pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: October 24, 2017

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' licensing inspection on July 3, 2017 and July 6, 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.

Sincerely,

Janine Wenzig
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	
Legal Entity Address: 489 CASTLESHANNON BOULEVARD, PITTSBURGH, PA 15234	

Certificate(s) of Occupancy

I-1
08/09/2009
Scott Twp

Staffing Hours

Resident Support: 75 | Total Daily Staff: 184 | Waking Staff: 138

Type of Inspection: Partial | BHA Docket Number: | Notice: Unannounced

Reason(s) for Inspection(s)

Incident

On-Site Inspections Dates and Department Representatives On-Site

07/03/2017: Mullck, Cindy; Barry, Courtney
07/06/2017: Mullck, Cindy

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 who:
Number of Residents Served: 75	Receive Supplemental Security Income: 0
Secured Dementia Care Unit in Home: Yes	Are 60 Years of Age or Older: 74
Area: Secured Unit	Have Mental Illness: 0
Secured Dementia Unit Capacity, if Applicable: 20	Have an Intellectual Disability: 0
Number of Residents Served in Secured Dementia Care Unit, if applicable: 17	Have a Mobility Need: 34
Number of Current Hospice Residents: 6	Have a Physical Disability: 0
Number of Hospice Residents in past year: 20	

Violation Report: 44143 - 07/03/2017 - Mulick, Cindy
PCH Name: PROVIDENCE POINT

1. REGULATION 55 Pa.Code §2600
2600.42(b) - A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

2a. DESCRIPTION OF VIOLATION
Resident #1, [redacted] was diagnosed with dementia, required total assistance for ambulation, and resided in the Secured Care Dementia Unit (SDCU). Physician orders dated 6/21/17, indicate "bed alarm – check function three times a day; 7:00 a.m. – 2:00 p.m., 3:00 p.m. – 11:00 p.m., 12:00 am. – 6:00 a.m."

On 6/24/17, at approximately 2:00 p.m., resident #1 was assisted to bed from a chair. The alarm was moved from the chair to the bed. At approximately 2:45 p.m. staff person A went into the resident's room and found resident #1 wedged between the bedrail and mattress, with his/her feet on the floor, upper body on the bed, and right arm trapped in the bedrail. Staff person A extricated resident from the bedrail. Staff person A observed a red mark on the right side of the resident's arm and on his/her torso. According to staff person A, the resident's bed alarm did not sound.

At approximately 10:45 p.m., staff person A asked staff person C to assess resident #1. According to resident progress note, the resident was found to have "bruising from right armpit to elbow" and across his/her chest and down to torso, and complained of pain. The resident was sent to the hospital to be evaluated, diagnosed with a hematoma of the right arm, and returned to the home the next day, 6/25/17. Resident #1 ceased to breathe in the home on [redacted]17.

Staff person D, the administrator, indicated the home has no written policy or procedures regarding supervision and care of residents who have bedrails or enablers on their beds.

The home failed to test the bed alarm and failed to assess the resident's safety for placement of bedrails, and to frequently monitor the resident while in bed.

Resident #1 is no longer a resident at Providence Point.

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Policy/Procedure has been created to address supervision of residents who uses a bed rail or bed enabler.

Policy/Procedure has been created to address assessment of bed/chair alarm functioning when ordered for a resident.

Policy/Procedure has been created to address assessment of resident who has had an event such as an injury resulting in significant bruising, pain, edema or fall.

All staff will be educated on the above 3 Policies and Procedures by October 1, 2017.

Responsible Party: Administrator, RN Supervisor, Designee

Immediately – The administrator or designee will monitor residents who have bedrails at least weekly

See attached policies.

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

Signature of Legal Entity Representative (Required on EVERY Page) Kim Savio, MSN, RN, PCHA 10/10/17

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Kim Savio, MSN, RN, PCHA | Date 9-7-17

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

The above plan of correction is approved as of 10/10/17 (Date)

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

Plan of correction implementation status as of 10/10/17 (Date)

- [ ] Fully Implemented
- [X] Partially Implemented - Adequate Progress
- [ ] Partially Implemented - Inadequate Progress
- [ ] Not Implemented

Violation Report: 44143 - 07/03/2017 - Mullick, Cindy
PCH Name: PROVIDENCE POINT

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

2a. DESCRIPTION OF VIOLATION
A physician's ordered dated 6/3/2017, for resident #1, prescribed a bed/chair alarm, and for the alarm to be checked for function at every shift, 11:00 p.m. - 7:00 p.m., 7:00 a.m.-3:00 p.m. and 3:00 p.m. -11:00 p.m. There was no record that the bed/chair alarm was checked for function from 6/22/17-6/26/17.

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.

Resident #1 is no longer a resident at Providence Point.

Beginning immediately when a resident is ordered a bed/chair alarm, an order will be placed in our Electronic Health Record (EHR) to have the nurse/medication aid/resident aid check that the device is functioning properly each shift for the duration of the order and document the date, time and initials of the person who checked the alarm.

Please see attached pages for example of order to be placed in EHR

All staff educated regarding documentation and assessing function of bed/chair alarms on EHR to be completed by October 1, 2017.

Responsible Party: Administrator, RN Supervisor and/or designee.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	07/20/2016		

Signature of Legal Entity Representative (Required on EVERY Page) Kim Savio, MSN, RN, PCAA

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Kim Savio, MSN, RN, PCAA Date 9-7-17

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Violation Report: 44143 - 07/03/2017 - Mulick, Cindy
PCH Name: PROVIDENCE POINT

1. REGULATION 55 Pa.Code §2600
2600.234(b) - The support plan must identify the resident's physical, medical, social, cognitive and safety needs.

2a. DESCRIPTION OF VIOLATION
The support plan, dated 5/30/17, for resident #1, does not address the resident's need for a bedrail or the measures the home would implement for supervision of the resident while in the bed with bedrails.

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.

2600.234(b)

Resident #1 is no longer a resident at Providence Point.

Beginning immediately all residents who currently use any type of bed rail or enabler/any future residents who will need to use a bed rail or enabler will have this need documented on the RASP immediately at the time the physician orders the device. Also included on the RASP will be the measures used to supervise the resident with such a device and the frequency of supervision according to our policy. See attached RASP Examples.

All staff will be educated on proper documentation on the RASP and supervision per our new policy by October 1, 2017.

Responsible Party: Administrator, RN Supervisor and/or designee.

Residents with bedrails will be monitored at minimum every hour by personal care staff.

10/10/17

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Kim Savio, MSN RN, PCHA

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