

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 28, 2012 until May 28, 2013,
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.

PW 628 - 01/11



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

ADULT RESIDENTIAL LICENSING

JUL 02 2012

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

Mr. James Cox, CEO
Paramount Senior Living at Bethel Park, LLC
Paramount Senior Living at Bethel Park
5785 Baptist Road
Bethel Park, Pennsylvania 15102

Dear Mr. Cox:

As a result of the Department of Public Welfare's licensing inspection on May 24, 2012 and May 25, 2012 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.

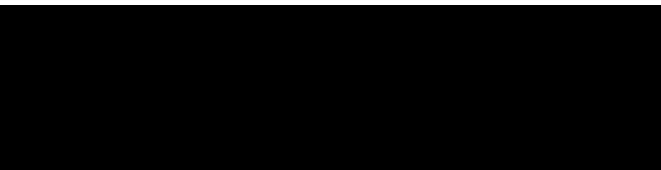
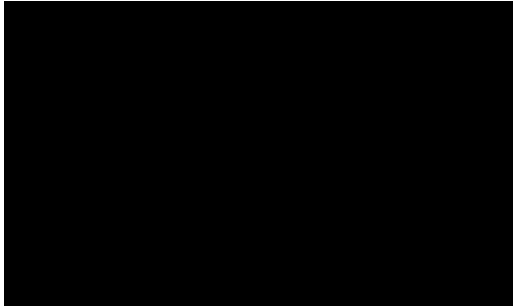
Sincerely,

A handwritten signature in black ink, appearing to read 'R. Melusky'.

Ronald Melusky
Director

Enclosures
License
Violation Report

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

PCH Name: PARAMOUNT SENIOR LIVING AT BETHEL PARK		License Number: 440880						
Address: 5785 BAPTIST ROAD, BETHEL PARK, PA 15102		County: Allegheny						
Administrator: ROSS MAOLA		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 <table border="0"> <tr> <td>I-1</td> <td>I-2</td> </tr> <tr> <td>04/30/2010</td> <td>04/30/2010</td> </tr> <tr> <td>Municipality of Bethel Park</td> <td>Municipality of Bethel Park</td> </tr> </table>			I-1	I-2	04/30/2010	04/30/2010	Municipality of Bethel Park	Municipality of Bethel Park
I-1	I-2							
04/30/2010	04/30/2010							
Municipality of Bethel Park	Municipality of Bethel Park							
Staffing Hours <table border="0"> <tr> <td>Resident Support: 105.5</td> <td>Total Daily Staff: 247</td> <td>Waking Staff: 185</td> </tr> </table>			Resident Support: 105.5	Total Daily Staff: 247	Waking Staff: 185			
Resident Support: 105.5	Total Daily Staff: 247	Waking Staff: 185						
Type of Inspection: Full		BHA Docket Number: Notice: Unannounced						
Reason(s) for Inspection(s) Renewal								
On-Site Inspections Dates and Department Representatives On-Site 05/24/2012: Flinner-Alman, Lisa; Roapon, Dennis 05/25/2012: Flinner-Alman, Lisa; Roapon, Dennis								
Off-Site Inspection Dates and Inspectors, if Applicable		RECEIVED 5/25/12 Western Field Office Adult Residential Licensing						
Other Details Partial or Full Triggers: Random Indicators:								
Resident Demographic Data as of Inspection Dates								
Licensed Capacity: 125 Number of Residents Served: 96 Secured Dementia Care Unit In Home: Yes Area: 2nd Floor Secured Dementia Unit Capacity, if Applicable: 28 	Number of Residents who: 							

Violation Report: 44088 - 05/24/2012 - Flinner-Alman, Lisa
 PCH Name: PARAMOUNT SENIOR LIVING AT BETHEL PARK

1. REGULATION 55 Pa.Code §2600
 2600.132(f) - Alternate exit routes shall be used during fire drills

2a. DESCRIPTION OF VIOLATION

The home is regularly using the same exits for fire drills. The 1st floor, 2nd floor and 3rd floor North exits were used during the fire drills on 7/26/11, 8/23/11, 9/20/11, 10/17/11, 1/26/12, 2/16/12 and 3/27/12.

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.

Maintenance Director has been in-serviced on regulation 132f. Maintenance Director will document different usage or exits during fire drills, effective immediately and ongoing. In-service conducted by Executive Director on June 12, 2012.

A fire drill was performed on June 13, 2012. (please see attached).

*By 7/31/12 -
 The administrator will monitor the fire drill log at least bimonthly to ensure that alternate exits are used for fire drills.
 J
 6/21/12*

RECEIVED

Western Field Office
 Adult Residential Licensing

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

Signature of Legal Entity Representative (Required on EVERY Page) *Ross Maola*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *ROSS MAOLA* Date *6/18/12*

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

The above plan of correction is approved as of *6/21/12* (Date)

The above plan of correction was approved by *[Signature]* (Initials)

Plan of correction implementation status as of *6/21/12* (Date)

- Fully Implemented *J*
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 44088 - 05/24/2012 - Flinger-Alman, Lisa
 PCH Name: PARAMOUNT SENIOR LIVING AT BETHEL PARK

1. REGULATION 55 Pa.Code §2600
 2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION
 The medical evaluation for Resident #1, dated 1/5/12, does not include mobility needs.

3. PLAN OF CORRECTION (POC) (Attach paper as necessary - Remember that you must sign and date any attached pages.)
 immediately include dates by which the steps will be completed.

Mobility needs for resident #1 were updated and corrected on 5/25/12 The medical evaluation to reflect the resident's mobility is independent. (see attached).
 Plan implemented on 6/15/12 and ongoing for the admissions coordinator to review all medical evaluations for completion. A second check for review will be completed by the DON or designee to confirm completion. Admissions coordinator and DON will initial and date the back of of the evaluation for completion of process.

RECEIVED

Western Field Office
 Adult Residential Licensing

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Ross Maola*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>ROSS MAOLA</i>	Date <i>6/18/12</i>
---	---------------------

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

The above plan of correction is approved as of *6/11/12*
 (Date)

Plan of correction implementation status as of *6/11/12*
 (Date)

The above plan of correction was approved by *[Signature]*
 (Initials)

- Fully Implemented *[Signature]*
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 44088 - 05/24/2012 - Flinner-Alman, Lisa
 PCH Name: PARAMOUNT SENIOR LIVING AT BETHEL PARK

1. REGULATION 55 Pa.Code §2600
 2800.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #2 is prescribed Pradaxa 150mg, 1 capsule at 8:00am and 1 capsule at 8:00pm. However, the medication administration record indicates the resident is being given the medication at 9:00am and 5:00pm.

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.

Medication time changed for resident #2 on 5/30/12.

The change follows the house guidelines for BID medications to be given at 9am and 5pm.

Effective immediately and ongoing the MARs will be checked by a licensed nurse on a monthly basis that the label is compared to MAR and signed off on the physicians order sheets.

By October 1st the institution of a 3 step MAR audit will be in effect. This involves a chart to MAR to cart audit to confirm accuracy. It will be a combination of electronic and paper trail with the addition of QuickMAR system.

RECEIVED

Western Field Office
 Adult Residential Licensing

Repeat Violation: Yes	Date(s) of Previous Violation(s):	03/15/2011		
-----------------------	-----------------------------------	------------	--	--

Signature of Legal Entity Representative (Required on EVERY Page) *Ross Maola*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *ROSS MAOLA* Date *6/18/12*

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

The above plan of correction is approved as of *6/21/12* (Date)

Plan of correction Implementation status as of *6/18/12* (Date)

The above plan of correction was approved by *[Signature]* (Initials)

- Fully Implemented *du*
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 44088 - 05/24/2012 - Flinner-Alman, Lisa
 PCH Name: PARAMOUNT SENIOR LIVING AT BETHEL PARK

1. REGULATION 55 Pa.Code §2600

2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

2a. DESCRIPTION OF VIOLATION

The pre-admission screening form for Resident #3, admitted 1/6/12, does not include a determination that the home can meet the service needs of the resident.

3. PLAN OF CORRECTION (POC) (attach pages as necessary. Reiterate that you must update this any indicated page(s). 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.

The pre-admission screening was corrected for resident # 3 on 5/25/12 (see attached).
 Effective immediately and ongoing the pre-admission screen will be completed by the admissions coordinator. Upon admission the DON/designee will review the screen then initial and date the back of the screening.

RECEIVED

Western Field Office
 Adult Residential Licensing

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Ross Madala

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page)

ROSS MADALA

Date

6/18/12

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

The above plan of correction is approved as of

6/21/12
 (Date)

Plan of correction implementation status as of

6/21/12
 (Date)

The above plan of correction was approved by

[Signature]
 (Initials)

- Fully Implemented *on*
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 44088 - 05/24/2012 - Flimmer-Alman, Lisa
 PCH Name: PARAMOUNT SENIOR LIVING AT BETHEL PARK

1. REGULATION 55 Pa.Code §2600
 2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

2a. DESCRIPTION OF VIOLATION
 The medical evaluation, completed 1/5/12, for Resident #1 indicates the resident has a diagnosis of dyslipidemia which is not indicated on the assessment, completed 2/4/12.
 The medical evaluation, completed 1/6/12, for Resident #3 indicates the resident has diagnoses of meningitis, CHF, COPD and coronary artery disease which are not indicated on the assessment, completed 1/11/12.
 The medical evaluation, completed 1/5/12, for Resident #3 indicates the resident is totally immobile. However, the assessment, completed 1/11/12, indicates the resident is moderately immobile.
 The medical evaluation, completed 11/10/11, for Resident #4 indicates the resident has a diagnosis of syncope which is not indicated on the assessment, completed 11/17/11.
 The medical evaluation, completed 1/9/12, for Resident #5 indicates the resident is ordered a no added salt diet which is not indicated on the assessment, completed 1/8/12.
 Under body positioning on the medical evaluation, completed 2/4/12, for Resident #6 "Assist x 1" is indicated. However, under body positioning on the assessment, completed 2/6/12, "Independent" is indicated.
 The medical evaluation, completed 4/16/12, for Resident #7 indicates the resident has minimal mobility needs, however, the assessment, completed 5/16/12, indicates the resident is independently mobile.

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.
 See Attached for POC - Page 6A

RECEIVED

Western Field Office
 Adult Residential Licensing

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Ross Maola*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *ROSS MAOLA* Date *6/18/12*

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

The above plan of correction is approved as of <u>6/21/12</u> (Date)	Plan of correction implementation status as of <u>6/21/12</u> (Date)
The above plan of correction was approved by <i>JM</i> (initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

POC for Regulation 2600.225.a

- Resident #1- Diagnosis added to RASP (see attached).
- Resident #3- RASP updated to reflect diagnoses (see attached).
Medical evaluation updated to reflect residents needs as moderately immobile (see attached).
- Resident #4- Assessment updated 5/25/12 to reflect diagnosis of syncope (see attached).
- Resident #5- Assessment corrected 5/25/12 to reflect NAS diet (see attached).
- RASP updated 5/25/12 to reflect need for assistance of 1 with positioning (see attached).
- Assessment corrected 5/25/12 to reflect minimal mobility needs (see attached).

Effective immediately and ongoing the admission screening will be completed by the admissions coordinator/designee. It will then be given to the DON/designee and signed off.

The initial assessment will be completed by the DON/designee and signed. The medical evaluation will be completed and a comparison will be performed by the DON/designee making sure the assessment, the evaluation and support plan match. All material will be given to the Executive Director/designee then signed off and dated. Each portion of the process will be completed by the allotted time specified by the DPW guidelines depending on initial, significant change or annual.

Ron MacR 6/18/12 JMW 6/21/12

Violation Report: 44088 - 05/24/2012 - Flinner-Aiman, Lisa
 PCH Name: PARAMOUNT SENIOR LIVING AT BETHEL PARK

1. REGULATION 55 Pa.Code §2600

2600.236 - Each direct care staff person working in a secured dementia care unit shall have 6 hours of annual training related to dementia care and services, in addition to the 12 hours of annual training specified in § 2600.65 (relating to direct care staff person training and orientation).

2a. DESCRIPTION OF VIOLATION

Direct care staff person A had only 2 hours of training in dementia care during training year, January 2011 to December 2011.

Direct care staff person B had only 3 hours of training in dementia care during training year, January 2011 to December 2011.

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.

Direct care staff person A was hired on 8/31/11 and completed 2 hours of dementia training from 8/31/11 to 5/25/12. She has completed the additional training to meet the 6 hour dementia specific requirement. See attached.

Direct care staff person B was hired on 4/9/12 and completed 3 hours of dementia training from 4/9/12 to 5/25/12. She has completed the additional training to meet the 6 hour dementia specific requirement. See attached.

All staff assigned to dementia unit have been reviewed and are in compliance. Additionally, alternative staff will be in compliance by 6/29/12.

Effective immediately and ongoing, all dementia personnel will fulfill the 6 hours of dementia training prior to working the floor. A record of completion will be signed off by the DON or designee prior to the employee working the dementia specific unit.

RECEIVED

Western Field Office
 Adult Residential Licensing

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Ross MAOLA

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page)

ROSS MAOLA

Date 6/18/12

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

The above plan of correction is approved as of 6/21/12
 (Date)

Plan of correction implementation status as of 6/21/12
 (Date)

The above plan of correction was approved by *[Signature]*
 (Initials)

- Fully Implemented *[Signature]*
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented