



MAILING DATE: August 7, 2019

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's Bureau of Human Services Licensing inspection on March 26, 2019, of the above facility, the citations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Sincerely,

A handwritten signature in black ink, appearing to read "Janine Wenzig", written in a cursive style.

Janine Wenzig
Human Services Licensing Supervisor

Enclosure
Violation Report

Violation Report

Facility Information

Name: PROVIDENCE POINT

License Number: 441430

Address: 200 ADAMS AVENUE, PITTSBURGH, PA 15243

County: ALLEGHENY

Region: WESTERN

Administrator

Name: KIM SALVIO

Phone: 4124893560

Email: AALLISON@BAPTISTHOMES.ORG

Legal Entity

Name: BAPTIST HOMES SOCIETY

Address: 489 CASTLESHANNON BOULEVARD, PA, 15234

Certificate(s) of Occupancy

Type: C-2 LP

Date:

Issued By:

Staffing Hours

Resident Support Staff:

Total Daily Staff: 119

Waking Staff: 89

Inspection

Type: Partial

BHA Docket #:

Notice: Unannounced

Reason: Incident

Inspection Dates and Department Representative

03/26/2019 - On-Site: Lisa Flinner-Alman, Laurie Garrigan

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 84

Residents Served: 79

Secured Dementia Care Unit

In Home: Yes

Area:

Capacity: 20

Residents Served: 20

1st Floor-Attached to PCH

Hospice

Current Residents: 9

Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 84

Diagnosed with Mental Illness: 0

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 40

Have Physical Disability: 0

185a - Implement Storage Procedures

Regulations

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.

Description of Violation

The home's procedures for narcotic disposal states the RN supervisor/LPN:

- Will dispose of the narcotic with another nurse (either RN or LPN)
- Will document on the controlled substance disposal record, each drug that has been destroyed
- Each nurse will sign and date that the drugs have been destroyed on the controlled substance disposal record.
- Both nurses will also sign on the individual narcotic record that the drug has been destroyed.

On 2/28/19 at 5:00 a.m., and on 3/6/19 at 12:00 a.m., staff person A, medication aide, signed the narcotic disposal log for resident #1's Oxycodone 10mg, 1 tablet. The narcotic log was not signed by another staff person. On 3/22/19, multiple criminal charges were filed against staff person A relating to possession of controlled substances, forgery and theft.

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

Page 2A of 3

Legal Entity Representative

Kim Salvio PCHA
Signature

Kim Salvio
Printed Name and Title

7/31/19
Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 8/1/19
(Date)

Plan of correction implementation status as of 8/1/19
(Date)

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

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

185(a)

Immediate Correction:

1. On 4-2-19 education given to all LPN's and Medication Aides on the following topics:
 - a. Medication Administration (2600.182)
 - b. Providence Point Policy #613 "Medication Administration and Charting"
 - c. Storage and Disposal of Medications and Medical Supplies 2600.183
 - d. Providence Point Policy #614 "Medication Storage, Disposal and Labeling"
 - e. Accountability of medications and controlled substances 2600.185
 - f. Providence Point Policy #689 "Narcotic Accountability"
 - g. Narcotic Accountability Sheet (sign off sheet)
 - h. Providence Point Policy #688 "Narcotic Disposal"
 - i. Providence Point Policy #687" Medication/Drug Disposal (Narcotics and Non Narcotics)"

Please see attached Records of Training along with education/training that was given as stated above.

Ongoing Plan of Compliance:

1. All new LPN's and Medication Aides will have the above training during orientation to their work environment in Personal Care/Memory Support. To Begin 8-1-19
2. Education will be documented on Staff Record of Training and Maintained in the employee education file for review by Department. To begin 8-1-19
3. Monthly auditing of Narcotic Accountability Sheets and Narcotic Disposal Sheets in current use will be conducted by Administrator or designee and reported at QI. To being 8-1-19.

Ongoing Plan of Compliance Responsible Party: Administrator or designee.

Kim Salvio, PCMA 7/30/19.
Kim Salvio, PCMA

187b - Date/Time of Medication Admin.

Regulations

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident #1 is ordered Oxycodone HCL 5mg, 2 tablets every 6 hours. The staff person who administered the medication did not initial the February 2019 medication administration record (MAR) on 2/17/19 at 2:30 a.m.

Resident #1 is ordered Oxycodone HCL 10mg, 1 tablet every 4 hours as needed. The staff person(s) who administered the medications did not initial the March 2019 MAR on the following dates and times:

- 3/1/19 at 4:00 p.m. and 10:00 p.m.
- 3/2/19 at 2:00 a.m., 6:00 a.m., 10:00 a.m., 2:30 p.m., 11:00 p.m.
- 3/4/19 at 12:00 a.m., 5:30 a.m., 4:00 p.m.
- 3/5/19 at 3:30 a.m., 8:00 p.m.
- 3/6/19 at 12:00 a.m., 5:00 a.m.
- 3/7/19 at 12:00 a.m., 5:00 a.m.
- 3/7/19 at 8:00 p.m.
- 3/9/19 at 2:00 a.m., 6:00 a.m.

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 for POC Page 3A of 3

Legal Entity Representative

Kim Salvio PCHA
Signature

Kim Salvio PCHA *7/30/19*
Printed Name and Title Date

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The above plan of correction is approved as of 8/1/19
(Date)

Plan of correction implementation status as of 8/1/19
(Date)

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(Initials)

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- Partially Implemented - Inadequate Progress
- Not Implemented

187(b)

Immediate Correction:

1. On 4-2-19 education given to all LPN's and Medication Aides on the following topics:
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 - b. Providence Point Policy #613 "Medication Administration and Charting"
 - c. Storage and Disposal of Medications and Medical Supplies 2600.183
 - d. Providence Point Policy #614 "Medication Storage, Disposal and Labeling"
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 - f. Providence Point Policy #689 "Narcotic Accountability"
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 - i. Providence Point Policy #687" Medication/Drug Disposal (Narcotics and Non Narcotics)"

Please see attached Records of Training along with education/training that was given as stated above.

Ongoing Plan of Compliance:

1. All new LPN's and Medication Aides will have the above training during orientation to their work environment in Personal Care/Memory Support. To Begin 8-1-19
2. Education will be documented on Staff Record of Training and Maintained in the employee education file for review by Department. To begin 8-1-19
3. Monthly auditing of will be conducted by Administrator or designee to compare Narcotic Sign out and MAR to ensure that both documents are accurate and report at QI. Started on 5-9-19. Record of audits maintained to be reviewed by Department.

Ongoing Plan of Compliance Responsible Party: Administrator or designee.



8/1/19

Don Salveo, PCNA
Don Salveo, PCNA 7/30/19

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