



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**MAILING DATE: February 1, 2018**

Mr. Rocco Palladini  
Executive Director  
Paramount Senior Living at Bethel Park, LLC.  
5785 Baptist Road  
Bethel Park, Pennsylvania 15102

RE: Paramount Senior Living at Bethel Park  
Certificate #: 440880

Dear Mr. Palladini:

As a result of the Department of Human Services' licensing inspection on May 10, 2017; May 12, 2017 and May 26, 2017, of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Sincerely,

A handwritten signature in cursive script that reads "Larry Mazza".

Larry Mazza  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary

**VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

PCH Name: PARAMOUNT SENIOR LIVING AT BETHEL PARK		License Number: 44088
Address: 5785 BAPTIST ROAD, BETHEL PARK, PA 15102		County: Allegheny
Administrator: Felicia Rankin		Region: WEST
Legal Entity Name: PARAMOUNT SENIOR LIVING AT BETHEL PARK LLC		
Legal Entity Address: 5785 BAPTIST ROAD, BETHEL PARK, PA 15102		
Certificate(s) of Occupancy I-1 10/29/2009 Municipality of Bethel Park		
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 150	Waking Staff: 113
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
<b>Reason(s) for Inspection(s)</b> Complaint, Incident		
<b>On-Site Inspections Dates and Department Representatives On-Site</b> 08/10/2017: Roser, Ashley; Finner-Alman, Lisa 05/12/2017: Roser, Ashley; Finner-Alman, Lisa 05/26/2017: Roser, Ashley; Finner-Alman, Lisa		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>		
<b>Other Details</b>		
Partial or Full Triggers:		Random Indicators:
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 125 Number of Residents Served: 107 Secured Dementia Care Unit In Home: Yes Area: 3 North Secured Dementia Unit Capacity, if Applicable: 28 Number of Residents Served in Secured Dementia Care Unit, if applicable: 22 Number of Current Hospice Residents: 8 Number of Hospice Residents in past year: 42	<b>Number of Residents who:</b> Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 107 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 43 Have a Physical Disability: 1	

Violation Report: 44088 - 05/10/2017 - Roser, Ashley  
 PCH Name: PARAMOUNT SENIOR LIVING AT BETHEL PARK

**1. REGULATION 55 Pa.Code §2600**

2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

**2a. DESCRIPTION OF VIOLATION**

On 5/26/17, at 9:34 AM, the following resident information was unlocked, unattended and accessible in the "Stand Up Report" on the 2nd floor medication cart:

- \* Residents #4 and #5's medical diagnoses and ADL needs, to include dressing/bathing, eating, ambulating, and toileting hygiene

**3. 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.*

5/26/17 The medication cart was locked and the "stand up report" was placed in the locked nurses station at the time of the violation .

1/8/18 All medication carts will be locked when unattended and resident information will be kept confidential and unaccessible to unauthorized individuals.

1/12/18 All nurses will be educated on confidentiality of resident records and medication administration guidelines To ensure that the violation does not reoccur medication carts and resident information will be monitored for compliance with 2600.17 by the Director of Nursing/designee each week beginning 1/8/18 x 4 weeks, then every month x 2months

Repeat Violation: No	Date(s) of Previous Violation(s):			
----------------------	-----------------------------------	--	--	--

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Janet Stockhausen RN NHA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Janet Stockhausen RN, NHA	Date 1/12/18
-------------------------------------------------------------------------------------------------------------	-----------------

**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of <u>2/1/18</u> (Date)	Plan of correction implementation status as of <u>2/1/18</u> (Date)
The above plan of correction was approved by <u>J</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>P</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 44088 - 05/10/2017 - Roser, Ashley  
 PCH Name: PARAMOUNT SENIOR LIVING AT BETHEL PARK

**1. REGULATION 55 Pa.Code §2600**

2600.23(a) - A home shall provide each resident with assistance with activities of daily living as indicated in the resident's assessment and support plan.

**2a. DESCRIPTION OF VIOLATION**

Resident #1's assessment and support plan, dated 11/5/16, indicates the resident requires prompting and cueing and encouragement to eat and staff will assist with this at the feed table. On 5/26/17, from 11:55 AM to 12:10 PM, agents from the department witnessed resident #1 sitting at the feed table, unable to eat and unassisted by staff.

Resident #2's assessment and support plan, dated 3/15/17, indicates the resident requires assistance with foley catheter care and staff will assist with care as needed. On 5/20/17, it was reported to the night shift nurse that resident #2's brief was wet and the foley catheter was not draining into the catheter bag. On 5/21/17 at 12:00 PM, staff person A noticed that resident #2's catheter was still not draining and administered a straight catheter and pulled approximately 600 CC's of urine from the resident. In addition, staff person A found sediment build up on the catheter and throughout the bag.

**3. 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.*

5/26/17 Resident #1 was given verbal cues and encouragement to eat her lunch on the day of survey.

1/8/ to 1/12/18 Nursing staff were educated on implementation of assistance needed during meals as indicated on residents support plans.

1/8/18 to 1/21/18 To ensure the deficient practice does not reoccur, all residents requiring assistance with meals will be monitored daily for compliance with all meals (3xd) x1 week, then daily x1week, then once a month x1 .

5/21/17 Resident #2 foley catheter was changed and catheter care was administered. Resident was not straight cathed as described in the description of the violation. The night shift nurse was disciplined and educated on foley catheter care.

The resident had just completed treatment for a UTI with an antibiotic. (5/11 to 5/18/17). residents catheter was last changed before the incident on 5/3/17. Resident is also followed by Gallagher Home Care .

5/26/17 All nusing staff were educated on foley catheter care.

1/9/17-3/8/18 To ensure the violation does not reoccur, the Director of Nursing/designee will monitor resident records (TAR) to ensure documentation of foley catheter care every week x4 weeks, then every month x 2 months to ensure compliance with 2600.23(a).

Repeat Violation: No	Date(s) of Previous Violation(s):		
----------------------	-----------------------------------	--	--

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Janet Stockhausen RN NHA*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) Janet Stockhausen RN, NHA Date 1/12/18

**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of <u>2/1/18</u> (Date)	Plan of correction Implementation status as of <u>2/1/18</u> (Date)
The above plan of correction was approved by <u>L</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>L</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 44088 - 05/10/2017 - Roser, Ashley  
 PCH Name: PARAMOUNT SENIOR LIVING AT BETHEL PARK

1. REGULATION 55 Pa.Code §2600  
 2600.42(c) - A resident shall be treated with dignity and respect.

2a. DESCRIPTION OF VIOLATION

On 5/26/17, at 12:40 PM, resident #3's blanket was displaced while being transported by staff via wheelchair to the dining room. Agents of the Department observed the resident was not wearing pants and was only wearing a brief. Staff interviews indicate it is easier to change the resident's briefs when the resident is not wearing pants; therefore, resident #3 is not dressed in pants.

3. 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.*

5/26/17 Resident #3 was immediately dressed with pants following the incident on the day of the survey.

5/26/17 The residents support plan was updated to indicate the resident is to be fully dressed, including pants.

6/19/17 All nursing staff were educated on resident rights, specifically dignity and respect.

6/1/17 to 7/5/17 The Director of Nursing/designee will monitor residents ADL's for compliance with 2600.42 (c) daily x 1 week the weekly x4 weeks.

Repeat Violation: No	Date(s) of Previous Violation(s):			
----------------------	-----------------------------------	--	--	--

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Janet Stockhausen RN, NHA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Janet Stockhausen RN, NHA	Date 1/12/18
-------------------------------------------------------------------------------------------------------------	-----------------

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>2/1/18</u> (Date)	Plan of correction Implementation status as of <u>2/1/18</u> (Date)
The above plan of correction was approved by <u>Z</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>[Signature]</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 44088 - 05/10/2017 - Roser, Ashley  
 PCH Name: PARAMOUNT SENIOR LIVING AT BETHEL PARK

**1. REGULATION 55 Pa.Code §2600**  
 2600.81(b) - Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

**2a. DESCRIPTION OF VIOLATION**  
 There are multiple cracks ranging in length from approximately 1/4" to 1/2", exposing foam on the left and right vinyl arm rests of resident #2's wheel chair. These cracks pose a skin tear risk.

**3. 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.*

1/9/18 Residents arm rests were temporarily replaced by the maintenance department. The residents family was notified that a permanent solution to the arm rests was needed if they were not satisfied with the facilities replacement. (color does not match).

1/10/18 to 1/12/18 The maintenance department will inspect a sample of 20 wheelchairs and 20 walkers to ensure they are clean and in good repair.

2/5/18 to 3/5/18 The maintenance department will inspect a sample of 20 wheelchairs and walkers each month to ensure compliance with 2600.81(b).

Wheelchairs and walkers will be inspected and repaired on an as needed basis.

Repeat Violation: No	Date(s) of Previous Violation(s):		
----------------------	-----------------------------------	--	--

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Janet Stockhausen RN NHA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Janet Stockhausen RN, NHA	Date 1/12/18
-------------------------------------------------------------------------------------------------------------	--------------

**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of <u>2/1/18</u> (Date)	Plan of correction implementation status as of <u>2/1/18</u> (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented