

Department of Human Services
Bureau of Human Service Licensing

September 13, 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 08/19/2021, 08/26/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Larry Mazza

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

Department of Human Services
Bureau of Human Service Licensing

September 10, 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 licensing inspections on 08/19/2021, 08/26/2021 of the above facility, the citations specified on the enclosed Licensing Inspection Summary (LIS) were found.

We have determined that your plan of correction is: Acceptable

All citations specified on the plan of correction must be corrected by the dates specified on the License Inspection Summary (violation report) and continued compliance with Department statutes and regulations must be maintained.

Sincerely,
Larry Mazza

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

Inspections / Reviews

08/19/2021 - Partial

Lead Inspector: [REDACTED] Follow Up Type: *POC Submission* Follow-Up Date: *09/09/2021*

9/9/2021 POC Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/15/2021*

9/10/2021 - POC Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *09/30/2021*

9/13/2021 - Document Submission

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

23a - Activities of Daily Living Assistance

1. Requirements

2600.

23.a. A home shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.

Description of Violation

Resident #1's most recent assessment and support plan, dated 6/30/21, indicates the resident requires some physical assistance with transferring in/out of bed/chair and ambulating, and is to use a walker for safety. After lunch on [REDACTED], the resident got up from the table without the use of their walker, walked out of the dining room and fell. The resident was sent to the hospital and was admitted and diagnosed with a left broken hip. Resident #1 ceased to breathe on resident #1's date of death. The resident's death certificate indicates the cause of death as complications from blunt force trauma of the left hip and a fall.

Plan of Correction

Directed

1. Fall Prevention Policy updated and all staff to be educated on policy (including agency staff) to be completed by 9-30-21. Responsible Party [REDACTED] or designee. see attached policy.
 2. "Fall Assessment" completed in Electronic Health Record (Matrix) according to above Fall Prevention Policy as follows: A. The nurse will assess the resident for "high" risk of falling by using the Matrix fall risk observation assessment within 15 days of admission, upon change in condition and every 6 months.
 3. "Fall Huddle" (see attached Fall Huddle/according to Fall Prevention Policy) to be completed by nurse and staff on floor/unit after each resident fall to immediately attempt to identify cause of fall and prevent further falls. Completed Fall Huddles submitted to Quality Nurse upon completion.
 4. Needed fall interventions implemented immediately by nurse.
 5. RASP updated immediately by Nurse. (see Fall Prevention Policy)
 6. Falling Leaf program (Fall Prevention Policy)- picture of leaf attached to resident door or name plate by nurse. This to quickly identify residents at risk for falls and need for more frequent supervision (SEE ATTACHED FALLING LEAF)
 7. Master list of all resident assistive devices on aide assignment sheet and in nurses station for staff quick view. see attached ASSISTIVE DEVICES AND MEMORY SUPPORT ASSIGNMENT SHEET EXAMPLE.
 8. Each resident assistive device is labeled with resident name and room number and a short reminder statement to staff to ensure resident has assistive device at all times. See Attached ASSISTIVE DEVICE TAGS.
- Responsible Party: [REDACTED] or designee. see attached photos and documents.

DIRECTED: By 10/1/21: The home shall continue reviewing resident falls on a monthly basis, and continue to review resident falls during the home's quarterly quality management reviews. Documentation of the reviews shall be kept. LM 9/10/21

Completion Date: 09/30/2021

Document Submission

Implemented

see attached

65a - FS Orientation 1st Day

1. Requirements

2600.

- 65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:
1. Evacuation procedures.

65a - FS Orientation 1st Day (continued)

2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
5. The location and use of fire extinguishers.
6. Smoke detectors and fire alarms.
7. Telephone use and notification of emergency services.

Description of Violation

Direct care staff person A, whose first day of work was [REDACTED], did not receive orientation on any of the following topics:

- Evacuation procedures
- Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location, if applicable
- The designated meeting place outside the building or within the fire-safe area in the event of an actual fire
- Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable
- The location and use of fire extinguishers
- Smoke detectors and fire alarms
- Telephone use and notification of emergency services

Plan of Correction

Accept

1. Direct Care Staff Person A was provided and completed regulatory education 65 A. 1-7 on 8-25-2021. Responsible Party [REDACTED] or designee. COMPLETED. SEE ATTACHED DOCUMENTS.
2. To maintain compliance and prevent reoccurrence, an Education Book for Agency Staff was created and all agency going forward from this date are to complete education on first day in building. Monday through Friday day shift the Personal Care Coordinator is responsible to ensure that agency staff are receiving education on the first day scheduled. Off shift and weekend agency education completion will be the responsibly and managed by the nurse in charge of each shift. An education book as been created for each floor and unit. Agency that have been working here are completing book on next scheduled shift and documentation is maintained of which agency staff are scheduled, completed education or has education to complete. Completed agency education available to DHS for review or upon request. Weekly audits x 4 weeks then monthly audits will be conducted on agency personnel to ensure education is completed per regulatory requirement. Responsible Party: [REDACTED] or designee. See Attachments.

Completion Date: 09/30/2021

Document Submission

Implemented

see attached

65b - Rights/Abuse 40 Hours

1. Requirements

2600.

- 65.b. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

65b - Rights/Abuse 40 Hours (*continued*)

1. Resident rights.
2. Emergency medical plan.
3. Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § 10225.101—10225.5102).
4. Reporting of reportable incidents and conditions.

Description of Violation

Direct care staff person A completed his/her 40th scheduled work hour on 8/13/21; however, direct care staff person A did not receive orientation on any of the following topics:

- *Resident Rights*
- *Emergency medical Plan*
- *Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act*
- *Reporting of reportable incidents and conditions*

Plan of Correction**Accept**

1. *Direct Care Staff Person A was provided and completed regulatory education 65 B. 1-4 on 8-25-2021. Responsible Party [REDACTED] or designee. COMPLETED. SEE ATTACHED DOCUMENTS.*
2. *To maintain compliance and prevent reoccurrence, an Education Book for Agency Staff was created and all agency going forward from this date are to complete education on first day in building. Agency that have been working here are completing book on next scheduled shift and documentation is maintained of which agency staff are scheduled, completed education or has education to complete. Monday through Friday day shift the Personal Care Coordinator is responsible to ensure that agency staff are receiving education on the first day scheduled. Off shift and weekend agency education completion will be the responsibility and managed by the nurse in charge of each shift. An education book as been created for each floor and unit. Weekly audits x 4 weeks then monthly audits will be conducted on agency personnel to ensure education is completed per regulatory requirement. Responsible Party: [REDACTED] or designee. See Attachments.*

Completion Date: 09/30/2021

Document Submission**Implemented**

see attached