

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

February 28, 2023

[REDACTED]  
BAPTIST HOMES SOCIETY  
[REDACTED]

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 01/03/2023, 01/04/2023, 01/06/2023 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,  
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

**Facility Information**

Name: PROVIDENCE POINT License #: 44143 License Expiration: 01/04/2024  
 Address: 200 ADAMS AVENUE, PITTSBURGH, PA 15243  
 County: ALLEGHENY Region: WESTERN

**Administrator**

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

**Legal Entity**

Name: BAPTIST HOMES SOCIETY  
 Address: [REDACTED]  
 Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

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

**Staffing Hours**

Resident Support Staff: 0 Total Daily Staff: 85 Waking Staff: 64

**Inspection Information**

Type: Full Notice: Unannounced BHA Docket #:  
 Reason: Renewal Exit Conference Date: 01/06/2023

**Inspection Dates and Department Representative**

01/03/2023 On Site [REDACTED]  
 01/04/2023 On Site [REDACTED]  
 01/06/2023 On Site [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**  
 License Capacity: 84 Residents Served: 57

**Secured Dementia Care Unit**  
 In Home: Yes Area: Memory Support Capacity: 20 Residents Served: 19

**Hospice**  
 Current Residents: 1

**Number of Residents Who:**  
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 57  
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0  
 Have Mobility Need: 28 Have Physical Disability: 1

**Inspections / Reviews**

01/03/2023 - Full  
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 01/28/2023

## 01/27/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 02/28/2023

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 02/03/2023

## 02/06/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 02/28/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission

Follow-Up Date: 02/13/2023

## 02/28/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/28/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

## 5a1 - DHS Access

## 1. Requirements

2600.

5.a. The administrator or a designee shall provide, upon request, immediate access to the home, the residents and records to:

1. Agents of the Department.

## Description of Violation

*On 1/4/23 at approximately 11:30 a.m., agent of the Department requested records for staff persons A and B. However, on 1/4/23, 4:30 p.m., the records still had not been provided to the Department. According to staff person C, the home's administrator, the delay was due to the records of staff who transferred from another home owned by the same legal entity to this home were still located at the other building. The records were provided to the Department on day 3 of the inspection, 1/6/23.*

## Plan of Correction

Accept [REDACTED] - 02/06/2023)

*Jan 30th, Administrator immediately reviewed all current documents of PC current staff. Going forward, the administrator will review all new hires upon start date to ensure the documents are completed and this regulation is met.*

Licensee's Proposed Overall Completion Date: 01/30/2023

Implemented [REDACTED] - 02/28/2023)

## 25a - Written Contract and Review

## 2. Requirements

2600.

25.a. Prior to admission, or within 24 hours after admission, a written resident-home contract between the resident and the home shall be in place. The administrator or a designee shall complete this contract and review and explain its contents to the resident and the resident's designated person if any, prior to signature.

## Description of Violation

*Resident #1 was admitted to the home on [REDACTED] 22. However, on [REDACTED]/23, there was no resident-home contract completed for the resident.*

*Repeat violation 11/30/21 et al*

## Plan of Correction

Accept [REDACTED] - 02/06/2023)

*Jan 30th Administrator, within 36 hours will work with our admissions department to review all current residents to ensure agreements are in compliance on a continuum basis. Jan 30th the administrator will review all new admissions within 24hrs to review the resident agreements to ensure they are completed accurately and meet compliance with this regulation. .*

Licensee's Proposed Overall Completion Date: 01/30/2023

Implemented [REDACTED] - 02/28/2023)

## 51 - Criminal Background Check

## 3. Requirements

2600.

51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

51 - Criminal Background Check (*continued*)**Description of Violation**

The home has not completed a Pennsylvania State Police criminal history check for direct care staff person A, hired [REDACTED]/22.

**Plan of Correction**

Accept [REDACTED] - 02/06/2023)

Jan 30th, Human Resource Manager will complete an audit by reviewing all criminal background checks to verify records were completed to meet this regulation and to ensure records are filed in a timely manner for current staff. Administrator will review the records within 10 days of all new hires and will verbally confirm that all current and new hires records are on-site by on-site audit.

Licensee's Proposed Overall Completion Date: 01/30/2023

Implemented [REDACTED] - 02/28/2023)

## 65a - FS Orientation 1st Day

**4. 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.
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] 22, has not received training in general fire safety and emergency preparedness that includes the following: (1) evacuation procedures, (2) staff duties and responsibilities during fire drills, (3) the designated meeting place outside the building or within the fire safe area, (4) smoking safety procedures, (5) the location and use of fire extinguishers, (6) smoke detectors and fire alarms, (7) telephone use and notification of emergency services.

Direct care staff person B, whose first day of work was [REDACTED]/22, has not received training in general fire safety and emergency preparedness that includes the following: (1) evacuation procedures, (2) staff duties and responsibilities during fire drills, (3) the designated meeting place outside the building or within the fire safe area, (4) smoking safety procedures, (5) the location and use of fire extinguishers, (6) smoke detectors and fire alarms, (7) telephone use and notification of emergency services.

Direct care staff person D, whose first day of work was [REDACTED] 22, has not received training in general fire safety and emergency preparedness that includes the following: (1) evacuation procedures, (2) staff duties and responsibilities during fire drills, (3) the designated meeting place outside the building or within the fire safe area, (4) smoking safety procedures, (5) the location and use of fire extinguishers, (6) smoke detectors and fire alarms, (7) telephone use and notification of emergency services.

65a - FS Orientation 1st Day (continued)

Plan of Correction

Accept [REDACTED] - 02/06/2023)

Jan 31st, Administrator has educated PC office management on this regulation. These current records will be audited withing 10 days of this date and then shall be kept on-site in our locked file cabinet in our administrative office on PC floor 2. Going forward any new hires, administrator or designee will audit the completion of this training daily for 5 days and copy and insert into our soft files. Immediately after PC Administrator or the designee has completed the audit the original record of completion will be sent to fire safety employee to file in the EVS department.

Licensee's Proposed Overall Completion Date: 01/30/2023

Implemented [REDACTED] - 02/28/2023)

65d - Initial Direct Care Training

5. Requirements

2600.

65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:

- 2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.

Description of Violation

Direct care staff person B, hired [REDACTED]/22, provided unsupervised direct care services to residents on [REDACTED]/22, [REDACTED]/22, [REDACTED] 22, [REDACTED]/22, [REDACTED]/22, [REDACTED]/22, and [REDACTED] 22. However, the home does not have documentation that staff person B has successfully completed and passed the Department-approved direct care training course and competency test.

Direct care staff person D, hired [REDACTED] 22, provided unsupervised direct care services to residents on [REDACTED]/22 and [REDACTED]/22. However, the home does not have documentation that staff person D has successfully completed and passed the Department-approved direct care training course and competency test.

Plan of Correction

Accept [REDACTED] - 02/06/2023)

Jan 31st the Human Resources manager will review all current direct care training certificates within 10 days for all current PC staff. On the date of new hires moving forward the administrator will ensure the training records are completed in its entirety and filed in the administrative office on PC 2 into our soft files. Original records of training will be kept in HR in the locked area for PC employees.

Licensee's Proposed Overall Completion Date: 01/31/2023

Implemented [REDACTED] - 02/28/2023)

85e - Trash Outside Home

6. Requirements

2600.

85.e. Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

Description of Violation

On 1/6/23 at 9:00 a.m., there was a square trash can with rectangular openings on all four sides setting at the main entrance to the home. The trash can was approximately 2/3 full of trash.

85e - Trash Outside Home (continued)

**Plan of Correction**

**Accept** [REDACTED] - 02/06/2023)

Jan 30th the administrator was educated by the Director of DHS Pittsburgh region on immediately removing the garbage can until the lid was ordered, delivered and installed. On Jan 31st administrator reviewed this regulation to make all PC/Memory Support staff to be aware of the garbage can lids ensuring the correct lid in on the can. EVS department will assign a member of the maintenance crew to monitor the lid to ensure the correct lid is on the can on a weekly basis. Administrator will observe the garbage can lid every day [REDACTED] is in the building as the can is outside of [REDACTED] window.

Licensee's Proposed Overall Completion Date: 01/31/2023

**Implemented** [REDACTED] - 02/28/2023)

123b - Emergency Procedures Posted

**7. Requirements**

2600.

123.b. Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

**Description of Violation**

The local municipality's emergency preparedness plan was not posted in the home.

**Plan of Correction**

**Accept** [REDACTED] - 02/06/2023)

Jan 31st administrator educated the staff that the Emergency Preparedness book is located on PC 2 outside of the nurses station. On-going month y the administrator will ensure the book is in the correct place outside the PC 2 nurses office area.

Licensee's Proposed Overall Completion Date: 01/31/2023

**Implemented** [REDACTED] - 02/28/2023)

132b - Safety Inspection/Fire Drill

**8. Requirements**

2600.

132.b. A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

**Description of Violation**

The home's most recent fire safety inspection conducted by a fire safety expert was conducted on 6/29/22. However, the home's previous fire safety inspection was conducted on 5/21/21.

**Plan of Correction**

**Accept** [REDACTED] 02/06/2023)

Jan 31st the administrator verbally notified the fire safety employee at the facility to leave a grace period for any cancellations that may take place to prevent rescheduling the expert that will cause us to be out of compliance on this regulation. Administrator will add a reminder in his calendar to follow up with the fire safety employee to confirm scheduling takes place with lead time allotted for any cancellation and reach out to the safety fire employee to remind of the next appointment.

Licensee's Proposed Overall Completion Date: 01/31/2023

**Implemented** [REDACTED] - 02/28/2023)

## 132c - Fire Drill Records

**9. Requirements**

2600.

132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

**Description of Violation**

*The home's written fire drill records for the fire drills conducted in the personal care section of the building do not include the exit route(s) used for each fire drill conducted from 1/30/22 through 12/19/22. The records only indicate "away from fire beyond fire doors to fire safe area." The records do not indicate what specific fire safe area(s) or exit(s) were used.*

*The home's written fire drill records for the fire drills conducted in the Memory Support (secured dementia care unit) section of the building do not include the exit route(s) used for each fire drill conducted from 1/28/22 through 12/28/22. The records only indicate "away from fire beyond fire doors" or "away from fire beyond fire doors to fire safe area." The records do not indicate what specific fire safe area(s) or exit(s) were used.*

**Plan of Correction****Accept (█ - 01/27/2023)**

*Jan 4th, the PC Administrator verbally spoke to the EVS manager on this regulation. The EVS manager instructed that the fire safety employee immediately use the DHS record form and continue to use the facilities in house method of record keeping. Ongoing, EVS manager will conduct monthly reviews of the fire drill records, ensure that the DHS record form is completed to meet this regulation. Jan 24th the fire safety employee has been educated by the administrator on this regulation to utilize alternate fire safety zones while fire drills are being conducted. Fire safety employee will educate PC staff and residents to be aware of the alternate fire safe zones. EVS manager has asked the certified fire safety expert to review these alternate safety zones and to re educate all staff and residents of the various options to safely evacuate. EVS manager has requested the Certified safety expert include, on a yearly basis, to educate and re educate PC Home staff. On Jan 25th the Administrator will discuss this regulation at a pre scheduled meeting on Quality Performance Improvement.*

**Licensee's Proposed Overall Completion Date: 01/26/2023**

**Implemented (█ - 02/28/2023)**

## 132e - Fire Drill Sleeping Hours

**10. Requirements**

2600.

132.e. A fire drill shall be held during sleeping hours once every 6 months.

**Description of Violation**

*The most recent sleeping hours fire drill conducted in the personal care section of the building was conducted on 1/30/22 at 11:53 p.m.*

**Plan of Correction****Accept (█ - 02/06/2023)**

*Jan 31st the administrator spoke to the fire safety employee on using the DHS form for fire drill record of fire drills. EVS manager shall review this documentation on a monthly basis moving forward to ensure the document is accurate, on the appropriate required record and to ensure the fire drill is performed within the 6 months period twice a year to be in compliance. Administrator or designee will audit the record at intervals through the month*

132e - Fire Drill Sleeping Hours (continued)

following any fire drill.

Licensee's Proposed Overall Completion Date: 01/31/2023

Implemented [redacted] - 02/28/2023)

184a Resident's Meds Labeled

11. Requirements

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- 4. The prescribed dosage and instructions for administration.

Description of Violation

Resident #1 is ordered [redacted] - one tablet by mouth every other day. However, on 1/4/23 at approximately 1:30 p.m., the pharmacy label for this medication indicates [redacted] - take one tablet by mouth every day.

Resident #1 is ordered [redacted] one tablet oral three times a day. However, on 1/4/23 at approximately 1:30 p.m., the pharmacy label for this medication indicated [redacted] - take one tablet by mouth three times a day as needed.

Resident #1 is ordered [redacted] - one tablet by mouth every 12 hours prn for cough. However, on 1/4/23 at approximately 1:30 p.m., the pharmacy label for this medication indicated [redacted] - take one tablet by mouth twice a day.

Resident #2 is ordered [redacted] - take two capsules oral twice a day. However, on 1/4/23 at approximately 1:10 p.m., the pharmacy label for this medication indicates [redacted] - take one capsule by mouth twice a day.

Plan of Correction

Accept [redacted] - 02/06/2023)

Jan 5th the PC nurse supervisor corrected the re-direct stickers for Resident 1 and 2. On this day the PC nurse supervisor has implement an audit document which will be used by each med technician after each shift has mplemented. Education was given for medication technicians immediately the PC Supervisor or designee will review the documentation weekly to ensure the audit is completed and any corrections have been addressed. In addition, our LPN overnight staff member will audit the records to ensure audit has been completed by each med tech. Administrator will review current policies on cart audits to ensure the policy is within compliance and issue the policies for each med tech to review after VR has been accepted.

Licensee's Proposed Overall Completion Date: 02/01/2023

Implemented [redacted] - 02/28/2023)