



pennsylvania
DEPARTMENT OF HUMAN SERVICES

DEC 1 2 2016

Mr. Alvin W. Allison, Jr., President/CEO
Baptist Homes Society
489 Castleshannon 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' annual licensing inspections on July 20, 2016, July 21, 2016 and July 22, 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, appearing to read "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

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

PCH Name: PROVIDENCE POINT		RECEIVED	Licence Number: 44143
Address: 200 ADAMS AVENUE, PITTSBURGH, PA 15243			County: Allegheny
Administrator: Kim Salvio		OCT 03 2016	Region: WEST
Legal Entity Name: BAPTIST HOMES SOCIETY		WEST PENNSYLVANIA OFFICE Human Services Licensing	
Legal Entity Address: 489 CASTLESHANNON BOULEVARD, PITTSBURGH, PA 15234			
Certificate(s) of Occupancy 1-1 08/09/2009 Scott Twp.			
Staffing Hours	Total Daily Staff: 202	Waking Staff: 152	
Resident Support: 80	BHA Docket Number:	Notice: Unannounced	
Type of Inspection: Full			
Reason(s) for Inspection(s) Renewal, Incident			
On-Site Inspections Dates and Department Representatives On-Site 07/20/2016: Plaff, Vicki; Marini, Michael 07/21/2016: Plaff, Vicki; Marini, Michael 07/22/2016: Plaff, Vicki			
Off-Site Inspection Dates and Inspectors, If Applicable			
Other Details			
Partial or Full Triggers: N/A		Random Indicators: N/A	
Resident Demographic Data as of Inspection Dates			
Licensed Capacity: 84 Number of Residents Served: 80 Secured Dementia Care Unit In Home: Yes Area: SDCU Secured Dementia Unit Capacity, if Applicable: 20 Number of Residents Served In Secured Dementia Care Unit, if applicable: 19 Number of Current Hospice Residents: 6 Number of Hospice Residents in past year: 13		Number of Residents who: Receive Supplemental Security Income: 0 Are 80 Years of Age or Older: 80 Have Mental Illness: 0 Have an Intellectual Disability: 1 Have a Mobility Need: 42 Have a Physical Disability: 0	

RECEIVED

Violation Report: 44143 - 07/20/2016 - Pfaff, Vicki
PCH Name: PROVIDENCE POINT

OCT 03 2016

1. REGULATION 56 Pa.Code §2600
2600.65(e) - Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.

WEST REGION FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION
Direct care staff person A did not complete any of the required 12 hours of annual training during the 2015 training year.

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(e)

ACTION TAKEN TO CORRECT VIOLATION:

Staff member "A" received required 12 hours of training. See attached education.

When employee "A" was hired, the current practice for ensuring education was completed was not yet in place.

Current Practice is that when an employee is hired, they complete all of the required training upon orientation and then annually thereafter. Files for each new employee and existing employees containing the education are already put together and maintained in the RN Supervisor office.

RN Supervisor or designee audits the training semiannually to ensure that all employees have completed the training.

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, PCHA

Date 10-3-16

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

The above plan of correction is approved as of 10-12-16
(Date)

Plan of correction implementation status as of 10-12-16
(Date)

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

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

RECEIVED

Violation Report: 44143 - 07/20/2016 - Pfaff, Vicki
PCH Name: PROVIDENCE POINT

OCT 03 2016

1. REGULATION 55 Pa.Code §2600
2600.85(a) - Sanitary conditions shall be maintained.

WEST REGION FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION
On 7/20/16, there were no paper towels, mechanical blower, individual cloth towels or other means of safe hand drying in resident #1's bathroom.

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.

2600.85 (a)

ACTION TAKEN TO CORRECT VIOLATION:

Towels taken to resident room immediately on 7-20-16.

ONGOING PLAN:

Towels are delivered to unit daily before lunch.

Daylight staff will pass towels to ensure following shifts will have enough towels for care throughout the day/night.

If resident/staff uses all towels, fresh towels will be put in the room by the staff member using the last towel.

Towels are kept on the unit in the clean utility room daily.

LPN in charge or designee of unit will audit percentage of rooms daily to ensure practice is consistently followed.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Kim Salvo, PCHA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Kim Salvo, PCHA* Date *10-3-16*

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

The above plan of correction is approved as of 10-12-16 (Date)

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

Plan of correction implementation status as of 10-12-16 (Date)

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

RECEIVED

OCT 03 2016

Page 7 of 11

Violation Report: 44143 - 07/20/2016 - Pfaff, Vicki
 PCH Name: PROVIDENCE POINT WEST REGION FIELD OFFICE
 (Human Services Licensing)

1. REGULATION 58 Pa.Code §2600
 2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

2a. DESCRIPTION OF VIOLATION
 On 7/21/16, the refrigerator in the secure dementia care unit pantry measured 44 degrees Fahrenheit.
 On 7/21/16, the freezer in the secure dementia care unit pantry measured 13 degrees Fahrenheit.

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.

2600.103 (f)

I would respectfully like to dispute this violation because it was not given to me upon exit.

It was discussed during the inspection however, it was determined that when the inspector looked at the refrigerator/freezer, it was during or immediately following the meal service in memory support.

This does not give a proper read of the temps in the unit.

Current practice: daily, at open and close of kitchen for the day, dining service workers record temps of refrigeration unit. On day in question temps were recorded within compliance. See attached sheet.

If temp reads outside of regulatory range, dining manager is notified, work order will be placed to have EVS (environmental service) check unit for proper functioning.

PCHA and dining manager will be responsible to maintain compliance.

Within 30 days of receipt of the plan of correction: All staff persons involved in food storage and preparation will be re-educated on safe food storage including all refrigerators and freezers have thermometers and food requiring refrigeration is stored at or below 40 degrees Fahrenheit and frozen food is stored at or below 0 degrees Fahrenheit. Documentation of education shall be kept. 10-12-16

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

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 *10-3-16*

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

The above plan of correction is approved as of <u>10-12-16</u> (Date)	Plan of correction implementation status as of <u>10-12-16</u> (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

RECEIVED

OCT 03 2016

Page 8 of 11

Violation Report: 44143 - 07/20/2016 - Pfaff, Vicki
PCH Name: PROVIDENCE POINT

WEST REGION FIELD OFFICE
(Human Services Licensing)

1. REGULATION 55 Pa.Code §2600
2600.132(e) - A fire drill shall be held during sleeping hours once every 6 months.

2a. DESCRIPTION OF VIOLATION

The home conducted a sleeping hour fire drill on 10/28/15 at 4:12 a.m. However, the next sleeping hour fire drill was not conducted until 5/29/16 at 5:53 a.m.

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.

2600.132 (e)

ACTION TAKEN TO CORRECT VIOLATION:

FIRE SAFETY EXPERT WAS NEW AND DID NOT COORDIATE THE NIGHT DRILL APPROPRIATELY WITH OUTGOING EXPERT.

REVIEWED REGULATION WITH NEW FIRE SAFETY EXPERT TO ENSURE THAT NIGHT DRILLS ARE COMPLETED IN COMPLIANCE WITH REGULATION.

PCHA OR DESIGNEE WILL MONITOR NIGHT DRILLS TO ENSURE THEY DO NOT VIOLATE REGULATION.

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, PCHA

Date 10-3-16

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

The above plan of correction is approved as of 10-12-16
(Date)

Plan of correction implementation status as of 10-12-16
(Date)

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

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

RECEIVED

OCT 03 2016

Page 9 of 11

Violation Report: 44143 - 07/20/2016 - Pfaff, Vicki
PCH Name: PROVIDENCE POINT

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

2a. DESCRIPTION OF VIOLATION

Resident #1 is prescribed ABR Gel, 1 syringe to neck/wrist at 9:00 a.m., 3:00 p.m., 7:00 p.m. and 11:00 p.m. However the resident's June 2016 medication administration record (MAR) indicates medication administration times as follows:

- * 7:00 a.m. - 9:00 a.m.
- * 12:00 p.m. - 2:00 p.m.
- * 5:00 p.m. - 7:00 p.m.
- * 11:00 p.m. - 12:00 p.m.

3. PL Resident #1 has since transferred to long term care unit in our healthcare area and is no longer residing

Incl In personal care, led
Inn

All LPN'S will receive re-education on how to insert an order correctly into emar with proper medication administration times.

Will complete training by 10-15-2016 and send DHS following evidence of training.

Training will be completed by RN Supervisor or designee.

Quality Program included auditing 10% of medication orders on each unit to ensure that we are meeting regulatory compliance.

PCHA or designee will complete QAPI of 2600.187 (a) monthly and report to QAPI team quarterly.

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, PCHA* Date *10-3-16*

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

The above plan of correction is approved as of 10-12-16 (Date) Plan of correction implementation status as of 10-12-16 (Date)

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

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

RECEIVED

OCT 03 2016

Page 10 of 11

Violation Report: 44143 - 07/20/2016 - Pfaff, Vicki		WEST REGION FIELD OFFICE	
PCH Name: PROVIDENCE POINT		Human Services Licensing	
1. REGULATION 55 Pa.Code §2600 2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.			
2a. DESCRIPTION OF VIOLATION Resident #1 is prescribed ABR Gel, 1 syringe to neck/wrist at 9:00 a.m., 3:00 p.m., 7:00 p.m. and 11:00 p.m. However, the medication was not signed off by the staff person who administered the medication at the time of administration numerous times to include: * 6/22/16 - 7:00 a.m. - 9:00 a.m. dose * 6/23/16 - 12:00 p.m. - 2:00 p.m. dose * 6/25/16 - 7:00 a.m. - 9:00 a.m. dose * 6/26/16 - 12:00 p.m. - 2:00 p.m. dose Resident #1 is prescribed acetaminophen 500mg, two tabs by mouth three times a daily for pain. The home's MAR indicates medication administration times as 7:00 a.m. - 9:00 a.m., 1:00 p.m. - 3:00 p.m. and 8:00 a.m. - 10:00 p.m. However, the medication was not signed off by the staff person who administered the medication at the time of administration numerous times to include: * 6/22/16 at 11:42 a.m. - 7:00 a.m. - 9:00 a.m. dose * 6/25/16 at 11:22 a.m. - 7:00 a.m. - 9:00 a.m. dose * 7/3/16 at 10:57 a.m. - 7:00 a.m. - 9:00 a.m. dose * 7/5/16 at 11:03 a.m. - 7:00 a.m. - 9:00 a.m. dose			
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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.</i>			
2600.187 (b) Resident #1 has since transferred to long term care unit in our healthcare area and is no longer residing in personal care. We believe incident to have occurred due to resident sleeping in and missing the dose time and dose is administered late. Education will be given to all LPN'S and Medication Aides to document medications as they are administered and if resident misses a dose, according to regulation 187 c, physician must be notified within 24 hours. Education will be conducted by RN Supervisor or designee. Education will be completed by 10-15-16. Immediately: A designated staff person qualified to administer medications will review all resident MARs daily to ensure the proper documentation of medication administration at the time of administration. 10-12-16 Y			
Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page)		<i>Kim Salvio, PCHA</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date 10-3-16	
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!			
The above plan of correction is approved as of <u>10-12-16</u> (Date)		Plan of correction implementation status as of <u>10-12-16</u> (Date)	
The above plan of correction was approved by <u>SK</u> (Initials)		<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress ✓ <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented	

RECEIVED

OCT 03 2016

Page 11 of 11

Violation Report: 44143 - 07/20/2016 - Plaintiff, Vicki
PCH Name: PROVIDENCE POINT

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #1 is prescribed ABR Gel, 1 syringe to neck/wrist at 9:00 a.m., 3:00 p.m., 7:00 p.m. and 11:00 p.m. However the resident's medication was administered late as follows:

- * 6/23/16 at 10:44 a.m.
- * 6/28/16 at 10:24 a.m.
- * 6/28/16 at 12:42 a.m.
- * 7/4/16 at 10:10 a.m.

Resident #1 is prescribed acetaminophen 500mg, two tabs by mouth three times a daily for pain. The home's MAR indicates medication administration times as 7:00 a.m. - 9:00 a.m., 1:00 p.m. - 3:00 p.m. and 8:00 a.m. - 10:00 p.m. However, the medication was administered late as follows:

- * 6/23/16 at 10:44 a.m.
- * 6/28/16 at 10:24 a.m.
- * 7/4/16 at 10:10 a.m.
- * 7/19/16 at 11:01 a.m.

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.

2600.187 (d)

Resident #1 has since transferred to long term care unit in our healthcare area and is no longer residing in personal care.

We believe incident to have occurred due to resident sleeping in and missing the dose time and dose is administered late.

Education will be given to all LPN'S and Medication Aides to document medications as they are administered and if resident misses a dose, according to regulation 187 c, physician must be notified within 24 hours.

Education will be conducted by RN Supervisor or designee.

Education will be completed by 10-15-16.

Immediately: A designated staff person qualified to administer medications will review all resident MARs at least daily to ensure all resident medications are administered as prescribed.

10-12-16

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Kim Salvio, PCH* Date *10-3-16*

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

The above plan of correction is approved as of 10-12-16 (Date)

Plan of correction implementation status as of 10-12-16 (Date)

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

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