



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: October 28, 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 September 8, 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 Township of Scott		OCT 17 2016 WEST REGION FIELD OFFICE (Human Services Licensing)
Staffing Hours		
Resident Support: 0	Total Daily Staff: 108	Waking Staff: 80
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Incident		
On-Site Inspections Dates and Department Representatives On-Site 09/08/2016: McConnell, Deb		
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: 75 Secured Dementia Care Unit in Home: Yes Area: First Floor Secured Dementia Unit Capacity, if Applicable: 20 Number of Residents Served in Secured Dementia Care Unit, if applicable: 19 Number of Current Hospice Residents: 9 Number of Hospice Residents in past year: 14		Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 75 Have Mental Illness: 0 Have an Intellectual Disability: 1 Have a Mobility Need: 31 Have a Physical Disability: 0

OCT 17 2016

Violation Report: 44143 - 09/08/2016 - McConnell, Deb

PCH Name: PROVIDENCE POINT

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

2a. DESCRIPTION OF VIOLATION

Resident #1 had a support plan completed on 8/31/16 due to a significant change. The resident's support plan does not include the resident's use of a wheeled walker for safety, reminders to use the wheeled walker, and PT/OT services.

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.

2600.227(d)

Immediate Correction: specific therapy regime added to rasp immediately (see attached).

Ongoing/maintenance to comply with regulation: RN Supervisor or designee will add therapy regime to rasps weekly when therapy notes come out.

Will audits rasps for therapy notes monthly for 6 months by RN Supervisor or designee.

Within 30 days of receipt of the plan of correction: The administrator or designee will review all current completed support plans for accuracy and completion including the care and services the home and any other agency will provide. 10-24-16 ✓

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 10-17-16

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

The above plan of correction is approved as of 10-24-16
(Date)

Plan of correction implementation status as of 10-24-16
(Date)

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

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