation status as of 8-22-16 (Date)
 Fully Implemented
 Partially Implemented - Adequate Progress
 Partially Implemented - Inadequate Progress
 Not Implemented

AUG 19 2016

Violation Report: 44143 - 08/17/2016 - Rahuba, Malt
 PCH Name: PROVIDENCE POINT WEST REGION FIELD OFFICE
 Human Services Licensing

1. REGULATION 65 Pa.Code §2600

2600.65(b) - Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

- (1) Resident rights.
- (2) Emergency medical plan.
- (3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. §§ 10225.101-10225.5102).
- (4) Reporting of reportable incidents and conditions.

2a. DESCRIPTION OF VIOLATION

Staff member A began working in the personal care home on [redacted] 16. However, there is no documentation indicating that the staff member received orientation in any of the required training in accordance with regulation 2600.65(b).

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.

3. Plan of correction going forward is to have employees who transfer to personal care from within the organization to do so on one of the two orientation weeks that occur in our organization. Orientation occurs twice per month on the first and third Tuesday of each month. Employees transferring from within the organization will join orientation on the first or third Thursday and Friday for Dementia training and the Personal Care departmental orientation. This will occur before their first day of work as a direct caregiver in the Personal Care area.

4. New form added to all Human Resource files will indicate the actual start date of each employee if different from hire date. See attached.

5. Documentation of orientation to 65 (a-e) will be maintained in each employee file.

6. Auditing of 10% of employee files for completion of orientation of 65 (a-g), will be conducted monthly and reported to Director of Quality quarterly.

7. Compliance with 2600.65 (a-e) will be added to QAPI report.

8. Responsible Party is Administrator, RN Supervisor or designee.

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Kim Salvio, PCA* Date *8/19/16*

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The above plan of correction is approved as of 8-22-16 (Date)

Plan of correction implementation status as of _____ (Date)

The above plan of correction was approved by [Signature] (Initials)

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