



pennsylvania
DEPARTMENT OF HUMAN SERVICES

OCT 01 2018

Mr. Alvin W. Allison, Jr.
President/Chief Executive Officer
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's Bureau of Human Services Licensing annual inspection on June 27 & 28, 2018 and September 14, 2018, 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,

Jacqueline L. Rowe
Director

Enclosure
License 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: KIMBERLY SALVIO		Region: WEST
Legal Entity Name: BAPTIST HOMES SOCIETY		
Legal Entity Address: 489 CASTLESHANNON BOULEVARD, PITTSBURGH, PA 15234		
Certificate(s) of Occupancy I-1 06/09/2009 Township of Scott		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 119	Waking Staff: 89
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 06/27/2018: Bartlett, Patricia; Marini, Michael 06/28/2018: Bartlett, Patricia; Marini, Michael		
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: 79	Receive Supplemental Security Income: 0	
Secured Dementia Care Unit in Home: Yes	Are 60 Years of Age or Older: 79	
Area: Secured	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: 16	Have a Mobility Need: 40	
Number of Current Hospice Residents: 9	Have a Physical Disability: 0	
Number of Hospice Residents in past year: 22		

Violation Report: 44143 - 06/27/2018 - Bartlett, Patricia
 PCH Name: PROVIDENCE POINT

1. REGULATION 55 Pa.Code §2600

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

2a. DESCRIPTION OF VIOLATION

The home is operating 12 boilers in the basement and 2 heat exchangers. None of the home's boilers or heat exchangers have been inspected, approved, or have been issued a certificate of operation by the Pennsylvania Department of Labor and Industry since 6/29/16.

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.

2600.18

The insurance company was notified immediately during the inspection process that the boiler/heat exchanger inspection was out of compliance. (See attached emails).

On July 2, 2018 the boilers were inspected by Hartford Steam Inspection and Insurance Company and submitted to the Department of Labor and Industry. The next inspection is due July 2, 2020 (see attached inspection report).

To maintain ongoing compliance with this regulation, the Personal Care Home Administrator or designee will notify the EVS Director beginning in May 2020 (ongoing 2 months prior to inspection expiring) to contact the insurance company to come and inspect the boiler/heat exchanger system. In the beginning of June the Personal Care Home Administrator will notify the EVS director again to call the insurance company to request inspection prior to July 2. If inspection is not conducted by June 15, the Personal Care Home Administrator or designee will call the DHS to report that the boiler system is due for inspection but has had no response from the insurance company and will request the DHS call to expedite the process for us. (This was suggested to us by the DHS site inspectors the day of the inspection).

We do have boiler inspection currently on our Quality audits. We will continue to audit the boiler inspections with our monthly QI audit and report compliance quarterly at QAPI.

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Kim Salvio, RN, MSN, PCHA* Date *8-19-18*

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

The above plan of correction is approved as of 8/31/18
 (Date)

Plan of correction implementation status as of 9/17/18
 (Date)

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

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

Violation Report: 44143 - 06/27/2018 - Bartlett, Patricia
 PCH Name: PROVIDENCE POINT

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

2a. DESCRIPTION OF VIOLATION

Resident #1's labeled glucometer was used to measure resident #2's blood glucose levels as follows:

- * On 6/20/18 at 4:00 p.m. - Reading of 404
- * On 6/25/18 at 11:00 a.m. - Reading of 268
- * On 6/26/18 at 9:00 p.m. - Reading of 140
- * On 6/27/18 at 9:00 p.m. - Reading of 286

On 6/27/18, there was no lid to cover the recycling dumpster with approximately 12 empty cardboard boxes of various sizes.

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 page 3A of 5

Revised - See attached sheet

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 *8/31/18*

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 (Date)

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 (Date)

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- Not Implemented

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

2600.85(a)

Glucometer

1. 8-20-18 the physician for resident #1 and #2 was notified that the possibility of a shared glucometer occurred. (See attached sheets) There was not follow up or recommendations for bloodwork or diagnostic testing to be conducted by the physician at this time. Documents (physician progress note) will be maintained in Resident Chart for DHS review.
2. The administrator or designee will conduct glucose monitoring observation of each staff member responsible for glucose monitoring using the attached audit tool once per week for a period of 3 months and then once per month for 3 months. Documentation of the observations along with the staff roster will be maintained by the Administrator or designee for DHS review.
3. The policy 675 Blood Glucose Testing has been revised to reflect the expected compliance of 2600.85(a) (see attached policy). This policy will be reviewed with all staff by 9-30-18 and available for DHS review.
4. New Glucometers obtained from Lebanon Shops pharmacy for resident #1 and resident #2.
5. Ongoing compliance will also be done by the Administrator or designee and will consist of auditing the glucometers monthly to ensure compliance with regulation. See audit tool.
6. Staff education on 85(a) as it pertains to maintain sanitary conditions has been presented to staff at the 8-29-18 staff meeting by RN Supervisor. Entire employee roster education will be completed by 9-30-18.

Dumpster

1. New dumpster with lid had been delivered by Waste Management. See photo attachment.
2. Ongoing compliance will be done by auditing through observation of dumpster monthly. Responsible party is administrator or designee.
3. Monthly auditing findings to be reported quarterly at QAPI meeting.



8/31/18

Kimi Salvio, PCAA
W. Salvio, PCAA 8/21/18

Violation Report: 44143 - 06/27/2018 - Bartlett, Patricia
 PCH Name: PROVIDENCE POINT

1. REGULATION 55 Pa.Code §2600
 2600.103(g) - Food shall be stored in closed or sealed containers.

2a. DESCRIPTION OF VIOLATION
 On 6/28/18, at approximately 10:25 a.m., there was an unsealed plastic package of approximately 2 pounds of frozen pork chops in the walk-in freezer.

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(g)

The Dining Director was notified of the unsealed pork immediately and the pork was sealed at that time.

Ongoing compliance will consist of:

Education for dining employees of 2600.103(g). Education to be completed by 8-30-18 and submitted to DHS by Personal Care Home Administrator or designee.

Monthly auditing by Personal Care Home Administrator or designee of freezers for complains with regulation. Added this audit to QI tool. See attached.

Findings related to audit tool will be presented quarterly at QAPI and any Performance Improvement Project that is determined to be needed to maintain compliance with regulation will be developed by Dining Director and Personal Care Home Director along with front line staff.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Kim Sanio, RN, MSN, PCMH*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Kim SANIO	Date 8-19-18
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Violation Report: 44143 - 06/27/2018 - Bartlett, Patricia
 PCH Name: PROVIDENCE POINT

1. REGULATION 55 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's glucometer was not calibrated to the correct date and time. On 6/28/18 at 1:50 p.m., the glucometer indicated the date and time as 1/31 at 11:57 a.m.
 Resident #2's glucometer was not calibrated to the correct date and time. On 6/28/18 at 1:36 p.m., the glucometer indicated the date and time as 12/2/13 at 3:50 a.m.
 Resident #3's glucometer was not calibrated to the correct time. On 6/28/18 at 2:11 p.m., the glucometer indicated the time 1:59 p.m.
 Resident #4's glucometer was not calibrated to the correct date and time. On 6/28/18 at 4:12 p.m., the glucometer indicated the date and time as 9/1 at 15:27.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
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2600.185(a)

On 6-28-18 residents #1-#4 glucometers were calibrated to the correct date and time.

Ongoing compliance of 185(a) monthly auditing of the glucometers date and time with the QI audit by the Personal Care Home Director or designee (see audit tool).

Reporting of noncompliant findings quarterly at the QAPI meeting to report compliance.

Staff education regarding 185(a) to be conducted by [REDACTED] Rn Supervisor on August 29, 2018 and submitted to DHS.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Kim Salvio, RN, MSN, PCHA</i>	Date <i>8-19-18</i>
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