



MAILING DATE: August 29, 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 April 24, 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". The signature is fluid and cursive.

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: *ksalvio@providencepoint.org*

Legal Entity

Name: *BAPTIST HOMES SOCIETY*

Address: *489 CASTLESHANNON BOULEVARD, PA, 15234*

Certificate(s) of Occupancy

Type: *I-1*

Date:

Issued By:

Staffing Hours

Resident Support Staff: *0*

Total Daily Staff: *112*

Waking Staff: *84*

Inspection

Type: *Partial*

BHA Docket #:

Notice: *Unannounced*

Reason: *Complaint, Incident*

Inspection Dates and Department Representative

04/24/2019 - On-Site: Josh Hoover

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *84*

Residents Served: *75*

Secured Dementia Care Unit

In Home: *Yes*

Area: *Memory Care*

Capacity: *20*

Residents Served: *18*

Hospice

Current Residents: *10*

Number of Residents Who:

Receive Supplemental Security Income: *0*

Are 60 Years of Age or Older: *75*

Diagnosed with Mental Illness: *0*

Diagnosed with Intellectual Disability: *0*

Have Mobility Need: *37*

Have Physical Disability: *0*

15a - Resident Abuse Report

Regulations

2600.

15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

On 4/14/2019, resident #1, age 84, alleged to staff person A that a male staff person had pushed her on to her bed. This incident was not reported to the local Area Agency on Aging until 4/19/2019.

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.)

2600.15(a)

Immediate Correction: All current staff educated on Reporting Abuse on 4-22-19 and 4-23-19. See attached attendance sheets with education. *Staff person "A" included.*

Ongoing Plan for compliance:

1. Continue annual training on abuse reporting for existing staff and for new employees upon hire and within 40 scheduled working hours of employment.
2. Abuse reporting education will be added to monthly staff meetings beginning July 31, 2019. Staff Record of Trainings will be maintained and available for review by Department.

Responsible Party: Administrator and/or RN Supervisor.

Immediately - Any allegation of abuse will be immediately reported to the local Area Agency on Aging. JRW 8/1/19

Legal Entity Representative

Kim Sanio, PCHA
Signature

Kim Sanio, PCHA
Printed Name and Title

7/30/19
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

15b - Supervisor Plan

Regulations

2600.

15.b. If there is an allegation of abuse of a resident involving a home's staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

Description of Violation

On 4/14/2019, resident #1 alleged to staff person A that a male staff person had just pushed her on to her bed. Staff person B, who is male, was assigned to provide care to resident #1 and was the only male staff person working on the floor of the home on which resident #1 resides. However, staff person B continued to provide unsupervised care to residents of the home for the remainder of the 3:00p.m. to 11:00p.m. shift on 4/14/2019, as well as between the hours of 3:00p.m. and 11:00p.m. on 4/15/2019, 4/17/2019, and 4/18/2019. Staff person B was suspended on 4/19/2019.

Immediate Correction: Staff Person B was placed on Administrative Leave on 4-19-19 through 4-29-19 when DHS and AAA concluded their investigation as "unsubstantiated". Upon return to work on 4-29-19, Staff Person B received additional education on abuse prior to returning to the direct care work environment. See attached Staff Training record for staff person B and training is the same as 15(a) and 16(b).

Ongoing Plan for Compliance:

1. Monthly education for all staff at staff meetings to identify and report abuse immediately. Training to begin 7-30-19 with July staff meeting.
2. Included in the education will be that any staff suspected of abuse will immediately be placed on administrative leave pending outcome of investigation.
3. Monthly Staff record of training will be maintained and available for review by Department.
4. Annual abuse training and new employee abuse training (within 40 scheduled hours of work) will continue as is our current practice.

Responsible Party: Administrator and/or RN Supervisor.

Legal Entity Representative

Kim Salvio, PCMA
Signature

Kim Salvio
Printed Name and Title

7/30/19
Date

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16c - Written Incident Report

Regulations

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On 4/14/2019, resident #1 alleged to staff person A that a male staff person had pushed her on to her bed. This incident was not reported to the Department until 4/19/2019.

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.)

2600.16(c)

Immediate Correction: All current staff educated on Reporting Abuse on 4-22-19 and 4-23-19. See attached attendance sheets with education. *Staff person "A" included. See attendance + education with 2600.15(a)*

Ongoing Plan for compliance:

1. Continue annual training on abuse reporting for existing staff and for new employees upon hire and within 40 scheduled working hours of employment.
2. Abuse reporting education will be added to monthly staff meetings beginning July 31, 2019. Staff Record of Trainings will be maintained and available for review by Department.

Responsible Party: Administrator and/or RN Supervisor.

Immediately - The administrator will ensure all reportable incidents are reported to the Department in the required timeframes and by the required reporting method. - JRW 8/1/19
Legal Entity Representative

Kim Salvio, PCHA
Signature

Kim Salvio PCHA
Printed Name and Title

7/30/19
Date

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