



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail: ksalvio@providencepoint.org

MAILING DATE: December 18, 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
License/COC #: 441430

Dear Mr. Allison:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on November 19, 2019 and November 20, 2019, of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

A handwritten signature in black ink, appearing to read "L. Mazza".

Larry Mazza
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

RECEIVED

DEC 16 2019

WEST REGION FIELD OFFICE
COMMUNITY SUPPORT SERVICES

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: *AALLISON@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: *100* Waking Staff: *75*

Inspection

Type: *Partial* BHA Docket #: Notice: *Unannounced*
Reason: *Complaint*

Inspection Dates and Department Representative

11/19/2019 - On-Site: Michael Marini, Trish Bartlett
11/20/2019 - On-Site: Michael Marini

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *84* Residents Served: *72*

Secured Dementia Care Unit

In Home: *Yes* Area: *SDCU* Capacity: *20* Residents Served: *12*

Hospice

Current Residents: *7*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *72*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *28* Have Physical Disability: *0*

15c - Supervision

DEC 16 2019

Regulations

WESTERN REGION FIELD OFFICE
JANIS JEROME, CLERK

2600.

15.c. The home shall immediately submit to the Department's personal care home regional office a plan of supervision or notice of suspension of the affected staff person.

Description of Violation

On 11-13-19, resident #1 said to staff person A, "Thank you for not hitting me and pushing me." The home initiated an investigation and identified the alleged perpetrator as staff person B. Staff person B was placed on a plan of supervision; however, the plan of supervision was not submitted to the Department. Staff person B worked in the home from 11:00 PM- 7:00 AM on 11-15-19, 11-16-19 and 11-17-19.

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.)

2600.15c

Immediate Correction:

11-19-19/11-20-19: Plan of Supervision sent to DHS Western Region.

Administrator reeducated on 2600.15. (see attached). Administrator education occurred on 11/19/19. *LJM*

Ongoing Plan: Administrator will immediately notify DHS if a staff member is suspended related to an allegation of abuse or a plan of supervision is needed. A plan of supervision will only be initiated once it has been approved by DHS. Responsible Party: Administrator. Time frame: Immediately and ongoing as a situation arises.

Legal Entity Representative

Kim Salvio

Signature

Kim Salvio, Administrator

Printed Name and Title

Date

12/16/19

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The above plan of correction is approved as of 12/16/19
(Date)

Plan of correction implementation status as of 12/16/19
(Date)

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

Implemented
 Not Implemented