

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to PARAMOUNT HEALTH RESOURCES, LLC

To operate PARAMOUNT SENIOR LIVING AT SOUTH HILLS

Located at 100 KNOEDLER ROAD, PITTSBURGH, PA 15236

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

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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 25

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 July 16, 2012 until July 16, 2013,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 433410

Robert E. Robinson

ISSUING OFFICER

R. C. King

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



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

AUG 09 2012

Mr. Gregory S. Gramm, Executive Director
Paramount Health Resources, LLC
Paramount Senior Living at South Hills
100 Knoedler Road
Pittsburgh, Pennsylvania 15236

Dear Mr. Gramm:

As a result of the Department of Public Welfare's licensing inspection on June 21, 2012 and June 22, 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,


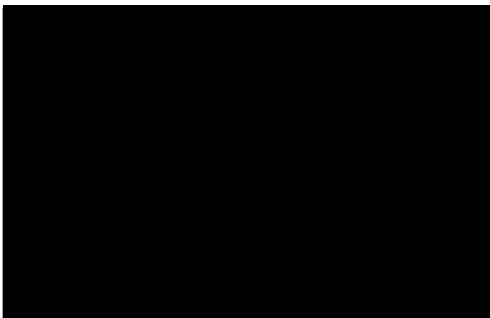
A handwritten signature in black ink, appearing to read "Ronald Melusky".

Ronald Melusky
Director

Enclosures
License
Violation Report

**LICENSING SCORESHEET
PERSONAL CARE HOMES - 55 Pa. Code Chapter 2600**

RECEIVED

PCH Name: PARAMOUNT SENIOR LIVING AT SOUTH HILLS		License Number: 433410
Address: 100 KNOEDLER ROAD, PITTSBURGH, PA 15236		County: Allegheny
Administrator: Gregory S. Gramm	JUL 26 2012	Region: WEST
Legal Entity Name: PARAMOUNT HEALTH RESOURCES LLC		
Legal Entity Address: 100 KNOEDLER ROAD, PITTSBURGH, PA 15236		Western Field Office Adult Residential Licensing
Certificate(s) of Occupancy		
I-1 07/07/2010 Baldwin Borough	I-2 07/07/2010 Baldwin Borough	
Staffing Hours		
Resident Support: 0	Total Daily Staff: 152	Waking Staff: 114
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal, Complaint, Incident		
On-Site Inspections Dates and Department Representatives On-Site 06/21/2012: Garrigan, Laurie; Williams, Jason 06/22/2012: Garrigan, Laurie; Williams, Jason		
Off-Site Inspection Dates and Inspectors, If Applicable		
Other Details		
Partial or Full Triggers:	Random Indicators:	
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 120 Number of Residents Served: 106 Secured Dementia Care Unit in Home: Yes Area: 3rd floor Secured Dementia Unit Capacity, if Applicable: 25 	Number of Residents who: 	

Violation Report: 43341 - 06/21/2012 - Garrigan, Laurie

JUL 26 2012

1. REGULATION 55 Pa.Code §2600

2600.51 - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (OAPSA) (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (relating to protective services for older adults).
Weaver Field Office
Adult Rec. Central Licensing

2. DESCRIPTION OF VIOLATION

Staff person C, hired 10/13/2011, has only had a permanent residence in Pennsylvania since July 2010. However, this staff person has not had a criminal history background check from the Federal Bureau of Investigation (FBI).

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.

FBI check for staff person C has been submitted. Attached is verification of submission of paperwork.

The home shall institute as part of the new employee paperwork a document requiring their signature that states that they have lived continuously in Pennsylvania for 2 years and if not an FBI criminal history background check will be done.

This verification will be done by the Business Office Manager Upon every new hire to the home.

By 8/30/12 - the administrator or designated staff person will review the records of all current staff members to ensure that a PA state police criminal background check has been completed, that each record does not contain any prohibitive offenses, and that an FBI check has been completed for employees who were not residents of Pennsylvania for the two years prior to date of hire.
ms 7/30/12

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

Signature of Legal Entity Representative (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *GREGORY S. GRAMM (EXECUTIVE DIR.)* Date *7/24/12*

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

The above plan of correction is approved as of <u>7/30/12</u> (Date)	Verification of Legal Entity Representative Signature <u>7/30/12</u> (Date)
The above plan of correction was approved by <u>ms</u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <i>ms</i> <input type="checkbox"/> Not Implemented

RECEIVED

Violation Report: 43341 - 06/21/2012 - Garrigan, Laurie

1. REGULATION 55 Pa.Code §2600

2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
- (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
- (3) Resident rights.
- (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).
- (5) Falls and accident prevention.
- (6) New population groups that are being served at the home that were not previously served, if applicable.

2. DESCRIPTION OF VIOLATION

Staff person F, hired 7/11/08, did not receive training in falls and accident prevention in the 2011 training year.

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.

Staff person F has been inserviced on "Fall and Accident Prevention for High Risk Residents."

Attached is the inservice and quiz for staff person F completed on July 20, 2012.

Executive Director and Business Office Manager will ensure that all existing and new hire employees are inserviced on the six required topics listed under Regulation 2600.65(g) on an annual basis.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Gregory S. Gratton (Executive Dir.) Date 7/24/12

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

The above plan of correction is approved as of <u>7/30/12</u> (Date)	Verification of Legal Entity Representative Signature <u>ms</u> (Date)
The above plan of correction was approved by <u>ms</u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <u>ms</u> <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 43341 - 06/21/2012 - Garrigan, Laurie

RECEIVED

1. REGULATION 55 Pa.Code §2600

2600.91 - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

2. DESCRIPTION OF VIOLATION

The list of emergency phone numbers posted near the telephone in the dining room did not include the most current personal care home complaint hotline number.

Observed 6/21/12

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.

The home shall inspect on a bi-annual basis by the Environmental Services Director all common area phones and resident phones to ensure that all phones with an outside line have the updated and correct emergency numbers per Regulation 2600.91.

This violation was corrected by the Executive Director on June 21, 2012 during the survey process when brought to the home's attention.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

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

Date

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

The above plan of correction is approved as of 7/30/12
(Date)

Verification of Legal Entity Representative Signature 7/30/12
(Date)

The above plan of correction was approved by MS
(Initials)

- Fully Implemented MS
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

RECEIVED

Violation Report: 43341 - 06/21/2012 - Garrigan, Laurie

1. REGULATION 55 Pa.Code §2600

2600.187(a) - 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 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.

Medical and Office
 Administration Licensing

2. DESCRIPTION OF VIOLATION

Resident 1's June 2012 MAR includes ferrous sulfate, 140 mg; however, the label on the bottle indicates ferrous sulfate, 142 mg.

Resident 3's June 2012 MAR does not include a diagnosis for Casodex, 50 mg.

Resident 3's June 2012 MAR includes Mucinex, 1200 mg - 1 tab twice daily as needed; however, the label on the bottle indicates Mucinex DM ER 600-30 mg - 2 tabs twice daily as needed.

Resident 4's June 2012 MAR does not include the dosage for Imodium.

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.

MARS of residents cited have been corrected. MS 7/30/12

Staff members handling medications (RN, LPN, Med Techs) have been inserviced by the Director of Nursing on June 28, 2012 on Regulation 2600.187(a) to ensure that the required information for each resident receiving a medication is listed on the MAR and identical information is on medication packaging. Staff will review during medication pass for each resident.

Please see attached inservice.

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *GREGORY S. GRAMM (EXECUTIVE DIR.)* Date *7/24/12*

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

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Violation Report: 43341 - 06/21/2012 - Garrigan, Laurie

RECEIVED

1. REGULATION 55 Pa.Code §2600

2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.

2. DESCRIPTION OF VIOLATION

Western Field Office
Acad. Residential Licensing

Resident #3's June 2012 MAR does not include initials of staff administering the following medications:

- *9 AM dose of 5 mg Melolazone on 6/7/12
- *9 PM dose of Aggrenox on 6/20/12 and 6/21/12
- *9 PM dose of 20 mg Omeprazole on 6/20/12 and 6/21/12

Resident #5's June 2012 MAR does not include initials of staff administering the treatment of Albuterol 0.83 mg/ml -1 vial via nebulizer at 3 PM on 6/9/12 and at 3 PM on 6/12/12.

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.

Director of Nursing inserviced nurses and med techs regarding proper medication documentation in regards to Regulation 2600.187(a)(13) and 2600.187(b)(14) on June 28, 2012.

Inservice training will be conducted bi-annually by Director of Nursing to ensure compliance with Regulation 2600.187.

Please see attached inservice for verification.

By 8/30/12 - The administrator or designated staff person will monitor the MAR weekly to ensure all medication administration documentation is complete.
MS 7/30/12

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

Signature of Legal Entity Representative (Required on EVERY Page)

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

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Violation Report: 43341 - 06/21/2012 - Garrigan, Laurie

1. REGULATION 55 Pa.Code §2600

2600.227(a) - A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

2. DESCRIPTION OF VIOLATION

Resident #6's support plan, dated 5/14/12, does not include the need for 3 liters of oxygen on a continuous basis as indicated on the resident's medical evaluation, dated 5/1/12.

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.

The Director of Nursing shall ensure that residents needs and personal care services will be documented and transferred from the DME form to the support plan upon admission within 30 days to ensure compliance with Regulation 2600.227(a).

This violation was corrected on June 21, 2012 during the survey process.

Please see attached for proof of correction.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
(Required on EVERY Page)

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) GREGORY S. GARDNER (EXECUTIVE DIR) Date 7/29/12

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

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