



**COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE**

**11 Stanwix Street  
Room 230  
Pittsburgh, Pennsylvania 15222**

**ADULT RESIDENTIAL LICENSING**

NOV 16 2010

Phone: (412) 565-5616/5614  
Toll Free: 1-888-322-3664  
Fax: (412) 565-5633/565-2840  
[www.dpw.state.pa.us](http://www.dpw.state.pa.us)

Ms. Janet C. Stockhausen, Vice President Clinical/Operational Services  
Paramount Health Resources, LLC  
Paramount Senior Living at South Hills  
100 Knoedler Road  
Pittsburgh, Pennsylvania 15236

Dear Ms. Stockhausen:

As a result of the Department of Public Welfare's licensing inspection on July 20, 2010 of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.

All violations specified on the enclosed Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Adult Residential Licensing so that compliance can be verified.

Sincerely,

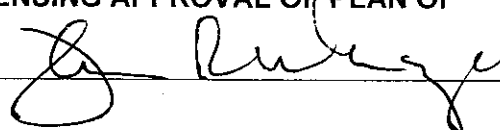
A handwritten signature in cursive script that reads "Janine Wenzig".

Janine Wenzig  
Regional Licensing Administrator

Enclosure(s)

VIOLATION REPORT **Western Region**  
 PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

SEP 24 2010

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> Paramount Senior Living at South Hills 100 Knoedler Road, Pittsburgh, PA 15236		<b>CURRENT LICENSE NUMBER</b> 433410
<b>INSPECTION DATE(S) (Include all dates of the inspection)</b> July 20, 2010		Adult Residential Licensing <b>REGIONAL REPRESENTATIVE</b> Caroline Goedert
<b>PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)</b> Linda Weir RN, EXECUTIVE DIRECTOR		
<b>SIGNATURE OF LEGAL ENTITY REPRESENTATIVE</b> <i>Linda Weir RN</i>	<b>DATE</b> 9-21-10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> 
		<b>DATE</b> 10-1-10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
202 The following procedures are prohibited:  (1) Seclusion, defined as involuntary confinement of a resident in a room from which the resident is physically prevented from leaving, is prohibited. (2) Aversive conditioning, defined as the application of startling, painful or noxious stimuli, is prohibited.	Resident #1 was ordered Risperidone 0.25mg, take one tablet by mouth two times a day as needed. The MAR did not indicate a specific diagnosis or purpose for the specific medication. Staff person A indicated that the resident receives the medication for agitation and yelling. The resident received the medication on 6/21/10.	7-20-10  7-21-10  7-22-10	The violation was corrected by discontinuing the medication.  To assure the violation does not reoccur staff was instructed on Reg 202.  Nursing staff will indicate a specific purpose for medications on MAR, to	Steps have been taken to correct violation; full compliance is not verifiable Date <u>10-1-10</u> Initials (DPW) <u>[Signature]</u>

*include specific symptoms that indicate need for prn medication.*

*Jr 10-7-10*

Western Region  
**VIOLATION REPORT**  
**PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**


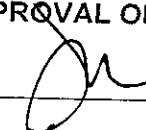
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<b>SIGNATURE OF LEGAL ENTITY REPRESENTATIVE</b> <i>Linda Weir</i>	<b>DATE</b> 9-21-10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>[Signature]</i>
		<b>DATE</b> 10-1-10

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(3) Pressure point techniques, defined as the application of pain for the purpose of achieving compliance, is prohibited. (4) A chemical restraint, defined as use of drugs or chemicals for the specific and exclusive purpose of controlling acute or episodic aggressive behavior, is prohibited. (5) A mechanical restraint, defined as a device that restricts the movement or function of a resident or portion of a resident's body,		9-20-10     10-10   3-11	The restraint policy was renewed to include specific criteria for using prn medications to treat residents mental, emotional or behavioral conditions Chemical restraints will be added to the Quality Management Program and be renewed every 6 months	

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is prohibited. (6) A manual restraint, defined as a hands-on physical means that restricts, immobilizes or reduces a resident's ability to move his arms, legs, head or other body parts freely, is prohibited.				