



pennsylvania
DEPARTMENT OF HUMAN SERVICES

APR 26 2018

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
Certificate #: 441430

Dear Mr. Allison:

As a result of the Department of Human Services' annual licensing inspection on June 20, 2017 and June 21, 2017, 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.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Inspection.

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in black ink that reads "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

Violation Report: 44143 - 08/20/2017 - Rosor, Ashley
PCH Name: PROVIDENCE POINT

FEB 06 2018

1. REGULATION 55 Pa.Code §2600

WEST REGION FIELD OFFICE
Human Services Unit

2600.18 - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

2a. DESCRIPTION OF VIOLATION

The Care Facility Carbon Monoxide Alarms Standards Act, enacted 8/23/16, requires carbon monoxide alarms to be installed in close proximity of, but not less than 15 feet from, any fossil-fuel burning device or appliance. No carbon monoxide detectors were present in the home's main kitchen which has a gas stove in accordance with The Care Facility Carbon Monoxide Alarms Standards Act.

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.

Immediate Correction:

2600.18

Estimate for installation of Carbon Monoxide detectors obtained immediately following survey of June 20, 2017. Attached you will find the estimate of installation.

Estimate approved by Providence Point leadership. Date of installation has not been determined by Tyco at this time.

Providence Point has requested installation of Carbon Monoxide system as soon as possible.

Ongoing Plan to Prevent Reoccurrence:

Policy created on procedure for carbon monoxide alarms response. See attached.

Staff education on policy for evacuation in the event of carbon monoxide alarm to be conducted and completed by PCHA or designee no later than March 1, 2018.

Notification of Emergency Management services on installation of Carbon Monoxide detection devices and policy of Providence Point on Personal Care Home response during alarm by PCHA or designee by March 1, 2018.

Annual inspection of system to be conducted by Tyco and maintained by Environmental Services Director of designee.

Documentation of installation of Carbon Monoxide system to be submitted to the Department upon completion. 2/14/18

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Kim Salvio, Administrator* Date *2-6-18*

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

The above plan of correction is approved as of 2/14/18 (Date)

Plan of correction implementation status as of 2/14/18 (Date)

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

- Fully Implemented
- Partially Implemented - Adequate Progress *[Signature]*
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 44143 - 06/20/2017 - Roser, Ashley
 PCH Name: PROVIDENCE POINT

FEB 06 2018

1. REGULATION 66 Pa.Code §2600

WEST REGION FIELD OFFICE
 Human Services Licensing

2600.42(s) - A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

2a. DESCRIPTION OF VIOLATION

On 6/20/17 at approximately 1 PM, the home was video recording it's entrances and exits; however, no signs were posted in these locations indicating that images are being recorded.

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.

Immediate Correction:

2600.42(s)

Signs immediately (February 5, 2018) posted at entrances and exits to Personal Care where video recording is in process by PCHA.

Sign states, "Video recording in progress in this area"

See attached photo.

Ongoing Plan to Prevent Reoccurrence:

Signs will be audited monthly on QI indicator sheet beginning in February 2018 by PCHA or designee.

Staff education for all Personal Care employees of regulatory requirement 42(s) and violation will be completed by March 1, 2018 by PCHA or designee.

Documentation of training shall be kept. 2/14/18 *SO*

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Kim Salvio, Administrator* Date *2-6-18*

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

Violation Report: 44143 - 08/20/2017 - Rosar, Ashley
PCH Name: PROVIDENCE POINT

FEB 06 2018

1. REGULATION 55 Pa.Code §2600

WEST REGION FIELD OFFICE
Human Services Division

2600.81(b) - Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION

There are multiple cracks and holes in the right arm rest of resident #8's wheelchair, posing a skin tear hazard.

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.

Immediate Correction:

2600.81(b)

Wheelchair immediately removed from resident area after June 20, 2017 inspection. (This wheelchair did not belong to any resident in personal care. It was left on the unit at the end of the hall. Resident #8 was in skilled rehab at the time and had her own personal wheelchair).

Wheelchair taken to therapy department and repaired by therapy department. Wheelchair was not returned to Personal Care area.

Ongoing Plan to Prevent Reoccurrence:

Monthly QI audits to inspect resident equipment for defect or potential resident harm will be conducted beginning February 2018 by PCHA or designee. See attached audit sheet.

Staff education on regulation 81(b), violation and plan of correction will be conducted and completed by PCHA or designee no later than March 1, 2018.

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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Kim Salvio, Administrator* Date *2-6-18*

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Violation Report: 44143 - 08/20/2017 - Roser, Ashley
PCH Name: PROVIDENCE POINT

FEB 24 2018

WEST REGENT HALL/DPFID
Human Services Licensing

1. REGULATION 86 Pa.Code §2800

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 8/20/17 at 10:58 AM, the temperature of the refrigerator in the serving kitchen was 42 degrees Fahrenheit.

On 8/20/17 at 11:15 AM, the temperature of the freezer in the 3rd floor serving kitchen was 8 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.

Immediate Correction:

2600.103(f)

Refrigerator temperature in serving kitchen was immediately reduced and rechecked to 40 degrees on 6-21-17.

Freezer temperature was reduced immediately on 6-21-17 and re read at 0 degrees.

Ongoing Plan to Prevent Reoccurrence:

Preventative maintenance to clean coils in refrigerators scheduled with maintenance every 6 months beginning February 2018 and scheduled by Dining Director or designee.

Refrigerators and Freezer maintenance temperatures to be further reduced during summer months May through August by Dining Supervisor or designee. To begin this May 2018.

Monthly audits by PCHA or designee to check temps on all refrigerators and freezers in Personal Care beginning February 2018.

Quarterly reporting of temperatures at QI by PCHA or designee to begin April 2018.

Documentation of audits shall be kept. 2/14/18 *SO*

Repeat Violation: Yes

Date(s) of Previous Violation(s):

07/20/2018

Signature of Legal Entity Representative
(Required on EVERY Page)

Kim Salvidio

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

Kim Salvidio, Administrator

Date

2-6-18

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2/14/18
(Date)

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2/14/18
(Date)

Fully Implemented

Partially Implemented - Adequate Progress *SO*

Partially Implemented - Inadequate Progress

Not Implemented

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SO
(Initials)

Violation Report: 44143 - 06/20/2017 - Roser, Ashley
PCH Name: PROVIDENCE POINT

FEB 06 2018

1. REGULATION 65 Pa.Code §2600

WEST REGION FIELD OFFICE
Human Services Division

2600.131(f) - Fire extinguishers shall be inspected and approved annually by a fire safety expert. The date of the inspection shall be on the extinguisher.

2a. DESCRIPTION OF VIOLATION

Multiple fire extinguishers in the home, to include the following, were last inspected and approved by a fire safety expert in May, 2016:

- * Fire extinguisher next to stairwell # 1
- * Fire extinguisher next to the boiler room
- * Fire extinguisher across from bedroom #143, in the memory support unit
- * Fire extinguisher in the basement, next to the personal care elevator

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.

Immediate Correction:

2600.131(f)

Our fire extinguisher inspection was scheduled with Simplex Grinnell fire safety expert in May 2017 but not completed until June 2017 due to the personnel from Simplex was unavailable to complete the scheduled task on the scheduled date. The company did not send another expert to complete the task -as we assumed.

All fire extinguishers in the community were inspected June 2017.

Ongoing Plan to Prevent Reoccurrence:

Annual fire extinguisher inspection has now been prescheduled a year in advance by Supervisor of Security.

Monthly auditing of inspection dates until completion to be conducted by PCHA or designee on QI Indicator report beginning February 2018.

Report quarterly at QI beginning April 2018 by PCHA or designee.

Documentation of audits shall be kept. 2/14/18 

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) 


Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Kim Sanio, Administrator Date 2-6-18

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

Violation Report: 44143 - 06/20/2017 - Rosar, Ashley
PCH Name: PROVIDENCE POINT

FEB 06 2018

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.132(b) - A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

2a. DESCRIPTION OF VIOLATION

The most recent fire safety inspection and fire drill conducted by a fire safety expert was completed on 5/20/18.

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.

Immediate Correction:

2600.132(b)

Fire Safety Expert drill and inspection conducted on 6-22-2017.

There were some staffing changes in the department that routinely schedules the inspections and the inspection was late.

Ongoing Plan to Prevent Reoccurrence:

Annual training prescheduled by Security/Fire Supervisor from Providence Point.

Monthly auditing of annual fire inspection schedule by PCHA or designee beginning Feb. 2018.

Reporting quarterly to QI team of compliance.

Documentation of audits shall be kept. 2/14/18 *so*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Kim Salvo

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

Kim Salvo, Administrator

Date 2-6-18

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2/14/18
(Date)

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(Date)

The above plan of correction was approved by

so
(Initials)

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

Violation Report: 44143 - 08/20/2017 - Roser, Ashley
PCH Name: PROVIDENCE POINT

FEB 06 2018

WEST REGION FIELD OFFICE
Human Services Liaison

1. REGULATION 55 Pa.Code §2600

2600.162(c) - Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

2a. DESCRIPTION OF VIOLATION

The menus in the memory care unit are posted 5 feet behind the counter that surrounds the kitchen and cannot be read by residents. In addition, the posted menus are labeled "This Week's Menu" and "Next Week's Menu". There are no dates on the menus.

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.

Immediate Correction:

2600.162(c)

Menus in the Memory Support area moved to a countertop near the fish tank that closer to residents and immediately accessible to residents and families.

Additionally, the dates that each week's menu will begin is written at the top of the menu. See attached.

Ongoing Plan to Prevent Reoccurrence:

Add to audit this regulation in Memory Support each month beginning in February 2018 by PCHA or designee.

Report compliance at Quarterly QI meeting.

Educate all staff and dining supervisors of regulation, violation of 162 (c) and plan of correction by March 1, 2018 by PCHA or designee.

Documentation of staff education shall be kept. 2/14/18 ~~SO~~

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Kim Salvo, Administrator* Date *2-6-18*

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Plan of correction implementation status as of 2/14/18 (Date)

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

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

Violation Report: 44143 - 06/20/2017 - Rosor, Ashley
PCH Name: PROVIDENCE POINT

FEB 08 2018

1. REGULATION 55 Pa.Code §2600

2600.181(c) - A resident who desires to self-administer medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.

2a. DESCRIPTION OF VIOLATION

Resident #2's most recent assessment, dated 4/9/17, and most recent medical evaluation, dated 4/9/17, indicate the resident is unable to self-administer medications. However, resident #2's Desoximetasono Cream USP .25% is stored in his/her bedroom and, according to resident #2's June 2017 MAR, the resident self-administered this medication on multiple dates, to include the following:

- 8/1/17 - 8:30 AM
- 8/1/17 - 7:44 PM
- 8/2/17 - 8:26 AM
- 8/2/17 - 8:34 PM
- 8/3/17 - 8:10 AM
- 8/3/17 - 7:03 PM

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.

See attached

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Kim Salvio, Administrator</i>	Date <i>2-6-18</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

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

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Page 9A of 18

FEB 06 2018

WEST REGION FIELD OFFICE
Human Services Licensing

Immediate Correction:

2600.181(c)

Desoximetasono Cream for Resident #2 immediately removed from room on 6-21-17 and stored in Medication Cart.

Root Cause Analysis done to quickly determine which staff member gave the cream to the resident to self apply. This staff member received immediate education on resident self-administration process.

Ongoing Plan to Prevent Reoccurrence:

Key to prevention of reoccurrence of this violation is to educate all staff of regulation 181(c).

Education of all staff of 181 (c), violation of 181 (c) and process to audit rooms and cart (as described below) will be conducted by PCHA or designee and completed by March 1, 2018.

Daily auditing by Medication Aides of each medication cart to ensure that ordered medication is present for resident use and in medication cart as follows:

- Each medication aide on daylight and evening shift will be given physician orders for 10% of the residents in their cart (2 per cart per shift at minimum).
- Each medication aid conducting the medication audit will ensure that all regulatory requirements are met during audit.
- Residents who self-medicate will have drawer audits done according to the same process as the medication carts.
- Any regulatory requirement unmet at time of audit will be given to the LPN on duty immediately for correction.
- Any resident who can self-administer creams will have a doctor order, be identified on the DME and RASP and will follow and complete the regulatory requirement of 181.

Monthly audits of medication carts will be conducted by PCHA or designee to ensure that regulatory requirements for medication administration are consistently met beginning February 2018. Monthly audits will include checking for expired medications in medication carts.

Monthly auditing of resident rooms for creams or OTC's conducted by PCHA or designee as part of QI will began September 2017.

Report quarterly at QI findings from medication cart audits by PCHA or designee started September 2017.

Education for Medication Aids/LPN's on regulatory requirements Lesson 5 Recording and storage of medication and Lesson 7 Administration was given to all LPN's and Medication aids as of July 13, 2017.

Re Education for Medication Aids and LPNs on daily auditing of medication cart process (see attached) by PCHA or designee by March 1, 2018.

Documentation of audits and staff re-education shall be kept.

Kim Salvio
Kim SALVIO, Administrator

2-6-18

SO
2/14/18

FEB 06 2018

Violation Report: 44143 - 06/20/2017 - Roser, Ashley
PCH Name: PROVIDENCE POINT

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Codo §2600

2600.183(b) - Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

2a. DESCRIPTION OF VIOLATION

On 6/21/17, the following medications were unlocked, unattended and accessible in resident #2's bedroom:
*Desoximetasone Cream USP .25%
*Nystatin 100 MU/GM Powder

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.

Immediate Correction:

2600.183(b)

Medications immediately removed from Resident #2 room.

Ongoing Plan to Prevent Reoccurrence:

Monthly auditing of 20% or more of resident rooms to ensure that medications are locked and secured in rooms of residents that have successfully passed the DHS self-medication testing by PCHA or designee to begin February 2018.

Reporting quarterly for QI monthly audits by PCHA or designee.

Staff education on:

Regulation 183(b) (utilizing lesson 10 from DHS-Temple University Train the Trainer Medication Aide Education, administration assessment checklist), violation of regulation and plan of correction to be given to all staff of personal care and completed by March 1, 2018. Responsible party: PCHA or designee.

Documentation of audits and staff education shall be kept. *SB*
2/14/18

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *KIM SALVIO, Administrator* Date *2-6-18*

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FEB 06 2018

Violation Report: 44143 - 06/20/2017 - Rosar, Ashley
PCH Name: PROVIDENCE POINT

WEST VIRGINIA FIELD OFFICE
Human Services Licensing

1. REGULATION 66 Pa.Code §2800

2800.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION

Resident #4's prescribed medications listed below have been discontinued; however, were present in the home on 6/21/17:

Name	Discontinue date
Coumadin (6mg)	1/31/17
Coumadin (6mg)	2/8/17
Acetaminophen (500mg)	1/2/17

Resident #5's bottle of Morphine oral concentrate (.20mg) has an expiration date of 6/12/17; however, this medication was present in the home on 6/21/17.

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.

See Attached

Repeat Violation: No	Date(s) of Previous Violation(s):		
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(Required on EVERY Page) *Kim Salvio*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Kim Salvio, Administrator* Date *2-6-18*

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(Date)

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(Date)

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(Initials)

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- Not Implemented

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Page 11A of 18

FEB 06 2018

WEST REGION FIELD OFFICE
Human Services Licensing

Immediate Correction:

2600.183(d)

Discontinued Coumadin and Acetaminophen for Resident #4 immediately removed from medication cart on 6-21-17.

Morphine oral concentrate for Resident #5 ordered from pharmacy and expired bottle disposed of per policy on 6-21-17.

Ongoing Plan to Prevent Reoccurrence:

Daily auditing by Medication Aides of each medication cart to ensure that ordered medication is present for resident use and in medication cart as follows:

- Each medication aide on daylight and evening shift will be given physician orders for 10% of the residents in their cart (2 per cart per shift at minimum).
- Each medication aid conducting the medication audit will ensure that all regulatory requirements are met during audit.
- Residents who self-medicate will have drawer audits done according to the same process as the medication carts.
- Any regulatory requirement unmet at time of audit will be given to the LPN on duty immediately for correction.

Monthly audits of medication carts will be conducted by PCHA or designee to ensure that regulatory requirements for medication administration are consistently met beginning February 2018. Monthly audits will include checking for expired medications in medication carts.

Report quarterly at QI findings from medication cart audits by PCHA or designee started September 2017.

Education for Medication Aids/LPN's on regulatory requirements Lesson 5 Recording and storage of medication and Lesson 7 Administration was given to all LPN's and Medication aids as of July 13, 2017.

Re Education for Medication Aids and LPNs on daily auditing of medication cart process (see attached) by PCHA or designee by March 1, 2018.

Reeducation for Medication aides and LPNs on 184(b), violation of 184(b) and plan of correction through daily auditing process by PCHA or designee completed by March 1, 2018.

Documentation of audits and staff education shall be kept.

so
2/14/18

Kim Savio
Kim Savio, Administrator 2-6-18

FEB 06 2018

Violation Report: 44143 - 06/20/2017 - Roser, Ashley
PCH Name: PROVIDENCE POINT

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 65 Pa.Code §2600

2600.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- (1) The resident's name.
- (2) The name of the medication.
- (3) The date the prescription was issued.
- (4) The prescribed dosage and instructions for administration.
- (5) The name and title of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident # 6 is prescribed Sodium Bicarbonate (850mg) - Take 1 tablet twice a day; however, the pharmacy label indicates "Sodium Bicarbonate (850 mg) - use as directed".

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.

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Page 12A of 18

FEB 06 2018

WEST REGIONAL OFFICE
Human Services License

Immediate Correction:

2600.184(a)

Medication removed immediately from medication cart and change in direction label affixed to bottle and returned to cart.

Ongoing Plan to Prevent Reoccurrence:

Daily auditing by Medication Aides of each medication cart as follows:

- Each medication aide on daylight and evening shift will be given physician orders for 10% of the residents in their cart (2 per cart per shift at minimum).
- Each medication aid conducting the medication audit will ensure that all regulatory requirements are met during audit.
- Any regulatory requirement unmet at time of audit will be given to the LPN on duty immediately for correction.

Monthly audits of medication carts will be conducted by PCHA or designee to ensure that regulatory requirements for medication administration are consistently met beginning February 2018.

Report quarterly at QI findings from medication cart audits by PCHA or designee started September 2017.

Education for Medication Aids/LPN's on regulatory requirements Lesson 5 Recording and storage of medication and Lesson 7 Administration was given to all LPN's and Medication aids as of July 13, 2017.

Re Education for Medication Aids and LPNs on daily auditing of medication cart process (see attached) by PCHA or designee by March 1, 2018.

Reeducation for Medication aides and LPNs on 184(b), violation of 184(b) and plan of correction through daily auditing process by PCHA or designee completed by March 1, 2018.

Documentation of audits and staff education shall be kept

Kim Senio

Kim Senio, Administrator 2-10-18

2/14/18

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FEB 06 2018

Violation Report: 44143 - 06/20/2017 - Roser, Ashley
PCH Name: PROVIDENCE POINT

WEST PENNSYLVANIA OFFICE
Human Services Licensing

1. REGULATION 65 Pa.Code §2800
2800.184(b) - If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

2a. DESCRIPTION OF VIOLATION
On 6/21/17, resident #4's bottle of Florastor 250mg was not labeled with the resident's name.

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.

See attached

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Kim Salvo

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

Kim Salvo, Administrator

Date 2-6-18

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

The above plan of correction is approved as of 2/14/18
(Date)

Plan of correction implementation status as of 2/14/18
(Date)

The above plan of correction was approved by 2/14/18
(Initials)

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

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Page 13A of 18

FEB 08 2018

WEST REGION FIELD OFFICE
Human Services Licensing

Immediate Correction:

2600.184(b)

Added name of resident #4 to bottle of Florastor on 6-21-17.

Ongoing Plan to Prevent Reoccurrence:

Daily auditing by Medication Aides of each medication cart as follows:

- Each medication aide on daylight and evening shift will be given physician orders for 10% of the residents in their cart (2 per cart per shift at minimum).
- Each medication aid conducting the medication audit will ensure that all regulatory requirements are met during audit.
- Any regulatory requirement unmet at time of audit will be given to the LPN on duty immediately for correction.

Monthly audits of medication carts will be conducted by PCHA or designee to ensure that regulatory requirements for medication administration are consistently met beginning February 2018.

Report quarterly at QI findings from medication cart audits by PCHA or designee started September 2017.

Education for Medication Aids/LPN's on regulatory requirements Lesson 5 Recording and storage of medication and Lesson 7 Administration was given to all LPN's and Medication aids as of July 13, 2017.

Re Education for Medication Aids and LPNs on daily auditing of medication cart process (see attached) by PCHA or designee by March 1, 2018.

Reeducation for Medication aides and LPNs on 184(b), violation of 184(b) and plan of correction through daily auditing process by PCHA or designee completed by March 1, 2018.

Documentation of audits and staff education shall be kept.

Kim Salvio

Kim Salvio, Administrator 2-6-18

SO
2/14/18

Violation Report: 44143 - 08/20/2017 - Roser, Ashley
PGH Name: PROVIDENCE POINT

FEB 08 2018

WEST VIRGINIA STATE OFFICE
Human Services Licensing

1. REGULATION 65 Pa.Code §2600

2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION

Resident #1 is prescribed Transderm-Scop patch 1.5 mg - place one patch on every 72 hours; however, on 6/21/17 this medication was not available in the home.

Resident #5 is prescribed the following medications, bisacodyl suppository 10 mg and fleet enema 19-7gram/118ml, however, on 6/21/17 these medications were not available in the home.

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.

See attached

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Kim Salvo, Administrator* Date *2-6-18*

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

The above plan of correction is approved as of 2/14/18
(Date)

Plan of correction implementation status as of 2/14/18
(Date)

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

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

RECEIVED

FEB 06 2018

WEST REGION FIELD OFFICE
Human Services Division

Immediate Correction:

2600.185(a)

Immediately ordered Transderm Scop Patch and Bisacodyl suppository from pharmacy for Resident #1 and Resident #5 respectively on 6-21-17.

Ongoing Plan to Prevent Reoccurrence:

Daily auditing by Medication Aides of each medication cart to ensure that ordered medication is present for resident use and in medication cart as follows:

- Each medication aide on daylight and evening shift will be given physician orders for 10% of the residents in their cart (2 per cart per shift at minimum).
- Each medication aid conducting the medication audit will ensure that all regulatory requirements are met during audit.
- Any regulatory requirement unmet at time of audit will be given to the LPN on duty immediately for correction.

Monthly audits of medication carts will be conducted by PCHA or designee to ensure that regulatory requirements for medication administration are consistently met beginning February 2018.

Report quarterly at QI findings from medication cart audits by PCHA or designee started September 2017.

Education for Medication Aids/LPN's on regulatory requirements Lesson 5 Recording and storage of medication and Lesson 7 Administration was given to all LPN's and Medication aids as of July 13, 2017.

Re Education for Medication Aids and LPNs on daily auditing of medication cart process (see attached) by PCHA or designee by March 1, 2018.

Reeducation for Medication aides and LPNs on 184(b), violation of 184(b) and plan of correction through daily auditing process by PCHA or designee completed by March 1, 2018.

Documentation of audits and staff education shall be kept.

Kim Salvo

Kim Salvo, Administrator 2-6-18

SO
2/14/18

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FEB 06 2018

Violation Report: 44143 - 06/20/2017 - Rosor, Ashley
PCH Name: PROVIDENCE POINT

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.185(b) - At a minimum, the procedures in § 2600.185(a) shall include:

- (1) Documentation of the receipt of controlled substances and prescription medications.
- (2) A process to investigate and account for missing medications and medication errors.
- (3) Limited access to medication storage areas.
- (4) Documentation of the administration of prescription medications, OTC medications and CAM for residents who receive medication administration services or assistance with self-administration. This requirement does not apply for a resident who self-administers medication without the assistance of a staff person and stores the medication in his/her room.

2a. DESCRIPTION OF VIOLATION

The home's procedures for the safe use of medications and medical equipment does not include a process to investigate and account for missing medications and medication errors.

According to resident # 0's controlled drug report on 6/21/17 at 10:41 AM, 25 Tramadol HCL 50 mg tablets should be present; however, only 24 Tramadol HCL 50 mg tablets were present in the home because staff person A did not sign for the administration of the 6/21/17 AM dose.

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.

See Attached

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Kim Salvo

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)


Kim Salvo, Administrator

Date *2-6-18*

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

The above plan of correction is approved as of 2/14/18
(Date)

Plan of correction implementation status as of 2/14/18
(Date)

The above plan of correction was approved by 
(Initials)

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

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Page 15A of 18

FEB 06 2018

WEST REGION FIELD OFFICE
Human Services Licensing

Immediate Correction:

2600.185(b)

Staff Person "A" did immediately sign out the medication that she administered in the am on the Narcotic Log on 6-21-17 making the count correct at 24.

Policy and Procedure was developed to comply with regulation 185 and to address the following areas:

1. Investigate missing medications
2. Medication errors
3. Narcotic accountability

Ongoing Plan to Prevent Reoccurrence:

3 Policies and Procedures created to address the violation from reoccurring:

Policy 608 Medication Error Reporting (see attached)

Policy 610 Tracking Medication Errors(see attached)

Policy 689 Narcotic Accountability(see attached)

All Medication Aides and LPNs will be educated on the above Policy and Procedures by PCHA or designee by March 1, 2018.

Education of all Medication Aides and LPNs on 185(b), violation or 185(b) by PCHA or designee by March 1, 2018.

Monthly auditing by PCHA or designee to check narcotic book and drawer for compliance beginning February 2018.

Reporting at quarterly QI of narcotic auditing beginning April 2018 by PCHA or designee.

Documentation of audits and staff education shall be kept.
Kim Salvio
Kim Salvio, Administrator 2-6-18
SO
2/14/18

Violation Report: 44143 - 08/20/2017 - Roser, Ashley
PCH Name: PROVIDENCE POINT

FEB 06 2018

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 65 Pa.Code §2600

2600.227(g) - Individuals who participate in the development of the support plan shall sign and date the support plan.

2a. DESCRIPTION OF VIOLATION

The following resident's support plans were not signed by the resident nor does the plan indicate the resident was unable to participate, declined to participate, refused to sign or was unable to sign:

Resident	Date of support plan
#1	3/22/17
#2	4/8/17
#3	1/18/17
#4	2/9/17
#5	5/30/17
#6	5/25/17
#7	3/9/17

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.

Immediate Correction:

2600.227(g)

Rasp's for resident's #1-#6 updated and in compliance with regulation.

Resident #7 CTB on 6-21-17.

Ongoing Plan to Prevent Reoccurrence:

RN Supervisor or designee will comply with Part V of RASP and ensure that participation and signature of resident is obtained unless resident is unable to participate, refuses to sign or unable to sign. In that instance will have 2 signatures and mark appropriate box per regulations.

Monthly auditing of 20% of residents RASP'S to ensure compliance of regulation 227(g) by PCHA or designee to begin February 2018.

Quarterly reporting at QI on compliance of charts by PCHA or designee. Next meeting April 2018.

Documentation of audits shall be kept. See 2/14/18

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Kim Salvia, Administrator* Date *2-6-18*

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

The above plan of correction is approved as of 2/14/18
(Date)

Plan of correction implementation status as of 2/14/18
(Date)

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

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

FEB 08 2018

Violation Report: 44143 - 06/20/2017 - Roser, Ashley
PCH Name: PROVIDENCE POINT

NEXT REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 65 Pa.Code §2600

2600.231(b) - A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit.

2a. DESCRIPTION OF VIOLATION

Resident #9 was admitted to the home's secured dementia care unit (SDCU) on [redacted] 17; however, the resident's medical evaluation, dated 2/16/17, does not indicate the need for the resident to be served in a SDCU.

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.

Immediate Correction:

2600.231(b)

Resident #9 DME was immediately sent to her physician.

Resident #9 DME updated (see attached 6-20-17) by RN.

See physician order dated [redacted] 17 for need for secured dementia unit.

Ongoing Plan to Prevent Reoccurrence:

Monthly auditing of Memory Support charts for correct DME documentation of resident need for secured dementia unit by PCHA or designee February 2018.

Report on audit findings at quarterly QI meeting beginning April 2018 (1st qtr).

Educate all LPN's on regulation 231(b) by PCHA or designee no later than March 1, 2018.

Documentation of audits and staff education shall be kept. See 2/14/18

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Kim Salvio

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

Kim Salvio, Administrator

Date 2-6-18

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

The above plan of correction is approved as of

2/14/18
(Date)

Plan of correction implementation status as of

2/14/18
(Date)

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

The above plan of correction was approved by

SO
(Initials)

Violation Report: 44143 - 06/20/2017 - Rosar, Ashloy
PCH Name: PROVIDENCE POINT

FEB 06 2018

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 65 Pa.Codo §2600

2600.233(d) - Doors that open onto areas such as parking lots, or other potentially unsafe areas, shall be locked by an electronic or magnetic system.

2a. DESCRIPTION OF VIOLATION

A Master pro series 6121 pad lock is used to secure the black wrought iron door that leads from the courtyard to the home's parking lot and sidewalks surrounding the community.

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.

Immediate Correction:

2600.233(d)

Estimate for magnetic locking system on both outdoor gates (Pc/Memory Support) obtained immediately following inspection of June 20, 2017. See attached.

Estimate from Tyco for installation of magnetic gate locking system approved by Providence Point leadership and attached.

Installer reports that Tyco cannot install this system until the weather improves due to the need for underground work.

Providence Point as requested that the work be done as soon as possible and before April 30, 2018.

Ongoing Plan to Prevent Reoccurrence:

Staff education on regulation and violation and plan of correction for 233(d) to be conducted and completed by PCHA or designee by March 1, 2018.

Audit of gate on monthly QI to ensure proper function once installed by PCHA or designee.

Notification of installation of Magnetic system to gates to local Emergency Management Services by PCHA or designee once system is installed.

Documentation of installation of magnetic locking system to be submitted to the Department upon completion. 2/14/18

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Kim Salveo, Administrator* Date *2-6-18*

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

The above plan of correction is approved as of 2/14/18 (Date)

Plan of correction implementation status as of 2/14/18 (Date)

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

- Fully Implemented
- Partially Implemented - Adequate Progress *[Signature]*
- Partially Implemented - Inadequate Progress
- Not Implemented