

Department of Human Services  
Bureau of Human Service Licensing

August 31, 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 07/13/2021, 07/14/2021, 08/06/2021, 08/10/2021, 08/12/2021, 08/19/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,  
Jon Kimberland

Enclosure  
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing



Resident Demographic Data as of Inspection Dates (*continued*)

## Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 48

Diagnosed with Mental Illness: 0

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 28

Have Physical Disability: 0

## Inspections / Reviews

## 07/13/2021 Partial

Lead Inspector: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 08/30/2021

## 8/27/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: Document Submission

Follow-Up Date: 08/30/2021

## 8/31/2021 - 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**

Direct care staff person A sometime on or before 11/2/2020, stole the [REDACTED] debit/credit card information for resident #1's [REDACTED] account, and between the dates of 11/2/2020 to 12/22/2020, direct care staff person A made 83 unauthorized credit card transactions totaling \$3,600.00 in fraudulent charges.

Repeat Violation; 2/24/21

**Plan of Correction**

Accept

1. Staff Person A voluntarily resigned from employment at Providence Point effective 8-19-2019 by failing to report for duty for scheduled shifts. Please see attached time sheet and Human Resources verification of termination of [REDACTED] employment in addition to a letter that was sent to [REDACTED] confirming [REDACTED] voluntary resignation. (Completed)
2. Family of Resident 1 has reported that resident account has not been reimbursed by bank since transactions are older than 3 months. At this time, family of Resident 1 is awaiting confirmation if legal proceeding will have Staff Person A pay restitution to Resident 1 for the amount of money stolen. Court date has not yet been determined by [REDACTED]. Providence Point CEO [REDACTED] has prepared a letter to the family/resident that states that in the event that restitution is not paid by Staff Person A, Providence Point will credit the resident account in the amount taken from resident. See attached letter. Responsible Party: [REDACTED] PC Administrator/[REDACTED] CEO or designee.
3. Quarterly interviews are currently conducted with residents to screen for Abuse. Two additional screening questions regarding financial abuse have been added to the quarterly abuse screening. See attached. 20% of residents will be interviewed monthly. Responsible Party: [REDACTED] PCHA or designee.
4. All Providence Point staff and agency staff provided with education regarding financial abuse of residents. See attached education. "Protecting Residents from Financial Exploitation" Responsible Party: [REDACTED] PCHA or designee. Education of all staff by 9-15-21 and available for review by DHS. Ongoing education of new staff and agency during on boarding/orientation.

Completion Date: 09/15/2021

**Document Submission**

Implemented

see attached