



**EMAILING DATE: November 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 August 13, 2019 and August 20, 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 that reads "Janine Wenzig".

Janine Wenzig  
Human Services Licensing Supervisor

Enclosure  
Violation Report

## Violation Report

### Facility Information

Name: *PROVIDENCE POINT*

Address: *200 ADAMS AVENUE,, PITTSBURGH, PA 15243*

County: *ALLEGHENY*

Region: *WESTERN*

License Number: *44143*

### Administrator

Name: *Kim Salvio*

Phone: *4124893560*

Email: *ksalvio@BaptistHomes.org*

### Legal Entity

Name: *BAPTIST HOMES SOCIETY*

Address: *489 CASTLESHANNON BOULEVARD, PITTSBURGH, PA, 15234*

### Certificate(s) of Occupancy

Type: *I-1*

Date:

Issued By:

### Staffing Hours

Resident Support Staff: *0*

Total Daily Staff: *106*

Waking Staff: *80*

### Inspection

Type: *Partial*

BHA Docket #:

Notice: *Unannounced*

Reason: *Incident*

### Inspection Dates and Department Representative

*08/13/2019 - On-Site: Janine Wenzig, Flinner-Alman, Lisa*

*08/20/2019 - On-Site: Janine Wenzig, Flinner-Alman, Lisa*

### Resident Demographic Data as of Inspection Dates

#### General Information

License Capacity: *84*

Residents Served: *73*

#### Secured Dementia Care Unit

In Home: *Yes*

Area: *Wing on 1st Floor*

Capacity: *20*

Residents Served: *16*

#### Hospice

Current Residents: *11*

#### Number of Residents Who:

Receive Supplemental Security Income: *0*

Are 60 Years of Age or Older: *73*

Diagnosed with Mental Illness: *0*

Diagnosed with Intellectual Disability: *0*

Have Mobility Need: *33*

Have Physical Disability: *0*

42b - Abuse

Regulations

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On 8/16/19, the home was informed that resident #1's Rolex watch was missing from his bedroom. The police were notified and found that resident #1's watch, reportedly by the home valued between \$5,000.00 - \$7,000.00, was stolen by staff person A on 8/14/19, and sold at a pawn shop on 8/17/19. The police investigation also found staff person A stole and pawned jewelry of another resident. As a result, staff person A was charged with 2 counts of felony theft on 8/22/19 and 2 additional counts of felony theft on 8/27/19.

**Immediate Correction:**

Staff Person A was terminated from employment at Providence Point as of 8-17-19. Criminal charges are filed by Scott Twp. Police department against Staff Person A.

Resident watch reclaimed from Pawn Shop by his son.

**Ongoing Plan of Correction:**

Beginning Immediately, the attached documents (Baptist Homes Society Corporate Policy 109 Corrective Action and Discharge/ Baptist Homes Society Policy 105 Resident Rights/ PA Code 55- 2600.42 (b) specifically) will be added to the orientation packet for all new personal care employees and will be reviewed/discussed during orientation of new employees to Providence Point Personal Care/Memory Support. Staff Record of Training will be maintained. Responsible Party PC Coordinator or designee.

Beginning Immediately the attached documents will also be reviewed/discussed with current staff during monthly staff meeting and daily crossover meetings. Will maintain documentation of review on **Staff Record of Training** and kept available for DHS review upon request. Responsible Party- PC Coordinator, Administrator, RN Supervisor or designee.

Legal Entity Representative


Signature 

 Administrator <sup>10/23/19</sup>  
Printed Name and Title Date

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

The above plan of correction is approved as of 10/30/19 (Date)

Plan of correction implementation status as of 10/30/19 (Date)

The above plan of correction was approved by  (Initials)

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

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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.)

By 11/15/19 – The administrator will implement procedures that ensure compliance. The procedures will include, at a minimum, at least 5 resident interviews monthly regarding money, property, and possessions. Suspected abuse, exploitation, and resident rights violations will be reported in accordance with applicable regulations. The administrator will review its current system for protection of resident rights to safeguard money and property in accordance with §2600.42(x) make significant improvements, such as providing a separate locked box for each resident.

By 1/1/20 – The administrator will conduct a quality management plan review and evaluation that includes the development and implementation of measures to address, at a minimum, these violations and plans of correction, and improved staff training on abuse, exploitation, and resident rights.

Legal Entity Representative

*Kim Salvio*

Signature

Kim Salvio

Printed Name and Title

10/30/19

Date

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The above plan of correction is approved as of 10/30/19 Plan of correction implementation status as of \_\_\_\_\_  
(Date) (Date)

The above plan of correction was approved by

*KS*  
(Initials)

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