

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to PARAMOUNT SENIOR LIVING AT BETHEL PARK, LLC

To operate PARAMOUNT SENIOR LIVING AT BETHEL PARK

Located at 5785 BAPTIST ROAD, BETHEL PARK, PA 15102

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

To provide Personal Care Homes

The total number of persons which may be cared for at one time may not exceed 125  
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

Restrictions: Secure Dementia Care Unit - 55 Pa. Code §§ 2600.231-239 - Capacity 28

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

55 Pa. Code Chapter 2600: Personal Care Homes

and shall remain in effect from May 27, 2011 until May 27, 2012,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 440880

Robert E. Robinson  
ISSUING OFFICER

[Signature]  
DIRECTOR

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.



COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE  
PO BOX 2675  
HARRISBURG, PENNSYLVANIA 17105-2675

ADULT RESIDENTIAL LICENSING

MAY 31 2011

PHONE: (717) 783-3670  
FAX: (717) 783-5662

Ms. Patricia Haines, Administrator  
Paramount Senior Living at Bethel Park, LLC  
Paramount Senior Living at Bethel Park  
5785 Baptist Road  
Bethel Park, Pennsylvania 15102

Dear Ms. Haines:

As a result of the Department of Public Welfare's licensing inspection on March 15, 2011, March 16, 2011, March 25, 2011, and March 28, 2011, 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.

A regular license is being issued based on the enclosed Violation Report. Your license is enclosed.

Sincerely,

A handwritten signature in black ink, appearing to read 'Ronald Melusky', with a long horizontal flourish extending to the right.

Ronald Melusky  
Acting Director

Enclosures  
License  
Violation Report



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

NAME AND ADDRESS OF PERSONAL CARE HOME Paramount Senior Living at Bethel Park, 5785 Baptist Road, PA 15102		CURRENT LICENSE NUMBER 440880	
INSPECTION DATES (Include all dates of the inspection) 03/15/2011, 03/16/2011, 3/25/2011, 3/28/2011		REGIONAL REPRESENTATIVE N. Mandock, N. Bradfield, N. Mandock, N. Bradfield, N. Mandock, M. Stepanovich, C. Perry, M. Mandock, M. Stepanovich, C. Perry	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY <i>Patricia Haines</i>	DATE 4/28/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 5-17-11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
	<p>Resident stated [redacted] got [redacted] purse out when [redacted] came up from lunch and was looking thru (sic) [redacted] money. [redacted] had 3 \$1 bills and a \$10 bill, the [redacted] stated "that's too much and you keep your credit cards in here, too." [redacted] stated [redacted] put [redacted] purse back and later when looking thru (sic) it again the \$10 bill was missing."</p> <p>The home did not report the suspected abuse against resident #2 to the Department until 03/16/11.</p> <p>On 01/21/11, staff person D completed an internal "incident/accident report" for resident #3. The report states that staff person D was told by the resident that "he/she was yelled at and roughly handled and thrown out of bed by the midnight aid. Bruise noted on right forearm and Executive Director notified."</p>	<p>3/16/2011</p> <p>1/21/2011</p>	<p>ADMINISTRATOR &amp; DIRECTOR OF NURSING ARE THE EMPLOYEES RESPONSIBLE FOR FILING REPORTABLE INCIDENTS. IN THE FUTURE, ANY ALLEGATION OF ABUSE WILL BE REPORTED TO DPAW WITHIN 24 HOURS.</p> <p>AFTER RECEIVING THE INTERNAL INCIDENT REPORT, I CONDUCTED A THOROUGH INVESTIGATION SPEAKING TO THE RESIDENT, THE RESIDENT'S [redacted] (WHO WAS PRESENT AT THE TIME OF THE INCIDENT) THE STAFF MEMBER INVOLVED &amp; THE RESIDENT'S PHYSICIAN.</p>	

Western Region

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

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PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY <i>Patricia Harris RJ</i>	DATE 4/28/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>JJP</i>	DATE 5-17-11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
Western Region  Adult Residential	The home conducted an internal investigation, but did not report the suspected abuse against resident #3 to the Department. (Observed 03/28/11).	3/29/2011	<p><del>THE OUTCOME OF THIS INVESTIGATION DID NOT WARRANT A REPORT, AS THERE WAS NO SUSPECTED ABUSE.</del></p> <p>THE ADMINISTRATOR + DIRECTOR OF NURSING FILE THE REPORTABLE INCIDENTS. ANY REPORT OF SUSPECTED ABUSE WILL BE IMMEDIATELY REPORTED</p>	
		6/15/2011	At any time the home receives a report of suspected abuse the home shall report the suspected abuse to the Department immediately	

Suspected abuse to the Department immediately  
5-17-11 JJP



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

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20b8 The home shall give the resident and the resident's designated person, an itemized account of financial transactions made on the resident's behalf on a quarterly basis.	Residents #4 and 5, admitted 10/15/10 and 01/12/10 respectively, receive financial management services from the home; however, the home does not issue itemized accounts of financial transactions made on behalf of the residents on a quarterly basis.	3/18/2011 + 3/31/2011         6/30/2011 + 12/31/2011	AN ITEMIZED ACCOUNT OF FINANCIAL TRANSACTIONS (USING THE FCN FORM) WAS COMPLETED FOR RESIDENT #4. RESIDENT #5 CTB - A WITHDRAWAL WAS MADE BY THE POA + NOTED ON THE FORM. QUARTERLY FINANCIAL ACCOUNT STATEMENTS WILL BE COMPLETED FOR ALL APPLICABLE RESIDENTS. TO ENSURE THE DEFICIENT PRACTICE DOES NOT OCCUR, QUARTERLY FINANCIAL STATEMENTS WILL BE MONITORED BI-ANNUALLY THROUGH THE QUALITY MANAGEMENT PROGRAM.	5-17-11 <i>JJP</i>

Western Region

Behavioral Licensing

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

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PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <span style="float: right;">C. Perry</span>			
SIGNATURE OF LEGAL ENTITY <i>Patricia Hains RN</i>	DATE 4/23/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>JJP</i>	DATE 5-17-11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
25b 25b - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.	The contract addendums for resident #5, 6 and 7 dated 05/01/10, increasing the amount of monthly charges, was not signed by the residents.  The contract addendum for resident #8 dated 02/01/11, increasing the amount of monthly charges, was not signed by the resident.	4/25/2011  4/26/2011  6/30/2011 + 12/31/2011	RESIDENTS #5 + #6 CTB.  RESIDENT #7 + #8 SIGNED THE CONTRACT ADDENDUM PREVIOUSLY SIGNED ONLY BY POA.  ALL FUTURE CONTRACT CHANGES WILL BE SIGNED BY THE RESIDENT IN ADDITION TO THE PAYER, DESIGNATED PERSON + ADMINISTRATOR.  CONTRACT SIGNATURES WILL BE ADDED TO QUALITY MGT + MONITORED BIANNUALLY FOR COMPLIANCE.	5-17-11 <i>JJP</i>
Western Region    Adult Residential	Licensing			

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SIGNATURE OF LEGAL ENTITY <i>Patricia Haines</i>	DATE 4/28/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>JJP</i>	DATE 5-17-11

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102d1 Toilet and bath areas shall have grab bars, hand rails or assist bars.	On 03/15/11 there was no grab bar, hand rail or assist bar by the urinals in either of the unlocked and accessible public restrooms located in the common hallways outside rooms 223 and 323.	3/25/2011	GRAB BARS WERE INSTALLED IN THE PUBLIC RESTROOMS LOCATED IN THE COMMON HALLWAYS OF 2 NORTH, 3 NORTH + 3 SOUTH.  (REFER TO ENCLOSED PHOTOS)	5-17-11 <i>JJP</i>
Western Region				
Adult Residential Licensing				

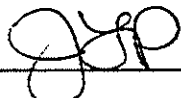
VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

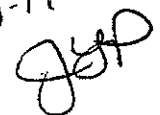
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121a Stairways, hallways, doorways, passageways and egress routes from rooms and from the building shall be unlocked and unobstructed.	On 03/15/11 at 03:50PM, two black dish carts blocked egress from the home's dining room through the glass exit door nearest the kitchen entrance.	3/18/2011	ALL DIETARY STAFF WAS IN-SERVICE + EDUCATED REGARDING BLOCKED EGRESS + PROPER STORAGE OF DISH CARTS.	5-17-11 <i>JJP</i>
<b>Western Region</b>		3/18/11	TO ENSURE THE DEFICIENT PRACTICE DOES NOT REOCCUR, A CHECK OF EXITS WILL BE ADDED TO THE QUALITY MGT PROGRAM + MONITORED	
		6/30/2011	BIANNUALLY FOR COMPLIANCE	
		12/31/2011	A designated staff person will inspect all areas of the home 1x per shift to ensure stairways, hallways, doorways,	
Adult Residential Licensing		6/15/11	passageways and egress routes are unobstructed.	5-17-11 <i>JJP</i>

passageways and egress routes are unobstructed. 5-17-11 *JJP*

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

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121b Doors used for egress routes from rooms and from the building may not be equipped with key-locking devices, electronic card operated systems or other devices which prevent immediate egress of residents from the building, unless the home has written approval or a variance from the Department of Labor and Industry, the Department of Health or the appropriate local building authority.	The clear glass door leading to the exterior atrium on the third floor secured dementia care unit appears as an exit door; however, there is no egress to a public thoroughfare from the atrium and the door does not have a sign indicating this is not an exit.  <b>Western Region</b>  Adult Residential Licensing	3/24/2011	A SIGN WHICH STATES: <u>NOT EMERGENCY EXIT</u> WAS ADDED TO THE CLEAR GLASS DOOR WHICH LEADS TO THE EXTERIOR ATRIUM ON THE 3RD FLOOR NORTH UNIT.  (REFER TO ENCLOSED PHOTO)	5-17-11 

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130a There shall be an operable automatic smoke detector located within 15 feet of each bedroom door.	<ul style="list-style-type: none"> <li>The nearest operable smoke detector to resident bedroom 113 was 20 feet from the middle of the bedroom door.</li> <li>The nearest operable smoke detector to resident bedroom 114 was 20 feet from the middle of the bedroom door.</li> <li>The nearest operable smoke detector to resident bedroom 213 was 17 feet and seven inches from the middle of the bedroom door.</li> <li>The nearest operable smoke detector to resident bedroom 214 was 17 feet and three inches from the middle of the bedroom door.</li> <li>The nearest operable smoke detector to resident bedroom 223 was 17 feet away from the middle of the bedroom door.</li> </ul>	3/17/2011	BATTERY OPERATED SMOKE DETECTORS WERE INSTALLED ON THE FIRST FLOOR OUTSIDE OF APTS 113 + 114, ON THE 2ND FLOOR OUTSIDE APTS <sup>223</sup> 213 + 214 and on the 3RD FLOOR OUTSIDE APTS 313 + 314.  (REFER TO ENCLOSED PHOTOS)	5-17-11 <i>JYP</i>

Western Region

28 2011

Adult Residential Licensing

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

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PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>(Perry)</i>			
SIGNATURE OF LEGAL ENTITY <i>Patricia Hains RN</i>	DATE 4/20/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>JJP</i>	DATE 5-17-11

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Adult Residential Licensing	<ul style="list-style-type: none"> <li>The nearest operable smoke detector to resident bedroom 313 was located 16 feet from the middle of the bedroom door.</li> <li>The nearest operable smoke detector to resident bedroom 314 was located 15 feet and 10 inches from the middle of the bedroom door.</li> </ul>	3/17/2011	<p>SMOKE DETECTORS WILL BE TESTED FOR OPERABILITY AT LEAST MONTHLY.</p> <p>A WRITTEN RECORD OF THE MONTHLY TESTING SHALL BE KEPT.</p> <p>THE REQUIRED MONTHLY TESTING OF THE SMOKE DETECTORS WILL BE COMPLETED DURING THE MONTHLY FIRE DRILL.</p>	

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PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <span style="float: right;">C. Berry</span>			
SIGNATURE OF LEGAL ENTITY <i>Patricia Haines AD</i>	DATE 4/28/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>JYP</i>	DATE 5-17-11

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133a1 If the home serves nine or more residents, signs bearing the word "EXIT" in plain legible letters shall be placed at all exits.	There is no exit sign over the glass door leading to the exterior courtyard between the lobby and the dining area. The home currently serves 87 residents.	3/24/2011	AN EXIT SIGN WAS PLACED ABOVE THE GLASS DOOR LEADING TO THE EXTERIOR COURTYARD BETWEEN THE LOBBY + DINING ROOM.	5-17-11 <i>JYP</i>
Western Region				
Adult Residential Licensing				

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182c Medication administration includes the following activities, based on the needs of the resident: (1) Identify the correct resident. (2) If indicated by the prescriber's orders, measure vital signs and administer medications accordingly. (3) Remove the medication from the original container. (4) Crush or split the medication as ordered by the prescriber. (5) Place the medication in a	When interviewed on 03/28/11, staff person F indicated that he/she administers medications to the residents in the following manner: he/she initials the resident's MAR as he/she takes the residents' medications out of their blister packs/containers, and then he/she goes to the resident to administer the medications.  <b>Western Region</b>  <b>Adult Residential Licensing</b>	3/23/2011  4/15/2011	TRAINING & EDUCATION WAS PRESENTED TO ALL NURSES + MED TECHS REGARDING PROPER MEDICATION DOCUMENTATION.  STAFF PERSON F WAS PRIVATELY COUNSELED BY THE DIRECTOR OF NSG REGARDING PROPER MAR DOCUMENTATION AFTER THE MEDICATION IS ADMINISTERED.	<i>[Signature]</i> Initials (DPW)

Steps have been taken to correct violation; full compliance is not verifiable

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medication cup or other appropriate container, or in the resident's hand (for immediate administration). (6) Place the medication in the resident's hand, mouth or other route as ordered by the prescriber, in accordance with the limitations specified in 182b4. (7) Complete documentation in accordance with 187.	Western Region  Adult Residential Licensing	6/30/2011 9/30/2011 12/31/2011	INSERVICE TRAINING WILL BE CONDUCTED QUARTERLY BY THE ADMINISTRATOR OR DON REGARDING PROPER MEDICATION ADMINISTRATION & DOCUMENTATION.	

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PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY <i>Patricia Hains R.</i>	DATE 4/20/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 5-17-11

REGULATION 55 Pa. Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
183b Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.	The following medications were observed unlocked on a table in resident #3's room: a bottle of optive eyedrops, 1-benzonatate pill, and a 7-day pillbox containing multiple unidentified pills. Resident #3 and his/her spouse stated that the room is left unlocked when they both leave the room for meals which are served in the home's dining room. (Observed 03/25/11).	3/29/2011 + 4/01/2011	RESIDENT #3 WAS ASSESSED BY [REDACTED] PHYSICIAN + AN ORDER RECEIVED THAT SHE IS ABLE TO SAFELY AVOID [REDACTED] MEDICATION IN THE ROOM. RESIDENT'S SPOUSE HAS AGREED TO KEEP [REDACTED] APT DOOR LOCKED EVERY TIME [REDACTED] LEAVES. (REFER TO SIGNED LETTER OF 4/1/2011)  CHECKING RESIDENT'S APT DOOR WILL BE ADDED TO THE QUALITY MGT PROGRAM + BE MONITORED FOR COMPLIANCE  A designated staff person will check resident #3's	5-17-11 <i>[Signature]</i>

Western Region

Adult Residential Licensing

Bedroom at least 1x weekly to ensure the room is locked when resident is out for a meal 5-17-11

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

NAME AND ADDRESS OF PERSONAL CARE HOME Paramount Senior Living at Bethel Park, 5785 Baptist Road, PA 15102		CURRENT LICENSE NUMBER 440880	
INSPECTION DATES (Include all dates of the inspection) 03/15/2011, 03/16/2011, 3/25/2011, 3/28/2011		REGIONAL REPRESENTATIVE N. Mandock, N. Bradfield, N. Mandock, N. Bradfield <del>N. Mandock, N. Bradfield, N. Mandock, N. Bradfield</del> M. Stepanovich Perry	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY <i>Patricia Haiman RN</i>	DATE 4/28/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>JJP</i>	DATE 5-17-11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
187a A medication record shall be kept to include the following for each resident for whom medications are administered: (1) Resident's name. (2) Drug allergies. (3) Name of medication. (4) Strength. (5) Dosage form. (6) Dose. (7) Route of administration. (8) Frequency of administration. (9) Administration times. (10) Duration of therapy, if applicable. (11) Special	<p>Resident #9 is prescribed one 325mg tablet of aspirin daily at 09:00PM; however, the medication administration record for resident #8 does not include the purpose or diagnosis for the medication.</p> <p>Resident #10 is prescribed two puffs twice daily by mouth of 80mg QVAR; however, the medication administration record for resident #10 does not include a purpose or diagnosis for this medication.</p> <p>On 03/15/2011, a training document/TAR in the home was misfiled, and was inadvertently filed in error in the 03/11 MAR for resident # 11. From 03/18/11 to 03/25/11, although staff persons B and G were aware of the error, staff persons were permitted to continue to document</p>	<p>3/17/2011</p> <p>3/21/11</p> <p>3/32/11</p> <p>6/30/11</p> <p>12/31/11</p> <p>Western Region</p> <p>Adult Residential Licensing</p>	<p>DIAGNOSIS WAS ADDED TO RESIDENT #9 + #10'S ASPIRIN + QVAR.</p> <p>INSERVICE HELD FOR NURSING STAFF / MED TECH REGARDING PROPER MEDICATION RECORD DOCUMENTATION. THIS WILL BE ADDED TO THE QUALITY MGT PROGRAM + BE MONITORED BIANNUALLY FOR COMPLIANCE. DON IS MONITORING DIAGNOSIS MONTHLY.</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>5-17-11</p> <p>Date</p> <p>Initials (DPW)</p>

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

NAME AND ADDRESS OF PERSONAL CARE HOME Paramount Senior Living at Bethel Park, 5785 Baptist Road, PA 15102		CURRENT LICENSE NUMBER 440880	
INSPECTION DATES (Include all dates of the inspection) 03/15/2011, 03/16/2011, 3/25/2011, 3/28/2011		REGIONAL REPRESENTATIVE N. Mandock, N. Bradfield, N. Mandock, N. Bradfield <del>N. Mandock, N. Bradfield, N. Mandock, N. Bradfield</del>	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>C. Perry</i>			
SIGNATURE OF LEGAL ENTITY <i>Patricia Haines RN</i>	DATE 4/28/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>JYP</i>	DATE 5-17-11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
precautions, if applicable. (12) Diagnosis or purpose for the medication, including pro re nata (PRN). (13) Date and time of medication administration. (14) Name and initials of the staff person administering the medication.	resident # 11's treatments on the training document/TAR. (Observed 03/25/11).  Western Region  Adult Residential Licensing	3/29/2011	ALL TRAINING OR TEACHING MARS OR TARS WILL BE CLEARLY LABELED <u>SAMPLE</u> OR <u>TEACHING DOCUMENT</u> . NO RESIDENT NAME WILL BE USED.	

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

NAME AND ADDRESS OF PERSONAL CARE HOME Paramount Senior Living at Bethel Park, 5785 Baptist Road, PA 15102		CURRENT LICENSE NUMBER 440880	
INSPECTION DATES (Include all dates of the inspection) 03/15/2011, 03/16/2011, 3/25/2011, 3/28/2011		REGIONAL REPRESENTATIVE N. Mandock, N. Bradfield, N. Mandock, N. Bradfield <i>N. Mandock, M. Siepanowicz, C. Perry, N. Mandock, M. Siepanowicz</i>	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>C. Perry</i>			
SIGNATURE OF LEGAL ENTITY <i>Patricia Haines RN</i>	DATE 4/20/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>JYP</i>	DATE 5-17-11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
187b The information in subsections 187a13 and 187a14 shall be recorded at the time the medication is administered.	Per interviews with staff persons, B,H, and I, the home uses the following procedure for monthly MAR reviews for each resident: at the end of each month, the MARs' pages are checked for "holes" where med administration staff has missed appropriate documentation with their initials. The pages of the MARs that the staff persons need to "fill-in" after the fact are marked with a sticky note, and circulated to the appropriate medication administration staff persons for review and sign-off/completion of the MAR. Staff persons entering their initials at the end of the month are not instructed to note/designate on the MAR that these entries have been made at a later date than the actual date/time that the meds were administered.	3/21/2011 3/23/2011 4/5/2011  6/30/11 12/31/11	AN INSERVICE WAS HELD FOR NURSES + MED TECHS TO EDUCATE THEM ON APPROPRIATE MEDICATION DOCUMENTATION TO BE DONE IMMEDIATELY AFTER ADMINISTRATION AT THE END OF EACH SHIFT, THERE WILL BE A FINAL DOCUMENTATION CHECK + A COLUMN WAS ADDED ON THE NARCOTIC CHANGE OF SHIFT AUDIT FORM. (REFER TO ENCLOSED) ALSO, THE NURSES WERE EDUCATED TO INDICATE A LATE ENTRY IF THE DOCUMENTATION FOR ANY REASON IS NOT COMPLETED AT THE TIME OF ADMINISTRATION. (SEE TB ON POLICY 10.9) THIS WILL BE MONITORED BIANNUALLY VIA THE QUALITY MBT PROGRAM.	Steps have been taken to correct violation; full compliance is not verifiable 3/21/11 3/23/11 4/5/11 6/30/11 12/31/11 Date Initials (DPW)

Adult:  
LATE ENTRIES ARE NOT AN ACCEPTABLE PRACTICE. MAR INACCURACIES MAY BE NOTED ON ANOTHER DOCUMENT. 5-17-11

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

NAME AND ADDRESS OF PERSONAL CARE HOME Paramount Senior Living at Bethel Park, 5785 Baptist Road, PA 15102		CURRENT LICENSE NUMBER 440880	
INSPECTION DATES (Include all dates of the inspection) 03/15/2011, 03/16/2011, 3/25/2011, 3/28/2011		REGIONAL REPRESENTATIVE N. Mandock, N. Bradfield, N. Mandock, N. Bradfield <del>N. Mandock, N. Bradfield, N. Mandock, N. Bradfield</del> M. Stedemirich	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Perry</i>			
SIGNATURE OF LEGAL ENTITY <i>Patricia Hoine RN</i>	DATE 4/20/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>JGP</i>	DATE 5-17-11

REGULATION 55 Pa. Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
187d The home shall follow the directions of the prescriber.	The original 03/2011 treatment MAR for resident #11 reads: BLE ted hose/knee high - on in AM off in PM. The MAR indicates that this treatment was not administered to the resident on the following dates: 03/11/11- 03/15/11 inclusive.	3/23/2011  4/15/2011  6/30/2011 12/31/2011	AN IN SERVICE & NURSING MEETING WAS HELD EDUCATING THE STAFF ON THE IMPORTANCE OF IMPLEMENTING TREATMENTS IN A TIMELY MANNER + PROPER DOCUMENTATION.  TREATMENT TIMELINESS WILL BE ADDED TO THE QUALITY MGT PROGRAM + MONITORED BIANNUALLY FOR COMPLIANCE.	Steps have been taken to correct violation; full compliance is not verifiable 5-17-11 Date Initials (DPW)
Western Region				
Adult Residential Licensing				