

Department of Human Services  
Bureau of Human Service Licensing

March 24, 2021

[REDACTED] PRESIDENT/CEO  
BAPTIST HOMES SOCIETY  
489 CASTLESHANNON BOULEVARD  
PITTSBURGH, PA 15234

RE: PROVIDENCE POINT  
200 ADAMS AVENUE  
PITTSBURGH, PA, 15243  
LICENSE/COC#: 44143

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/24/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,  
Jason Williams

Enclosure  
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

**Department of Human Services  
Bureau of Human Service Licensing  
LICENSING INSPECTION SUMMARY - PUBLIC**

**Facility Information**

**Name:** PROVIDENCE POINT      **Licen e #:** 44143      **Licen e Expiration Date:** 01/04/2022  
**Addr e :** 200 ADAMS AVENUE, PITTSBURGH, PA 15243  
**County:** ALLEGHENY      **Region:** WESTERN

**Administrator**

**Name:** [REDACTED]      **Phone:** 412-489-3566      **Email:** [REDACTED]

**Legal Entity**

**Name:** BAPTIST HOMES SOCIETY  
**Address:** 489 CASTLESHANNON BOULEVARD, PITTSBURGH, PA, 15234  
**Phone:** 4124893560      **Email:** [REDACTED]

**Certificate(s) of Occupancy**

**Type:** I-1      **Date:** 06/09/2009      **Issued By:** Scott Township  
**Type:** I-2      **Date:** 11/10/2009      **Issued By:** Scott Township

**Staffing Hours**

**Re ident Support Staff:** 0      **Total Daily Staff:** 78      **Waking Staff:** 59

**Inspection**

**Type:** Partial      **Notice:** Unannounced      **BHA Docket #:**  
**Reason:** Incident      **Exit Conference Date:** 02/24/2021

**Inspection Dates and Department Representative**

02/24/2021 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

**License Capacity:** 84      **Residents Served:** 55

**Secured Dementia Care Unit**

**In Home:** Yes      **Area:** Ground Floor      **Capacity:** 20      **Residents Served:** 16

**Hospice**

**Current Residents:** 3

**Number of Residents Who:**

**Receive Supplemental Security Income:** 0      **Are 60 Years of Age or Older:** 55  
**Diagnosed with Mental Illness:** 0      **Diagnosed with Intellectual Disability:** 0  
**Have Mobility Need:** 23      **Have Physical Disability:** 0

## Inspections / Reviews

02/24/2021 - Partial

Lead Inspector: [REDACTED] Follow Up Type: *POC Submission* Follow-Up Date: *03/18/2021*

3/15/2021 POC Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *03/17/2021*

3/24/2021 - Document Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *Not Required*

## 42b - Abuse

**1. Requirements**

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 2/20/2021, at approximately 9:00 a.m., direct care staff person A went into resident #1 bedroom to assist with getting the resident up from bed and personal hygiene. Resident #1 became combative with care. Staff person A grabbed resident #1's right forearm leaving a bruise approximately 1 inch in diameter. Resident #1 yelled at staff person A stating, "You are hurting me." Staff person A left the room and went to get staff person B to assist resident #1. When staff person B arrived in resident #1's bedroom, the resident was wet and naked from [REDACTED] shower in [REDACTED] wheelchair and crying. Resident #1 told staff person B that staff person A had hurt [REDACTED] and left a bruise on [REDACTED] arm.*

## 42b - Abuse (continued)

**Plan of Correction****Accept**

Staff Person "A" was immediately placed on an Administrative Leave pending the conclusion of this investigation. Staff Person "A" remains on Administrative Leave at this time. A plan of supervision to return Staff Person "A" to work has been submitted to DHS and AAA. The approval of the Plan of Supervision is pending as of this date. If the Plan of Supervision is approved by both DHS and AAA, Staff Person "A" will complete the following education immediately upon returning to work the first day: Video "Bathing Without A Battle", Providence Point Customer Service Video "Back to the Future". The following education will be completed on MCN Web based learning platform: Abuse and You, Communicating with Persons with Dementia, Elder Justice Act, Preventing Resident Abuse Policy, The Nursing Assistant: Caring for Residents with Dignity and Respect video, The Nursing Assistant: Resident Rights Video. Finally, Staff Person "A" will attend a Mandatory Abuse Training session on 3-25-2021 at 2:30pm conducted by Providence Point Staff Development Trainer, Terry Crawford, RN, BSN. Ongoing plan for all staff for abuse prevention is to continue current efforts: 1. email Reporting Abuse poster weekly via internal Email 4 All system. 2. Reporting Abuse Posters are in place on each resident floor in a common, well viewed area for Reporting Abuse with phone numbers to DHS and AAA. 3. RED ABUSE BINDERS are currently posted on each nursing unit and this binder is reviewed and given education to each new employee as part of their on boarding education. This binder contains the types of abuse and resident rights, the phone numbers to call, the regulatory requirement, removing the perpetrator from the organization, process for completing a report of abuse and Providence Point policies on Abuse and Resident Rights. 4. Monthly resident interviews regarding abuse and violations of resident rights and reported at quarterly QI meetings. 5. Screen savers on reporting abuse and related numbers to call are listed on all employee kiosks located on resident care areas in order to keep numbers readily available to staff. 6. Ongoing annual abuse training on MCN and education folders that contain the following education: "Care if the Resident with Dementia, Cognitive Impairment, Dementia, Mental Illness, Retardation", "Personal Care Service Needs of Resident...Support Plan/RASP", "Safe Management Techniques 2600.201 DHS Direct Staff Training", "Resident Rights" under 2600.41/2600.42/ 2600.43/ 2600.44", Providence Point Policy and Procedure Resident Rights 105, "PA Department of Aging Older Adult Protective Service Act", "Reportable Incidents and Conditions 2600.15/2600.16 Incident Form/Act 13/ Providence Point Policy 115 Reportable Incidents to the DHS", "Mental Illness & Intellectual Disabilities", "Most Common Types of Dementia; What is Dementia, Alzheimer's disease, Vascular Dementia, Lewy Body Dementia, Medications", "Sundowning: Difficult Behavior at the end of the day" . 7. Mandatory Abuse Training for all staff to be conducted on 3-25-2021 and 3-31-2021 by Providence Point Staff Development Trainer Terry Crawford, RN, BSN. Staff Person "A" will be taken off of the Plan of Supervision upon successful attendance and completion of all of the above education including the Mandatory Abuse Training on 3-25-2021 with Terry Crawford. Staff Person "A" will then be placed on a Performance Improvement Plan and weekly meetings will be conducted with the employee for 3 months to continue to evaluate any concerns and continued educational needs.

Completion Date: 03/31/2021

**Document Submission****Implemented**

see attached completed on 3-16-2021. next education session is 3-25-2021 for staff person "A".

## 81b - Resident Personal Equipment

**1. Requirements**

2600.

- 81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

81b - Resident Personal Equipment *(continued)*

**Description of Violation**

*Resident #1's bed has an enabler bar with an approximate 8 inch by 5 inch opening in the center which poses an entrapment hazard.*

**Plan of Correction**

**Accept**

*Resident #1 bed rail was covered immediately to prevent entrapment. see attached photo. Responsible Party: Kim Salvio, Director (Completed)*

*Resident #1 will be re- evaluated by therapy to determine if she is capable to safely use the bed rail as a positioning device. (In Process) Responsible Party: Kim Salvio, Director*

*Ongoing Plan of Correction: All residents utilizing bed rails have temporary covers applied and secured to prevent entrapment. All residents utilizing bed rails will have therapy re assess to evaluate if bed rail can safely be used by resident as a positioning device. All bed rails in use will have green mesh covers by 3-31-2021.*

**Completion Date:** 03/31/2021

**Document Submission**

**Implemented**

*all rails in use have mesh covers 3-17-2021.*

234d - Support Plan Revision

**1. Requirements**

2600.

234.d. The support plan shall be revised at least annually and as the resident's condition changes.

**Description of Violation**

*Resident #1's annual support plan, dated 11/24/2020, does not indicate the plan to need the need for irritability. This area is blank.*

*Resident #1 had a need for 2 people to assist with care based on documentation dated 9/18/2020. However, the resident's support plan was not updated to include 2 person assist until 2/20/2021.*

**Plan of Correction**

**Accept**

*Resident #1 Support plan was immediate updated to include a plan to meet her need for irritability. Responsible Party: Patricia Connolly, RN Supervisor. See attached copy of Support Plan for Resident #1. (COMPLETED)*

*Ongoing Plan for compliance: 1. All support plans have been audited and updated to reflect and describe how to meet a residents need for irritability and agitation. (COMPLETED) Responsible Party: Patricia Connolly, RN Supervisor and Kim Salvio, Director. 2. Ongoing plan of compliance: as a residents condition changes, the Support plan will immediately be updated and communicated to the staff using the "Email 4 All" (this is an internal system that only communicates to personal care employees) system at Providence Point and New Resident Information Form.*

*Responsible Parties: Patricia Connolly, RN Supervisor and Kim Salvio, Director.*

**Completion Date:** 03/31/2021

**Document Submission**

**Implemented**

*support plan was completed and submitted on last submission.*